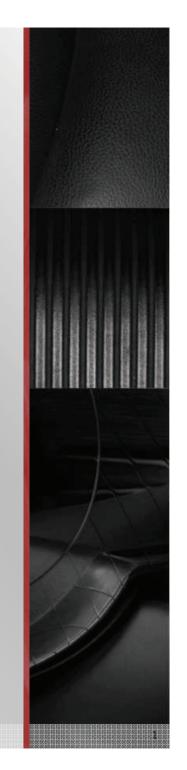
Carrying the Weight of Life

Weight Management Program

PHS Series
A SSLD Product

Ka Tat Tsang, Ph.D. University of Toronto



Let's face it. It's a heavy issue

- Weight is not just an objective measure of your body mass
- Weight is a proxy for many health status indicators, associated with a wide array of conditions, including cardiovascular, metabolic, mental health, skeleto-muscular, endocrinal, and so on.
- Weight is a part of your self-image and identity
- Our approach to, and relationship with, our own body weight is rarely a purely rational or intellectual matter. The issue is vested with intense emotions, social significance, and is part of a broader social discourse and political economy
- Weight management is already a multi-million industry with global reach

PHS

Proactive Health Strategies

- A health intervention model based on SSLD principles, developed by Professor Ka Tat Tsang of the University of Toronto
- The key features of PHS include:
 - Person-centered
 - Emphasis on agency rather than patience and passivity
 - Proactive rather than remedial
 - Tailored to individual needs and circumstances
 - Integrating the bio-medical with the psycho-social

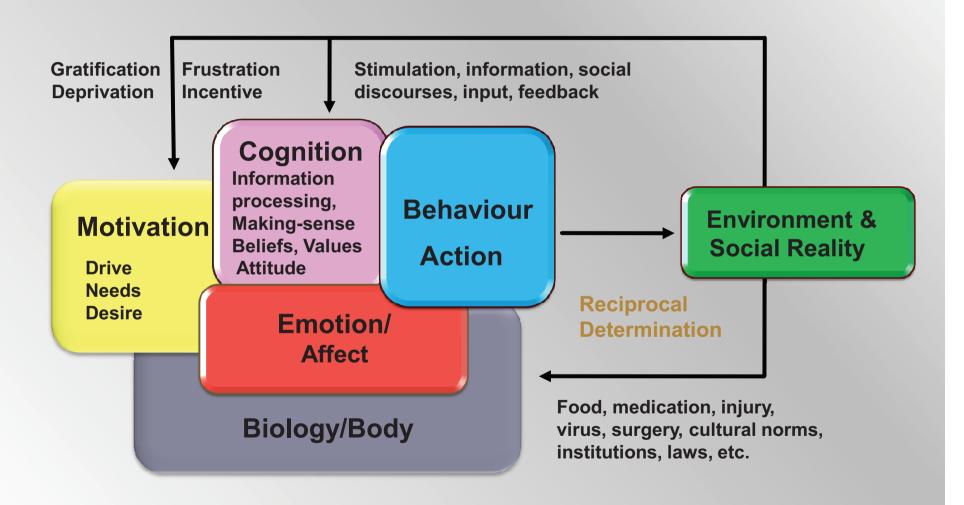
PHS (Proactive Health Strategies) are a set of strategies and skills you learn and master in order to achieve your own personalized health goals.

- It includes bio-medical aspects of health
- It helps you to re-negotiate your relationship with your body
- It goes beyond the body and engages with psycho-social realities in your life-world, including your needs, strivings, emotions, thoughts, actions, relationships, history, and lifecircumstances
- If you are interested, it can help you interface with the spiritual

PHS in Action

- Comprehensive program integrating the 6 domains of body, motivation, cognition, emotion, environment, and behavior
- Deal with real-life situations, not just ideas and instructions
- Use of video recording and playback, as well as feedback from observers to make sure that you have "got it"
- Systematic learning through incremental steps, including
 - Failure-proof design of personalized programs
 - Real-life exercises to ensure transfer of learning
 - Social facilitation, feedback, monitoring, and reinforcement

