

(TC: 00:00:31)

Dr Hazel Wallace: Hello and a very big welcome back to The Food Medic podcast. I'm your host Dr Hazel Wallace. I'm a medical doctor, registered associate nutritionist and best selling author of The Food Medic. For more about me and the work that I do head over to thefoodmedic.co.uk and make sure to check us out on social media under [thefoodmedic](https://www.instagram.com/thefoodmedic). If you are new around here first of all welcome, on this podcast we hear from experts in the field of health and nutrition who share with us ways that we can live healthier, more fulfilling lives whilst cutting through the confusing information that we find online. On this season of the podcast we will be discussing topics in women's health including how the menstrual cycle effects sport and performance, sexual health and wellness, health behaviour including making and breaking habits, mental health, and of course lots of nutrition. Today I am delighted to be joined by Joe O'Brien a fellow Irishman, Jo is currently completing a doctorate in health psychology and runs the Instagram page [@headfirst0](https://www.instagram.com/headfirst0). His special interests are in the psychology of behaviour change and the relationship between physical psychological health. He works privately delivering one on one interventions and group sessions. He also runs a training course for health professionals titled Health Psychology in Practice.

So, on this episode we talk about New Year's resolutions, breaking and making habits, emotional eating and binge eating disorders, and even the psychology of online dating and whether you can find the perfect relationship online. Now Joe does signpost to further resources if you require support with any of the topics we discuss in this podcast episode but you can also find some helpful advice over on mind.org.uk, the NHS website, and also beateatingdisorders.org.uk. I hope you guys really enjoy today's podcast because I really enjoyed speaking to Joe and really just diving deep into the psychology behind behaviour change from nutrition to exercise to dating. It's a really, really interesting podcast. So, I think it's like the perfect time to get you on the podcast because it's the start of a new year and people are naturally thinking about their goals for the year, resolutions for the year and I'm sure for many people that might be centred around improving their health or changing health behaviours and I actually did have a Google about this to see what was last year's most, kind of, cited New Year's resolutions and the top one was improving fitness/more exercise and then it was losing weight, improving diet, saving more money and taking up a new hobby. So, the top three were really fitness, weight and diet related. So, I guess we can assume quite a few people are thinking about this. What advice do you have for someone who wants to make a change and stick to it?

(TC: 00:03:35)

Joe O'Brien: Yes, I think some of the really common advice that we hear is actually pretty important from a psychological perspective. I think collectively we underestimate how hard change is and I think by doing that we really set ourselves up to fail simply by, you know, setting a really high target. Now that's probably what most people don't want to hear but we hear a lot about, you know, make change slowly and take the small steps. But there are still a pretty significant body of people who are going to wake up on New Year's and think, you know, from this day forward I'll wake up at six, I'll do my meditation and my run and I'll come back and I'll cook from scratch and I'll walk at lunch time and put my phone away before bed and all

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these, like, new behaviours. And that person might have never done any of those things before so firstly they're going from, you know, zero to one hundred and that's going to make things difficult. There's obviously no problem having ambition but I think often what happens is people try and fix everything and end up changing nothing in the long term because, you know, change is pretty hard. So, I think step one is assessing where you're at, like, asking yourself what is actually reasonable and achievable to change. For example you want to exercise more, the start goal for you if you don't exercise might be two sessions a week and when you've proven you can do two sessions it might be three sessions the next week or four.

We hear a lot about habits right, the buzz word around New Year's is, like, how do you form new habits and all these, like, coaches and people putting out, you know, this is the science of habits. If there's one thing that I've learned from reading some of the habit research is that forming habits is particularly hard. It's not as simple as, you know, we read in the books. People might have seen stats like, you know, it takes 21 days to form a habit. There's a piece of research by Phillippa Lally and people I think use that quite a bit out of context and that's that. I guess they state it very factually, they state 'it takes 66 days to form a habit', but I guess what people might not see behind that very appealing statistic is that in that study there were 82 people analysed and the range of days it took people to form a habit took up to 254 days. So, that's just over eight months, 66 was the median but the range is massive and when we look at the behaviours that they were measuring as a habit I think one example of the top of my head was something like drinking a glass of water after breakfast. So, this research, like, it's taken some people eight months to develop the habit of drinking a glass of water after breakfast, but there is people out there trying to overhaul their life overnight right.

So, I guess when we think about habits it takes a lot of brain capacity to overhaul your life and I think completing one small change for a whole year is a lot better than having a massive change for, like, three weeks. That would be how I look at it. So, I think step one in terms of advice is if you're going to change something remember that change is hard but just change one thing at a time.

(TC: 00:06:28)

Dr Hazel Wallace: Yes, absolutely and I guess that kind of timeline that's often cited on how long it takes to build a habit it really depends on what kind of habit we're talking about. You know, whether you're quitting smoking or you are trying to drink some more water. It can be very different for different people.

