macklin METHOD

THE MACKLIN METHOD · BEHAVIOURAL THERAPY

1–8

Module Briefs

The brief version of each of the eight behavioural-therapy modules — the core ideas, with enough context to put them to use.

MODULE ONE

Internalized weight bias.

Internalized weight bias is damaging because it turns a medical condition into a private story of blame. It can increase stress, lower self-esteem, feed learned helplessness, and make treatment feel like something you have to earn by being harder on yourself.

The evidence points in a different direction. Weight risk is highly heritable. Many of the genes that influence weight are expressed in the brain, where appetite, metabolism, wanting, fullness, and weight defence are regulated. The modern food environment then acts on that inherited appetite system.

When weight is lost, the body does not behave as though the person has simply succeeded. It often defends against fat loss: appetite rises, metabolic rate can fall, and the drive to eat can become stronger. This is one reason repeated dieting and exercise attempts often do not work as long-term treatment by themselves.

Effective treatment exists across three pillars: behavioural therapy, obesity medication, and bariatric surgery. The modules are the behavioural therapy pillar. Medication and surgery can be added when appropriate, because they can act on biology that willpower cannot directly access.

> ***Past difficulty with weight loss is not proof that you cannot succeed. It may be proof that you were trying to manage a real condition without complete treatment.***

MODULE TWO

Wanting & *high-risk times*

You have already learned that calorie intake above calorie expenditure drives weight gain. But what drives excessive calorie intake? You might think the answer is complicated, but it isn't.

The answer lies in the middle layer of the appetite system, best known as the motivation system. It is from here that **WANTING** is generated. Wanting is the subconscious motivational force that drives eating and overeating. This motivation system was built for an environment where calories could be scarce and finding food involved work — and therefore required the motivation to go and get. Our prevailing understanding of how and why overweight or obesity happens is that this ancient system has collided with the modern food environment: ultra-processed, ultra-tasty, sugar-fat-salt-filled, supersize-portioned, everywhere-anytime, aggressively-advertised, ultra-available, delivered-right-to-your-door food.

How wanting forms

What is the outcome of this collision? The outcome is wanting, and it comes about through a very straightforward learning process called **associative learning**, or Pavlovian learning. When we eat foods that have always conferred survival, they taste great, which signals the motivation system. The

motivation system begins to learn to associate the cues around us with that great taste. Eventually, after many repeated associations between the food and certain cues, just the cues themselves gain the power to generate wanting.

Wanting is different from hunger. Going too long without food also triggers wanting — but importantly, the wanting that happens without hunger is the wanting that drives the obesity epidemic and excessive calorie intake. Wanting resides completely in the subconscious. It is often described as a wave, because of its property of rising, cresting, and falling.

Genetics plays a big role. The vulnerability to this kind of learning, and the strength of the wanting that results, are considered highly heritable. Stronger learning and stronger wanting are key heritable risk factors in weight gain — making weight gain more likely in some people than in others.

Mapping your wanting

The tools in this module will help you learn — and over time clarify — the cues, the places, the times, and the settings where you now most commonly and reflexively experience wanting. What are the cues and settings that have, in your life, been repeatedly associated with tasty or abundant food or drink?

> ***Understanding, recognizing and ultimately managing wanting is the central skill in weight management.***

MODULE THREE

Expectations & *best weight*

You will be asked if you would consider your weight management journey to be a pursuit of discovering your **BEST WEIGHT**. You will be asked to consider discarding the concepts of target weight, ideal weight, and goal weight. In their place, best weight is defined as the weight one softly lands at when living the healthiest lifestyle they can truly enjoy, at an effort level that can be maintained long term.

Best weight rests on the idea that **behaviours adopted to lose weight will need to be continued in order to maintain losses.** Best weight is personal and individual. Everyone discovers their own best individual weight, and response to any treatment is always variable.

The shape of weight loss

You will learn that almost every successful weight loss takes the same characteristic shape. The reason is that, as you have learned, appetite increases and metabolic rate decreases in response to weight loss. The further down from one's highest weight an individual gets, the stronger appetite becomes. As appetite steadily goes up, average calorie intake steadily goes up. In response to weight loss, less significantly, metabolic rate is reduced.

For someone losing weight without medication, calorie intake catches up to expenditure at around six to nine months. For someone on an obesity medication during active dose escalation, the rising dose continues to dampen appetite, and the timeline extends — intake matches expenditure at roughly twelve

to fifteen months. When calorie intake matches calories burned, weight loss stops, defining the characteristic **weight loss plateau**. You will be invited to consider this point as your potential best weight.