The Human Agent and the Life-World



Our Life-World

- Health is just one aspect of life. To some people it is the top priority, to others it is not.
- We are aware of the fact that we will all eventually die, no matter how "healthy" we attempt to be in the medical sense.
- We take health as a complete state of physical, psychological, and social well-being (WHO 1947). It includes the capacity to adapt to the environment, to meet our needs, and to achieve our goals in life.
- This proactive attitude takes us beyond the conventional understanding of health, and frees us from the disease-problem orientation.
- We focus on wellness, goal attainment, agency, empowerment, and quality of life.

PHS: Paradigm Has Shifted?

- PHS does not see your problem as a problem
- It goes beyond your problem and obtain a knowledge of your underlying needs (diagnosis – dia + gnosis: knowing across)
- How many people in your life have a good understanding of your needs?
- Informed by such understanding, we work with you to learn and develop the appropriate strategies and skills to address those needs, and to realize your goals in life, including a body weight that you feel comfortable with
- It is about knowing, learning, and taking the right action

1. Body

- The start-off point of our journey, and where we will return
- We all have a body, but we have different relationships with it: some of us are masters of the body, some of us feel trapped in it, some like our body, some don't, some understand the body and is a good friend of it, some abuse the body, and ...
- Bio-medical science is one of the many ways to understand the body, and it occupies a different role in each person's life
- Many of us have not really explored our own body, and less have actually reflected on our relationship with it

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- What relationship do I have with my body?
- What have I been doing with my body?
- What is my body doing to me?
- What is my body doing for me?
- How have I been working with my body?

Whereas our health is too important to be left to the physicians, knowledge is too important to be left to the professors.

2. Motivation

- Our life is not really driven by sound knowledge and good judgment, but by forces that many of us do not understand
- Fact: Most of us do not do what we know to be good for ourselves
- Fact: We often do things that are self-defeating or self-damaging, including things that are detrimental to our health, and taking ill-advised risks (e.g., unprotected sex, smoking, over-eating, speeding)
- The assumption that everyone wants to stay healthy is, to quote former Chinese President Jiang, "simple and naïve"

Motivation

- Few healthcare professionals care to explore the "Dark Side" the hidden forces that drive us to act unhealthily (needs such as security, sex, control, anger, identity, control, acceptance, affiliation, achievement, and so on)
- PHS engages with the complex reality of our needs, circumstances, characteristics, and capacity (N3C), and informs our design and execution of a set of strategies that are conducive to health
- Whatever we are asked to do to be healthy, we have to be motivated to do it. Or else, we will just give up and quit.

- What is driving my behavior with regard to eating?
- What is driving my behavior with regard to in/activity?
- What gives me pleasure in life?
- What I hate the most?
- What is my darkest fear?
- What do I ultimately long for?
- What are my secrete wishes?
- How about my fantasies, hope and dreams?

3. Cognition

- Much health education and public health resources, including clinicians' valuable consultation time, is wasted on giving people instruction and information
- Cognitive input is necessary, but not sufficient, condition for change in health practices
- The most important cognitive shift we have to make is health care if to recognize the K-A (knowledge-action) Gap
- Informing, instructing, directing, and prescribing are not enough – just look at (non)compliance statistics

Cognition

- People who need quality information, and are motivated to get it, can get it with increasing ease
- More people have difficulty in processing the information, and translating what they know into action
- There are cognitive modes that are counter-productive to proactive health seeking: passivity, negative expectancy, dysfunctional social scripts (e.g., using illness to guilt-trip or manipulate others; priority on class distinction instead of quality of care), etc.
- We can all learn to think more positively or constructively

- When I think of my weight issue, what crosses my mind?
- How do I make sense of my issue? What do I call it? How do I explain it? What does it mean to me?
- What significance does it have for me?
- What have I learned about the issue from society and others, including healthcare professionals?
- How are these helping me? Or how they are bothering me?
- Do I even want to think about it?
- How should I think about it?