(TC: 00:06:45)

Joe O'Brien: Yes, totally I think yes the strength of the habit obviously matters. If you think about something like smoking has quite a biological and physiological impact on the body and the brain, something like that is going to be far maybe more difficult to crack than something like drinking a glass of water or, you know, doing something I guess more low intensity. So, yes it depends obviously on the individual, on the type of habit itself, and obviously, like, all these other different factors that I'm sure we'll get into along the way.

(TC: 00:07:11)

Dr Hazel Wallace: Yes, absolutely, and what about breaking bad habits or breaking habits that are leading to behaviours that may not be conducive to health. So, for example for me I know that

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sometimes especially during lockdown I've gotten into the habit of spending a lot more time on my phone and not necessarily doing anything productive with that.

(TC: 00:07:29)

Joe O'Brien: Yes, it's a really difficult one. There are a few ways of approaching this but I guess the way I would understand it is that we engage in behaviour for a reason so, like, it's doing something for us. Now that thing might not be particularly obvious to us. The behaviour itself might be harmful or like you said unhelpful or unproductive. I think smoking is a really useful example because I'm sure there's plenty of people out there, maybe if they are smokers or they know a smoker, well they think well smoking is killing me. That's, you know, no use at all, that's not doing anything. When you look at smoking people often smoke after something stressful, as a social thing, or they'll say, you know, 'I smoke when I drink'. So, in that case of an example that smoking is doing something for them in by coming with a lot of consequences but it's still doing something to help alleviate stress or potentially, you know, facilitate something social. If you maybe take your example of phone use, some people might turn up to my clinic and they'll say, you know, 'I use my phone way too much, I'm on it all the time' and you do some digging and lots of their screen time is when they're alone and if you pitch the question to them if you weren't on your phone what would it be like.

And they might say 'well I'd feel bored, or I'd feel lonely' and then we might conclude, obviously this is a very simplistic version of what might go on in a session, but we might conclude from the end of doing some digging that, you know, phone use is a distraction from feeling bored or feeling lonely. And again it's that distraction from something unpleasant. And the reason I'm saying all of this in terms of breaking bad behaviours or bad habits that you want to get out of is because in order to change that unhelpful behaviour it's important to try and understand the function of the behaviour. So, what is the behaviour doing for us and what is it telling us. Because we know that if we start to try and meet that need in a new way it might be more helpful. Again going back to phone use let's say it's six, seven, eight hours as day, it's interrupting your sleep. Maybe that's working as a way of helping someone not to feel bored or feel lonely. What I would think is how else can we manage that feeling, how else can we replace what the phone is doing for us in a different way? Well, human connection might be a good way of alleviating loneliness so that would be meeting the need in a new way. And I think it's important to remember that the behaviour itself might not be helpful but it might be, like, a learned response from years ago.

I think that's one that comes up an awful lot. And I think eating is a really good example of this. Let's say hypothetically someone has a difficult experience growing up, maybe they lived in a house where there's lots of fighting and arguing and they manage those feelings through food. (TC 00:10:00). They ate a lot when they were alone in their room to help manage that feeling. Now a person grows up and they're an adult and they move away from that home, the eating might still be associated with being alone in your room or a difficult experience because that's what your brain has learned. It's maybe learned to respond that way. So, I guess the main thing to understand is to replace the unhelpful habit with something more helpful so looking after your needs in a new way or in a different way.

(TC: 00:10:29)

Dr Hazel Wallace: Yes, and I'm interested to know what you think of James Clear's method, the author of Atomic Habits, and I think he says 'make it obvious, make it attractive, make it easy and

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make it satisfying' if you want to build a habit, and then if you want to break a bad habit flip it on it's head so, you know, make it unattractive, make it hard and take away the satisfaction element of it.

(TC: 00:10:51)

Joe O'Brien: Yes, I so. I think when you remove something that is doing something for you, you'll need to replace it with something else and it make that as appealing as possible is obviously the best way to do that. So, if you think about the loneliness example and phone use, if you're trying to replace your phone use with let's say TV for example it still doesn't meet that need for a connection or it doesn't meet the need of loneliness. So, I think if you are breaking the bad habit you will need to figure out what it's doing for you in order to replace it. But I think that ties into maybe that example.

(TC: 00:11:26)

Dr Hazel Wallace: Yes, absolutely, I completely agree. Just moving on from that, naturally some people may want to change their diet during this time and that might come in the form of various different resolutions and some people may want to pursue weight loss. How can we change eating patterns without damaging our mental health and do you think the pursuit of weight loss can occur without sacrificing mental health and I know this is a big question and a big topic, and can be quite polarising but I think it's important we try pick this apart.