A useful reframe captures what this biology means in lived experience: someone who is losing weight successfully is, in a real sense, a victim of their own success. The brain is fighting back precisely because the work is working. The reframe matters most in moments that feel like failure — an off-track day, a weigh-in not in your favour, a plateau, or a stretch where wanting feels stronger. These are signs of biology doing what biology does, not signs of effort failing.

Health benefits begin earlier than you think

A sustained weight loss of as little as **5–15%** results in clinically significant health benefits. These benefits include substantial reductions in deaths from heart disease and stroke, reductions in heart disease risk factors (blood pressure and cholesterol), improvement or remission of diabetes, and improvements in conditions such as sleep apnea, fatty liver, and osteoarthritis — along with significant improvements in health-related quality of life. Larger percentages of weight loss have been shown to reduce the risk of a series of 11 cancers.

> *You work on finding your healthiest, most enjoyable, and sustainable lifestyle — and then your brain and body will tell you where that lifestyle lands you.*

MODULE FOUR

Restraint over *wanting*

This module describes how to develop, as best you can, the capacity to restrain against wanting. It is about the processes of human decision making.

When wanting is reflexively triggered, it gets shuttled up to the third layer of the appetite system — the executive system, the conscious part of the brain where decisions get made. To understand this part of the brain, think of it as composed of two parts. The first is a fast and automatic system of thinking that focuses on the immediate. The second is a slow, deliberate system that is able, when assessing choices, to consider the future.

To further understand this part of the brain, there is one more key point: **the second part — the part that thinks slowly and about the future — must be deliberately engaged, and most often is not.** Most decisions are made by the first system, the fast-thinking system, especially decisions around food.

The skill of cognitive restraint

In this module you will develop the skill of engaging the second part — the deliberate self-regulation skill — as much as possible at key decision moments around eating, drinking, and activity. This skill of restraint goes by many names in the literature; we will use the term **cognitive restraint**. This was described by Rena Wing, the grandmother of behavioural weight management, as the central behavioural attribute of those who sustainably lose weight.

Like wanting, the capacity to develop cognitive-executive restraint is a variable trait and is highly heritable. Fortunately, effective behavioural strategies exist to improve restraint skills. Restraint development involves changing thinking. Cognitive-behavioural therapy and acceptance-based therapy play large parts in restraint skill development. **The skill of cognitive restraint can be learned and improved over time and with repetition** — much like a muscle builds in strength when working against resistance. MRI studies have shown changes in this part of the brain in as early as 12 weeks for those who consistently practice these skills.

What you'll do in this module

You will be invited to discover and ultimately change the autopilot thinking — the automatic **permission thoughts** — that occur quickly and automatically in moments of wanting. Then you will learn and practice new **restraint thinking** patterns that support sustained behavioural change.

> *Cognitive restraint is the central behavioural attribute of those who sustainably lose weight.*

MODULE FIVE

Resilience over *setbacks*

This module describes the skill of resilience. You will remember from earlier that **adherence** — the degree to which you are able to maintain the changes you have made — is most strongly associated with weight loss and improved health. The experience of setbacks can negatively affect adherence.

In weight management, setbacks are common. The ones you may experience include:

We now understand that adherence is not associated with whether or not these setbacks happen — but with how you respond to them when they do. **Resilience, the ability to respond positively to setbacks, is a skill that can be learned and improved.** Like wanting and restraint, the capacity to practice resilience is considered a variable trait and is highly heritable.

Two thinking systems, again

You are reminded that we have two thinking systems: one that is fast and automatic, and a second that is slow, deliberate, and forward-thinking. In your fast and automatic mind there exists a library of thoughts that **speak poorly about you as a person and your capacity to succeed in managing your weight.** These thoughts are opportunistic. They come when you are in the aftermath of a setback.

Unchallenged, these thoughts lead to negative emotions and demotivation. They use your past weight loss efforts and failures as evidence against you.

Cognitive restructuring

The process here involves cognitive-behavioural therapy and the tool of cognitive restructuring. With this module you learn to build, over time, slow, deliberate, fact-based thinking patterns that challenge the automatic, fast, negative thinking. You will learn the proven method to develop and strengthen resilience.

> *You may not be able to control whether or not setbacks happen. To a significant degree, you can control how you respond to them.*

MODULE SIX

Modulators & the *internal states* that get in the way.

There is a finite list of modulators that affect the wanting and restraint systems. All of the following internal states have been shown to **increase the height of the wave of wanting** and/or **make the executive system harder to engage**:

In some people, any of these can be associated with increased risk of weight gain and increased difficulty with weight loss. **They should each be assessed and addressed individually.**

Why this list matters

The risk of any modulator is that it does one of three things to your appetite system:

The deep dive walks through each modulator and shows which appetite-system layer it affects, and how. **All effective weight management strategies should regularly consider and revisit this list as possible obstacles and targets of intervention.**

> *Not everyone living with overweight or obesity is negatively affected by every modulator. Each one deserves a personalized review.*

MODULE SEVEN

Values & the *direction* of your effort.