4. Emotion

- Let's face it, emotions are not easy to deal with, and many of us find it difficult even to talk about
- We all feel lousy at least some of the times: depressed, anxious, worried, lonely, helpless, frustrated, angry, desperate, vulnerable, misunderstood, rejected, abandoned, wronged ...
- We wish we can feel more of the positive emotions: pleasure, satisfaction, happiness, joy, ecstasy, awe ...
- We all have emotional garbage accumulated from our past, and very few of us know how to clear them out; and there is not always the time and place for that.

Emotion

- PHS recognizes the emotion aspects of our lives, and helps us to work through them. This is sometimes called emotion work.
- The process starts with recognition of the reality and significance of emotion, that it can cloud not just our thinking, but can directly affect how our brain and our body function
- Emotion is intimately tied to our motivation as well, there are emotional experiences we crave, and there lies one of the keys to understanding weight issues

- How do I feel?
- What feelings are connected with my daily activities, such as eating? Interacting with friends? Watching TV or going online? Going to school/work? Being with my partner/family? Or just being on my own?
- How well do I understand my emotions?
- Do I identify with my emotions?
- Do I know how to deal with my emotions?
- Do I feel I have good mastery of my emotions?

5. Environment

- It includes the physical, social, cultural, economic, and political environment
- An important aspect is the human environment the people around you and your relationship with them.
- There are broader systems such as supermarkets, advertising, healthcare, gyms, economy, etc.
- We know that weight issues are not evenly distributed across countries. What does that tell you?
- Aspects of our environment are conducive to negative health practices. There are aspects that are more positive.

Environment

- How is your relationship with different aspects of your environment, say family, friendship, love-life, pets, work/school, neighborhood, nature, etc.?
- What do these relationship tell you?
- How much of your life is determined by your environment, including things that happened in the past?
- How much control you think you have over important environmental aspects of your life?

- What role does the environment play?
- Am I blaming the environment too much? Or am I not paying enough attention to it?
- What have I been doing with the environment to help myself? Including seeking professional service, and coming to this program.
- What changes in my environment will help me?
- What can I do to bring about these changes?

6. Action

- Taking active action is the ultimate goal in PHS programs
- When you take action to change your health status, you are in control, and you are taking charge of your life
- Action is the end-product of all the factors we explored above, and it can also change all those domains. Action we take can meet or needs or fail our own expectations, it can lead to pleasurable or depressing outcomes, it can get us better information, it can change the way we look at things, it can change our body, and it can change our environment

Action

- PHS, as a SSLD product, is designed to bring about actual behavioral change through systematically learning and developing strategies and skills.
- Key components of a SSLD program include a comprehensive review of our needs, circumstances, characteristics, and capacity, covering all the 6 domains mentioned.
- The actual program will address issues in all the these domains, and what gets worked on first depends on your particular needs and circumstances
- Mastering new strategies and skills will give you more options in life – you will be in control, and will be better able to realize your goals and meet your needs.

- What am I doing to make the issue possible?
- What have I done in the past that did not work? Do I understand the reason? What lessons have I learned?
- What are the things I am prepared to do? Do I really mean it?
- Are there things that I can learn to do differently?
- What are some of the things I am good at doing? How can I mobilize them to help achieve my goals?
- What conditions will help me maintain what I plan to do? What can I do to put these conditions in place?

Possible Program Components

- PHS Learning Group
 - Gain a better understanding of the issue, and our own needs and circumstances
 - Get started on a practical program to address the weight issue
 - Learn and develop strategies and skills to achieve the desired goal
- Exercise/Activity Group: Yoga (Bodywork®), running, Taichi, gym, etc.
- HEN (Healthy Eating Network): Cooking, purchasing, ordering, portioning, designing, nudging
- PHS Emotion work: Stress management, emotional regulation
- SSLD Workshop: Managing interpersonal relationships
- Medical and para-medical interventions