(TC: 00:12:02)

Joe O'Brien: Yes, definitely, it is a huge topic you're right. But my incline would say that it's possible. Some people lose weight and change their bodies without a mental health issue right, but there's a lot to consider there because there are very big risks when actively pursuing weight loss. Dieting and restriction and focussing on weight and appearance as, like, a goal or a value can be a risk factor for people. So, people think about the message that sends us, it's telling us, you know, you're value, your happiness in life, is your appearance or your weight. And firstly that's not true, but it's also not really helpful for our mental wellbeing. There's a really good paper by a researcher called Colin Greaves and in it he found a few psychological predictors of weight loss maintenance. So, the people who were successful at maintaining weight loss, the things that they had in common we they were more flexible which is the opposite or restriction or being rigid, a change in mindset from the short term goals to the long term, so that was important in terms of people viewed it as a lifestyle change. You know, this is the way I'm living my life now and not just like this for a six week plan to get in shape. And another predictor was unmet psychological needs which is what I spoke about just before like meeting your psychological needs in a new way.

So, with that I think the things that help people maintain weight loss are often the polar opposite of what they've been trying or what we traditionally focus on. If you think about the traditional weight loss interventions they're restrictive, there's the focus on weight and size, and they are quite rigid. They are generally short term and judging by the research on average none of these things are helpful when it comes to long term changes. So, I think that's really important to consider, there's also the part to consider that lots of this is out of our control. We buy into this illusion that our behaviour is just something we can change and everything is entirely within our ability. But we forget about, like, genetics and environment and psychology and society and someone's financial restrictions. There's a hundred and one things why these things are out

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of our control and it makes me quite angry seeing some of the big Instagrammers, famous personal trainers and nutritionists sprouting the same eat less move more when there are so many of these factors that are just bigger than that. Like, if you even think back your own mother's nutrition when you were a developing foetus matters, your nutrition when your a child and you're developing matters, your genetics matter. So, I think that's where the focus for a lot of people needs to shift.

So, you asked if we can change our eating patterns without damaging mental health. The answer to that is yes but to protect our mental health we need to move away from the focus on weight and appearance I think. And move away from the idea that weight is value and, you know, being smaller is something that brings happiness. We need to come to terms with the idea that food and eating can occur independently of weight loss. So, eating well can be for other purposes other than losing weight and I guess that would maybe follow up to the advice that I was giving earlier about what people need to do to change. Intrinsic motivators are huge, like, the things that really matter to you and I think, you'll probably like this example, I talk about it a lot about the reasons why CrossFit and F45 are so successful. They didn't reinvent the wheel, like, CrossFit didn't reinvent the wheel in terms of exercises right. Those exercises were out there. But what they did is they packaged it in a way that is intrinsically motivating for people so it's more than just exercise, you know, it's community, it's inclusion, it's healthy competition. For some people it's identity, it's supportive. And people are far more likely to engage in health behaviours when it's intrinsically motivating. So, for the long term if it's intrinsically motivating you're more likely to succeed. When it's extrinsic like appearance and weight those things are kind of firstly potentially damaging but also not really conducive to those long term changes.

(TC: 00:16:11)

Dr Hazel Wallace: Yes, I think the other thing I'd like to ask is whether intention, if intention changes how much it effects someone's mental health. So, someone's intention for weight loss whether it's an intention to improve health or whether it's an intention to improve aesthetics and appearance does that impact their mental health differently or has that not been unpicked in the research yet?

(TC: 00:16:34)

Joe O'Brien: I think what I see in my clinic is, like, like you said, that when I, kind of, pitch the idea that you can eat well without having to lose weight people are like 'Okay, yes, let's focus on the eating behaviour,' and then you focus on that for a while and they're like, 'Okay, but I haven't lost weight,' and, you know, it's that idea that wasn't or isn't the focus. Again it's that balance between extrinsic and intrinsic motivators. If you are focusing on appearance and weight it does come with the risks for mental health. So, I think the intention matters because the intention is the focus. If you are someone who is focussing on the weight side of things you're sending yourself the message, even if you're maybe not consciously aware of it or you are, you're sending yourself the message that, 'My weight is important and why is it important? My aesthetics are important why are they important?' And for some people when they say, 'I want to lose weight,' it means something else, like, maybe for someone to lose weight what they really mean is, 'I want to be fitter, I want to be able to live my life a little better.' Maybe it's, like, 'I want to be able to go on a hike with my family which I'm not able to do right now.' People have been, kind of, conditioned to associate weight loss with, you know, health like you said.

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So, when people say, 'I want to lose weight,' sometimes they mean those other things that are intrinsically motivating and if that's the case then I think they can be successful in that by shifting their focus to those intrinsically motivating things. But when it is about weight and it is about appearance and aesthetics I think it's just not conducive to long term change as well as coming with those psychological risks I guess of reiterating that your weight is your value.