For those who have lived with excess weight, managing weight long term is a lifelong effort. Experience tells us that **people are capable of lifelong hard work if it is in the direction of things that are really important to them** — things they really value.

Values clarification

The exercise of clarifying values has you ask: What are the things that are important enough to me in my life that they make me willing to work long term, through difficulty and setbacks? What are the things I do not want my health and weight to prevent me from doing long into the future?

An example of a clarified value:

> *I want to be working in the direction of where my weight and health are least preventing me from being an active, energetic parent — capable of participating in and enjoying key experiences such as travel and activity with my family and friends long into the future. I value independence and activity, and sharing in activities and memories with those I love.*

Another key value that most people will endorse is the value of enjoying a fun, pleasurable life with connections to food, drink, celebration, and socialization. So another clarified value might sound like:

> *I also want to be moving in the direction of where I maintain a loyalty to the things I most enjoy from food, fun, celebration, socialization, and special occasions.*

It is very common to want to maintain a loyalty to both values. In fact, the journey to discover one's best weight may also be defined as **the process of finding a personal balance that allows for loyalty to both** — enjoying life while maintaining a loyalty to health and quality of life.

Values reflection

The exercise of values reflection is based on simple learning theory. At the end of the day, ask: Was today in the direction of my values? Were my decisions today around food and activity in the direction of what is most important to me?

When the answer is yes, this reflection is followed by a natural positive feeling — satisfaction, happiness, hopefulness — which serves to reinforce the behaviours and make them more likely to be repeated. When the answer is no, the reflection can initiate a golden learning opportunity that results in future on-track behaviours.

A note of caution: for some people, thinking about off-track behaviours creates the risk of self-critical thinking. If that is happening, the Resilience module covers it in detail.

> *Values are a direction, not a destination. You never achieve them — you hope to be continually working towards them, and living them.*

MODULE EIGHT

Diet, exercise & *calories*.

Calorie deficit

At its most basic level, weight gain occurs when calorie intake exceeds calories expended. Conversely, weight loss only occurs when energy intake is less than total calories burned.

Another name for total calories expended is **total energy expenditure (TEE)**. TEE comprises the calories needed to run the entire body (~75%), to digest food (~10%), and to move (~15%). Notably, TEE can be thought of as fixed — because exercise is now thought to likely not substantially increase it.

Weight loss happens only if calorie intake is less than TEE. But the math should not be mistaken as simply "calories in, calories out." It changes in predictable ways when the brain detects fat loss and generates increased appetite and decreased metabolic rate to favour weight regain. **Calorie intake, not carbohydrate intake, is the determinant of body fat gain or loss.** The calorie content of food is, at this point, literally the only food property that has ever been convincingly demonstrated to impact body fatness in humans.

Diet

Despite years of searching, no best weight loss diet has been found. You will be asked to consider disregarding the debate about the optimal weight loss diet. Countless studies comparing different diets — low-carbohydrate, ketogenic, low-fat, intermittent fasting, Mediterranean — have shown minimal and inconsistent differences in weight loss and health outcomes.

The carbohydrate-insulin hypothesis is the theoretical basis for low-carb dieting, ketogenic diets, and intermittent fasting. **The carbohydrate-insulin hypothesis is considered by the majority of scientists to be invalidated.**

The only consistent finding among diet comparison trials is that **adherence** — the degree to which participants maintained effort and continued in the program — was most strongly associated with weight loss and improved health. Please consider switching from principles of "diet" to principles of adherence. Behavioural programs support adherence, and adherence leads to success.

Exercise

Next to quitting smoking, physical activity is the most valuable behaviour available to improve longevity, quality of life, and reduce the risk of chronic disease.

Surprisingly, recent studies show that **exercise alone will not promote significant weight loss in most people.** In this program, you will learn about the health benefits of exercise — but also the limitations of exercise in establishing a calorie deficit. Importantly, you will learn the very positive impact of exercise on stress, fatigue, and mood, and that exercise may decrease appetite for some people, supporting sustained weight loss.

Like best diet, you will be asked to establish your "best" activity level — the highest level of activity that is enjoyable, reasonable, and sustainable.

> *The behaviours and effort level adopted to lose weight will be the same behaviours and effort level needed to maintain weight loss. Consider eating and moving in a pattern and effort level that is both enjoyable and sustainable.*