(TC: 00:18:08)

Dr Hazel Wallace: Yes, absolutely, and I think also looping back on what you said that it's never simple as, you know, eat less move more because there are so many enablers and barriers when it comes to health eating or weight loss that we need to consider and like you said there are these intrinsic factors but also there are external factors and there are different physical and mental things going on that we need to factor in and so it's a really complex topic but the research is fascinating. I've stepped into a little bit with my supplement research so I'm swimming in psychology.

(TC: 00:18:49)

Joe O'Brien: That came up the other day when I messaged you about the behaviour change wheel. The factors that are even included in that, right and that's actually a model that a lot of people use at the moment for gauging what is successful behaviour change intervention or not. There are so many factors in there, like, I guess I focus my clinic work on the psychological capacity to change but there are so many factors in that that explain or can contribute to somebody's ability to change or not and I think move more eat less or whatever it is, that idea totally oversimplifies and is kinda of dismissive of people's struggles and I think that's really unfair on people to be honest.

(TC: 00:19:30)

Dr Hazel Wallace: Absolutely and what's annoying is that, you know, for a long time public health campaigns have focussed purely on the psychological capability and the knowledge side of things and the education side of things, and so policy has been shifted towards 'oh well if we just tell people that vegetables are good for them they'll eat more vegetables'. And so what's really nice to see in the research is that you now have like all these behaviour change theories being weaved in to it and we're understanding more why (TC 00:20:00) people do they things that they do because there's so many different factors pulling us each way and we're not aware of them. And it's up to researchers to be able to tease that apart. So, it's good.

(TC: 00:20:12)

Joe O'Brien: It is, it's like I think for the first time ever we're finally moving towards something that's more evidence based but yes the idea that education alone is going to predict behaviour change is nonsense and that's what public health campaigns have focussed on for a long time. You obviously grew up in Ireland and I know when I was growing up in Ireland we had that food permit. I think, like, the idea if you knew the food permit you could just carry it out it's just so wrong. People generally know what a balanced diet looks like and people, like, smokers know that smoking is bad for them. People know that excessive alcohol consumption is not great for them. But that doesn't mean that they can just change, it's so much bigger than that. And I guess that it's so dismissive of those difficulties.

(TC: 00:20:57)

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Dr Hazel Wallace: Yes, and I think, I mean I don't want to go too far off tangent but just thinking about that conversation, one campaign that comes to mind and I really respect the research that they do but it's was Cancer Research UK and they put out a campaign maybe two years ago around obesity. You know, it listed out all the cancers that are caused and they put it on, like, you know, bus stops and things like that and I remember walking into work one day into the hospital and I was working on a breast cancer rotation and, like, it was on the bus stop outside the breast cancer centre. Our whole cancer centre. And I just found it so jarring and unhelpful and I couldn't help but think, you know, for families going out who have just had a loved one diagnosed with cancer how is that helpful. And I just felt like they completely missed the mark.

(TC: 00:21:50)

Joe O'Brien: It was really frustrating to see that, I remember when that came out. Again it's this idea that, like, if you scare people enough or, like, you know, you're motivating them by scaring them. That's not the case. I have people in my clinic, like, literally all day who are concerned about their health and their wellbeing and all they want to do is change but they don't know how and they find it really difficult because there are lots of things working against them. Like their environment and their financial situation and all these different factors. It's not a matter of want, you know, it's not a matter of that they didn't know the risks of eating a certain way or having a nutrient poor diet. The issue is that they're not being supported in the wider context and trying to scare someone into change just doesn't work.

(TC: 00:22:36)

Dr Hazel Wallace: No but anyway, moving on from that because I know that we can go down a rabbit hole, obviously we've been in and out of lockdown the year. I can't believe we've come this far and we're still in this situation but as a result many people have struggled with their eating habits and have definitely confided in me about that. And I'm sure you've heard a lot of this as well. And mainly from a comfort point of view, and while I think we need to be compassionate with ourselves this is a completely weird situation that we've found ourselves in, is emotional eating okay and if so does it become a problem at a certain point?

(TC: 00:23:14)

Joe O'Brien: Yes, I think you're right and people are struggling right now, I think generally it is a comfort and what I was saying to people who were struggling is that, like you mentioned, being compassionate towards ourselves is really important here. It's that idea that if you get through a global pandemic when all of your other coping strategies have been taken away, things like your gym and your connection and your family and things like that, if you can get through a global pandemic by eating a little more, eating a little differently or comfort eating that's fine and emotional eating is a typical thing to do. We see a lot in the conversation on social media that, like, emotional eating is fine right. Food can help us manage, but I think the line of when it's an issue is different for everyone and I think it can be an issue. I think it's again reductionist, it's maybe a bit simplistic to think that all emotional eating is absolutely fine because people do struggle with it and I see those people in my clinic. The way I see it is that it might be an issue if it's impacting your health, like, you've had negative health issues associated or I guess that could improved through your food. I think if it causes emotional distress after eating and feelings of things like guilt and

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shame or embarrassment, I'd say any kind of physical symptoms like feeling unwell, IBS symptoms would be a pretty big one.

But I guess the biggest thing for me or the biggest, kind of, flag for me is that if emotional eating is your only way that you have of making yourself feel better then that could be a significant issue because it comes back to that idea of meeting our psychological needs in helpful ways or in the appropriate ways and I think if you turn to feed when you're lonely but also when you're stressed or tired or angry then those emotions might not be processed, they might not be addressed at all. And I think if there's one thing about emotions is that they have a habit of sticking around, they don't just go away. So, I guess it's important to have a range of strategies depending on what you need. So, food isn't a cure, grief or loneliness or anger and processing those feelings without relying on food is probably going to be more helpful in the long term.

(TC: 00:25:25)

Dr Hazel Wallace: Yes, absolutely. And I think, let's chat a little bit about binge eating because, you know, that's closely linked to emotional eating for some people. First of all let's just, kind of, distinguish between binge eating and binge eating disorder or BED. So, what are some of the signs and symptoms there?

(TC: 00:25:42)

Joe O'Brien: Yes, I think in terms of differentiating between them I think it's important that we see these things on a continuum. So, what I mean by that is it's not just this black and white, you know, this is a mental health issue this is not. I think sometimes we think that with binge eating disorder versus just binge eating. Just because you don't meet the exact criteria for binge eating disorder as an example that doesn't mean that psychology and mental health isn't important. And I don't mean to diss the medical model to a medic but there's this idea that binge eating is only a problem and only requires psychological intervention if you meet the criteria and that's just not the case. Psychological factors are important to consider at every stage of eating issues not just when you meet the criteria for a diagnosis. So, as part of the criteria as an example it says 'binge eating must occur once a week for three months'. If someone manages to spend two weeks of that time avoiding binging for whatever reason then apparently it's not a mental health issue, you know, it's that black and white in terms of criteria. It's why diagnostics aren't always helpful with this type of issue. I think if you treat the person in front of you and they feel emotionally distressed by their eating habits then psychology is important to consider. If you remember that diagnostic criteria all it tells you that these are common symptoms right, it doesn't tell you about the person's experience.

It doesn't tell you about the causes, it doesn't tell you about even what the best approach is to take. So, I think some of these labels can be taken with a pinch of salt sometimes because binge eating itself is a behaviour and it's maybe a symptom of distress and I think whether you meet the criteria or not it's important to consider psychology. In terms of what the symptoms are of that and emotional eating and binging, they are quite similar in lots of ways. I guess binge eating is in the diagnostic manual so it's easier to define. It's reoccurring binging, eating beyond fullness of when you're not hungry, a loss of control is the big one and feeling emotionally distressed afterwards so that idea of regret, guilt, shame, embarrassment. That would be the criteria in terms of the diagnostics but again if you don't meet that criteria exactly it doesn't mean that psychology isn't important to you or, like, your looking after your mental health isn't

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important. The idea of emotional eating by definition is that it's a response to an emotion. Binging can also be in a response to an emotion or a feeling but binging can also be pre-empted by restriction. So, long periods between meals, severe restriction or under eating. There can be a physiological reason for binging as well it's not just emotional. I think that's maybe one of the differences and the other one is loss of control.

(TC: 00:28:21)

Dr Hazel Wallace: And if there are people listening who feel like in their head they are ticking those boxes where's the best place to start when you're looking for support?

(TC: 00:28:30)

Joe O'Brien: I think the best place to start even if you meet the criteria or not is with a mental health professional if you're concerned about that. Food is very emotional, food has, like, an emotional aspect to it on all levels so I think looking at some of those things with a mental health professional would be best ideally with a trained dietician in that field as well. But I guess accessibility is a big issue with this. I think if you're concerned about binging or emotional eating remember that it is psychological by nature and there are things that a nutritionist and a dietician can do within that scope but again if the core underlying issue is emotions or psychological then important to tease that with a mental health professional.

(TC: 00:29:14)

Dr Hazel Wallace: Yes, agree and obviously there are lots of ways that nutrition professionals can work with psychologists, it doesn't always happen as much as it should and I know that you're very passionate about healthcare professionals working in nutrition having the psychology training and you do a bit of that as well. Can you explain a little bit more about the role of psychology and nutrition and why nutrition professionals should have that?

(TC: 00:29:40)

Joe O'Brien: Yes, definitely. Like I said psychology's important regardless of where people are at with their eating. I think it's important to consider as part of any behaviour change intervention. I think as a nutrition professional taking, like, I guess the wrong approach on day one with a client can actually cause harm depending on who the client is and I'll give you an example (TC 00:30:00). I work with health professionals like I said I do training but I also do one to one work in terms of, like, consultancy so people will talk to me about difficult clients or if they have, like, ideas or they want to learn about something. And one coach came to me and they said they had a client who sticks to their step goals and their calorie goals pretty much to exactly what it is was, like, they would hit their 10,001 steps every day and they would, like, hit their calorie goal within, like, 1%. And I would imagine lots of people maybe listening to this would think well 'wow that's amazing work', you know, or as a coach you might my client is so disciplined but that client could be the person who's quite entrenched in their eating disorder. The person who's, like, really deep in that eating disorder. That client could be the person who won't go to sleep until they hit their step goal or the person who won't meet their friends for food anymore because of their calorie goal.

They are the ones who are so pre-occupied with the weight loss and the numbers or the health in inverted commas that it's actually negatively impacting their lives. And that's the problem with health professionals not being trained adequately in psychology and it's through no fault of their own because I've talked to

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nutritional professionals about this and they feel the same. It's the lack of training that they receive and that, like, level or precision in hitting a step goal or a calorie goal to me would be something that needs investigation right. I would think, you know, is this person diligent or are they pre-occupied to the point where it's impacting their lives. Is this intervention actually improving their quality of life or not.

(TC: 00:31:27)

Dr Hazel Wallace: Absolutely yes.

(TC: 00:31:30)

Joe O'Brien: Is the person setting these goals is that reinforcing or contributing to a mental health issue. But on the surface it looks like they're doing great right because they're doing all the things that they're told to do. And I think it's a real shame that health professionals aren't trained enough on this right. I probably am going on a rant but I can just go on forever. As an example the BDA for example, the British Dietetics Association, their curriculum for 2013 was the most recent one I could get my hands on, it mentioned psychology nine times in a 59 page document in terms of accrediting their courses. The AFN, the Association for Nutrition curriculum for their courses, they don't mention psychology at all in a 28 page document, and these are some of the people who are going to be working with clients who might have a risk of developing an eating issue or might already have one. So, when we consider that I think it's so important for something so emotional that we have to consider psychology for all nutrition professionals because it's something that comes up quite a bit. Even if they don't fall in to the diagnostic category especially for weight loss. It's almost like default, people are just put on the highly restricted, you know, 1,200 calories, calorie counting self weigh in and that comes with a risk for some people.

Now I'm sure that there's lots of people who will listen to think and think, 'Well I see on social media all my dieticians are very aware of this' and I think on social media it's a little bit of an echo chambers in terms of I follow a lot people like that and they're quite, I guess they're quite woke in terms of, like, what they know. There's more knowledge around definitely circling on social media. But I work with people who are still coming back from nutritionists, dieticians, personal trainers, coaches all across the board right, no matter what their qualifications saying, you know, 'I was put on a meal plan' or, like, 'my calories were 1,200 and I was having to count and I was, you know, weighing myself every day'. And to me the fact that there's no pre-screen to see what's going on for someone is just really unhelpful. I think we should be screening people at baseline before they ever do a nutrition intervention. And that is one of the big reasons why I would like to see more trained in psychology because people aren't just a maths equation. They're not just calories in, calories out.

(TC: 00:33:39)

Dr Hazel Wallace: Yes, absolutely.

(TC: 00:33:40)

Advert: 'T'was the season of cheer and joy filled the town except for Scrooge with his perma-frown. The gift of a Peloton bike touched his soul without doubt.' (Advert played 00.33.39-00.34.09)

(TC: 00:34:10)

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Dr Hazel Wallace: I think it's super important then just even thinking from my own practices in medicine, I mean we do obviously do a psychiatrist part of our training and then some people will specialise in that but it's such a huge field and obviously we're looking at I guess more extreme mental health disorders and not necessarily picking up some red flags that might come in to say the GP practice. Say if someone for example for talk's sake isn't exactly meeting the criteria for an eating disorder i.e. they may not tick the boxes that a doctor might be looking for except they are really suffering and then that might mean that they're not getting the treatment that they need because they don't meet the criteria if that makes sense. But if there was, you know, some psychology input there it may change things. I guess it just comes back to the fact that, you know, we all have our own specialties and it works best when it's a multi-disciplinary approach in every situation really. But again funding.

(TC: 00:35:12)

Joe O'Brien: Yes, funding yes I know, and I guess for people to go through a whole, you know, dietetics or nutrition programme and then have to do further education to, like, make sure that they're preventing risk. It's a lot to ask of people and that's I guess like you said, if they don't meet the criteria but they're really suffering, with the psychological input if you have I guess the understanding or had the extra training you might think 'oh this person feels like they might be at risk for developing an eating issue or other type of issue it might be more helpful to use this approach' which is, like, let's say safer from a mental health perspective. But without that insight they could be pushing people down I guess the wrong path and, again through no fault of their own, so it's a difficult one. It's up with the balance and funding, it's massive.

(TC: 00:36:02)

Dr Hazel Wallace: Yes. God we really are going off on one today. But I'm just going to turn to a slightly different topic you spoke about recently on your Instagram and I flagged it in my head to ask you on this podcast and that is the science and psychology of online dating. I mean I think that's the only way people are dating at the moment because of lockdown, but is it true that that's the best way you can find the perfect relationship?

(TC: 00:36:27)

Joe O'Brien: Yes, you say it's a different topic, I actually wouldn't consider it a different topic because-

(TC: 00:36:31)

Dr Hazel Wallace: Really?

(TC: 00:36:31)

Joe O'Brien: Yes, I genuinely because we think health behaviours are, like, food and exercise and, like, sometimes sleep. But we rarely consider relationships as a health behaviour right. We would never associate being healthier with, like, looking after your relationship or looking after your friend's relationship. The reason I say it's not a separate topic is because there's evidence to suggest that people who have really good relationships, and that's all relationships not just romantic relationships, live about 15-20 longer than those who have poor relationships. And that just to me was an amazing statistic because-

(TC: 00:37:02)

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Dr Hazel Wallace: Yes, it's so true and we know that, like, social isolation and loneliness is also, like, and independent risk factor for lots of even physical conditions so I get where you're coming from.

(TC: 00:37:16)

Joe O'Brien: But it is, it's a health behaviour. I think when it comes to, like, finding someone online you mentioned, like, the perfect relationship I think there's a few things to consider when dating online. Firstly the issue of unlimited choice or saturated choice, when we make decisions on anything the more choice we have the more difficult the decision. Think about how long it takes to try and find something good to watch on Netflix by yourself, or choosing the right book in the bookshop, like, it's so difficult, it takes so much time. And it's the same with online dating. This perception that the person who is still out there is more appealing than the person that I'm talking to, and because of this it's so easy just to, like, delete somebody or unmatch somebody at the first sign of, like, imperfection again in inverted commas. Like, deleting someone or blocking someone because they just said 'hey' in their first message and nothing else.

(TC: 00:38:10)

Dr Hazel Wallace: That's me, that's my game.

(TC: 00:38:13)

Joe O'Brien: It's like they must be boring right because they just said 'hey' or, like, they're not tall enough or they like pineapple on pizza. I think the reality is, like, people have flaws and, like, ask yourself if you're listening to this, ask yourself if you'd like someone to block you or dismiss you because you didn't meet their perfect standard. You probably wouldn't. So, I think part of finding a meaningful or fulfilling relationship is understanding that people have flaws and understanding that, like, your boundaries and needs when you're looking for relationships what are the important things to you genuinely, like, it's not that they say hey or it's not that they like pineapple on pizza. It's, like, can I talk to them, can I be vulnerable with them, do they make me feel safe. The core part of connection in terms of romantic relationships is actually in your core values, it seems illogical to me to rule out someone who, you know, doesn't meet the surface level stuff because they might be the person who makes you happier than you've ever been. But any relationship, even really good ones take work and communication but it's not just work and communication it's working together not independently. It's about being on the same team and working towards the same goal which is, like, your relationship. And yes like I said relationships are a health behaviour, if you really want good health work on your relationships.

(TC: 00:39:29)

Dr Hazel Wallace: No it's very true and I think you put it into perspective but come on lads, like, if you do want to grab someone's attention don't just say hey, add a little bit more. Because like you said there's so much choice out there but it's so hard, I personally think that because online relationships are very 2D it's hard to see a future with this person that you've just met so I do agree that it's worth giving someone the benefit of the doubt.

(TC: 00:39:58)

Joe O'Brien: Yes, totally I think even with social media there's a lot (TC 00:40:00) of research that says, and I'm sure this is translated to online dating and things like that, but there's a lot of research that says social media in itself and just interacting with someone online, like, dehumanises them to some extent. So, like, it's

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easier to be cut-throat, it's easier to delete someone. Whereas, like, if you met someone in person if they said something a little bit off or a little bit strange, you'd maybe hear them out or you'd ask them a little more whereas we can just delete them on a dating app or you can just remove them on Instagram or whatever that looks like. So, I think we're aware of these biases in ourselves is really important because just firstly think about would you want someone to do that to you and also would I do this in real life because I think the dehumanising element is the bit that you're talking about there, like, it's very difficult in that you're talking to a screen essentially and there's all the evidence in the world to suggest that real-world relationships fulfil people better than online. So, I think it's important, like you said, to give people the benefit of the doubt in these scenarios.

(TC: 00:40:59)

Dr Hazel Wallace: That's really interesting that you say that because I guess it really, like, feeds back into how trolling happens and not just trolling but I mean I get a lot of it because I think sometimes people think the platform is run by, like, a huge team or something and I think people are a bit more comfortable at being rude and I'm, like, 'Hey it's just me.'

(TC: 00:41:23)

Joe O'Brien: I've had an experience like that recently and it triggered me to write a post on how to be nice to people online because I got a message right, I did emotional inhibition and eating and I did part one and part two, and a day after I'd written part one someone wrote to me. I'd never spoken to them before, I didn't know them, they just said, 'When's part two?' and I was, like, okay this person doesn't know me. Imagine me walking down the street and someone coming over to me and just shouting, 'When's part two?' If they did see me and they wanted to ask me they might walk up to me and say 'Hey, you know, I follow you on Instagram I loved your part one, when are you releasing part two?' But the fact that that separation came on social media that they felt that like that was an appropriate thing to say without ever having spoken to me before or even introducing themselves. So, I think that is a really good example of how it, like, that separation just gives people the opportunity not to be human anymore. It really is like interacting with your phone rather than another person.

(TC: 00:42:22)

Dr Hazel Wallace: Yes, it's so true and there's no please or thank you. I had something similar yesterday where someone I actually went to Uni with, I'm like does she know that I know who she is, sent me a really blunt message and, you know, I replied as nice as I could be but I was just like it's so interesting how like if we bumped into each other, you know, after all these years I'm sure she would have been like 'oh hey how are you?' like, but yes. Once you have this kind of interface people just naturally become more blunt and they don't, you know, they're not empathetic at all.

(TC: 00:42:54)

Joe O'Brien: Yes, I think it's really sad actually because those people probably, like, they don't realise maybe that they're doing it. But they're probably like lovely people in real life but I think, like, I definitely see them as something different because of that, like, someone might write me a question and I'll write a really long response and at the end, like, it's just like seen and they never reply. You've given them your time and your insight or something effective and again it's my view that it's just not the same a real life is it.

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(TC: 00:43:26)

Dr Hazel Wallace: No, no it's not. Okay I think, like, oh God I could actually chat all day about all of this but we should probably wrap up. Because we've, like, touched on some really sensitive topics and there might be some people out there who are really struggling for anyone who maybe interested in seeking therapy what are some avenues they should go down to find the right therapist?

(TC: 00:43:49)

Joe O'Brien: Yes, so I made a pretty significant guide myself on this if anyone wants to get it through my Instagram you can. The short version of that guide is the three I guess main things to focus on is the person qualified and accredited, does the person have experience working with the difficulties you're working with that you're experiencing, and do you click with the person or do you have a good relationship because the therapeutic relationship is one of the best predictors of outcomes. If you feel like you can't trust them, you don't feel safe with them, they're not consistent with you then that's not just ideal. A GP is a really good place to go for advice on the services in your area or the ones that are accessible to you. Then resources like government health websites, HSE or NHS in the UK, they should normally have a list of services that are available. In most countries the kind of governing bodies or the regulators should have a list of counsellors that are accredited with them. There's too many to go into now but for example the BPS, the British Psychological Society, in the UK, the HCPC in the UK. Finding those lists would be a good list of finding someone. Or if you're using Google like everyone does, you can just check if your therapist, the person that you find, is chartered or registered using those lists. So, that's the short snappy version. If you're confused where to go the GP is a gateway to services so I would suggest GP first to recommend services in your area but if you are going privately or looking them up independently then make sure you stick to those few things.

(TC: 00:45:17)

Dr Hazel Wallace: That's really good advice. Is it normal if you wanted to do it like a one off session to see if you clicked with the person and then invest in a block of sessions, is that something that's done?

(TC: 00:45:28)

Joe O'Brien: Yes, definitely. I think most good therapists will say at the end of session one, you know, it's up to you now to go and decide if you want to continue with me if we're the right fit. That would be something that I would go through at the end of session one and then if they want to they can go back, reflect and come back to you. It's like anything right there are, you know, doctors that are good and bad and ones that you will and won't click with and I think it's really important you click with the right one. So, like, yes shopping around is definitely something that's done a lot but a good therapist will reflect on if this is right for you or not.

(TC: 00:45:59)

Dr Hazel Wallace: Amazing. And so I guess also to wrap up, where can people find more about you?

(TC: 00:46:04)

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Joe O'Brien: So, my Instagram is @headfirst0 my email for any kind of professional enquiries or one to one work is joeobrien@mentalhealth.ie I also have my own podcast which is The Head First podcast. But yes I guess the best place to reach me is Instagram if you use Instagram otherwise email is best.

(TC: 00:46:22)

Dr Hazel Wallace: Yes, and Joe puts up lots of informative posts including basically all of the topics we covered today if you want to read a bit more. Amazing, well thank you so much for coming on the podcast today, it's been a really great discussion.

(TC: 00:46:35)

Joe O'Brien: Thank you Hazel for having me, I really, really appreciate it.

(TC: 00:46:40)

Dr Hazel Wallace: Okay guys that's all from me. I hope you enjoyed today's episode. Next week we are diving into the relationship between menstrual cycles and performance and exercise which I know lots of you are going to be fascinated by. Until then I'll see you again next time.

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