

Episode 113 Transcription

Say goodbye to the food police and hello to peace. Welcome to the Love, Food Podcast, hosted by dietitian and food behavior expert Julie Duffy Dillon. This authentically engineered series is in the form of a love letter welcoming you to reconnect with food. Now pour a cup of coffee, or a margarita, and let's begin.

Transition/Music overlay

Hi and welcome to episode 113 of the Love, Food Podcast. I'm Julie Duffy Dillon, registered dietitian and partner on your food peace journey. I'm so glad you're here. Thank you for connecting today. Do you know that one of the occupational hazards of being a registered dietitian is the awkward experience at social gatherings? If you're not a dietitian, you probably are wondering what the hell I'm saying (*laughs*), but, you know, there's this weird experience for we dietitians when we are out to dinner or at a party or just socializing in general and we tell people what we do for a living, there's often this awkward experience. Usually the conversation goes something like this: "Oh hi! Nice to meet you Julie. What do you do for a living?" "I'm a registered dietitian." "Oh, well then you can help me." Or, "Don't look at what I'm eating. I'm so ashamed." Or, "You are probably the perfect eater." Those are the three, seriously the three examples that I usually get.

I remember when I was sti—new practicing as a dietitian. Um a colleague of mine giving me the suggestion that oftentimes if you're not in the mood to have to deal with that, you can say you're a medical transcriptionist. We probably know enough about *the* job to be able to talk it *but* usually people don't really care to learn more about it. So, I have done that a few times. *And* there's also this interesting experience, especially as someone who identifies as a fat *positive* dietitian. When I get those reactions, it can be exhausting but *usually* I say things like, "Oh well I'm a fat positive dietitian" or "I'm a non-diet dietitian and this is what I think" or oftentimes I'll say I'm off the clock as well so um you don't need to worry about me minding your plate—it's not something I do anyway. And there's a lot of shock and awe and confusion that happens in that kind of conversation. What I find to be the source of that—if we do get to the source of it—is this feeling where if-if you're a non-diet dietitian or you're someone who's weight inclusive, are you just letting people be unhealthy? Honestly, that's a place that so many of us stay stuck in. That if we're helping people experience health and move away from diets, we're letting them just squander in high blood sugar and high cholesterol. And I hope as I use those words carefully, you notice that that's really showing how black and white that is and black and white thinking *is* a cognitive distortion. It's not like that. But yet it is something that so many people struggle with, *including* my fellow colleagues.

I have a letter from someone today, who's a dietitian and has had her own complicated relationship with food *and* as she has gone through her *own* healing process, she has connected with a weight-inclusive, fat positive, non-diet kind of approach just like I'm using yet feels that

kind of pull. You know, am I harming by not attending to certain discussions? I am excited to share that I found an expert in exactly this. Namely, someone who is an expert in diabetes care, mindful eating, weight inclusive interventions. Her name is Megrette Fletcher and she's going to help us explore some options and even if you're not a dietitian or a healthcare provider, you're going to get *so* much from the conversation.

Before we get to this episode's letter, a word from our sponsor:

This episode is brought to you by my fat positive dietitian t-shirt. Yes, I have a product that I have put together if you do identify just like I do. If you are against fat phobia and diets and diet culture and all the oppressive sides of it, I have a shirt that's made just for you. You can get to it by going to teespring.com/fatpositivedietitian2018. So, check it out and I can't wait to see you wearing it. If you enjoy this episode of the Love, Food podcast, I would appreciate a rating or a review. You can get to it by scrolling through the episode in Apple podcast right now or you can also click on the show notes, you'll see on the second paragraph—a bu--, actually a hyperlink rather that says subscribe here or leave a rating or review in seconds and you know by doing this, it really helps more people find the show so I thank you in advance for that kindness. Alright, enough of all of that. Let's get to this episode's letter.

Transition/Music Overlay

Dear Food,

There have been times where I have restricted you until I was emaciated and there have been times when I've engorged on you until the weight returned... and then some. Perhaps this fluctuation between these two poles is why I began to obsess over you and study you. REALLY study you. Today, I'm a dietitian. Positive messages about you, messages of Health At Every Size, lots of work with intuitive eating and mindfulness helped to "heal" our relationship. I put heal in quotes simply because we will always have set backs, cloudy days, slip ups where we don't see eye to eye, but those are the times where we learn and grow.

I'm writing with a professional dilemma, Food. I enjoy sharing positive messages about you, about intuitive eating, "normal" eating by Karen Koenig, and Health At Every Size with my patients. I want to help my patients heal their relationship with you. To give you some history, I used to be a bariatric dietitian (yikes, I know!) and towards the end of that part of my career, I couldn't stand going to work every day to focus on weight loss. I knew it was time to leave the practice when I was trying to convince patients to not have the surgery! Potential weight loss surgery patients are the people that need these positive messages the most. They need to hear that surgery to make their stomach smaller or to re-wire their insides won't fix what's up in their head, or their relationship with you. In fact, in the long run, surgery does more harm than good for most people. I see many patients 3, 4, 5 years after surgery having gained a lot of their weight back and devastated! In instances like that, I would be expected to share messages of restriction,

meal replacements, more exercise, tracking calories and movement, but I found myself preaching Health At Every Size, body acceptance, and mindful eating. I left work every day with this terrible guilt, knowing my messages were not supported by other staff.

Now, I'm in a primary care setting where I have a little more flexibility, but it's still hard to stand strong behind my weight neutral approach when the practice preaches weight loss. I understand why other providers think weight loss is the ticket. They think it will help with disease control and prevention. Don't get me wrong, I support health and prevention, but let's leave the weight loss out of it. Weight loss isn't sustainable. Part of my role as a dietitian, is to practice Medical Nutrition Therapy for those with diabetes, high blood pressure, lipid disorders, and other lifestyle related conditions. I struggle between the balance of using Medical Nutrition Therapy and intuitive eating. How do I tell a patient with diabetes to count carbohydrates for blood glucose control and to regulate insulin dosing (something imperative to health) while still sticking to messages of intuitive eating and an eating pattern that is free of restrictions? Food, I want people to enjoy you and to find peace with you. I want them to love their bodies and focus on health instead of weight. How do I balance all of this in such a weight focused workplace and with people that need Medical Nutrition Therapy?

Love,

Help me help others

Transition

Hey there fellow dietitian, letter writer. I certainly can relate to a lot of your letter. If you're new to the Love, Food podcast, something you may not have had access to, or hav--, didn't know is that I started this podcast out as writing my own letter to Food and I was a concerned dietitian, confused, and pissed off with *all* of the fat phobia that I was noticing in healthcare and the world around me and iTunes is a stickler—it's become more of a stickler—and what they've done is now they only allow 100 episodes to be available at a time. But, if you would like to go back and listen to my *own* Dear Food letter, you can get to it on my website. It's at juliedillonrd.com/lovefood0—and it's number 0 not spelled out zero so juliedillonrd.com/lovefood0. There, you can listen to my Dear Food letter. You can also read it, if that's more your thing. But I had a very, kind of similar experience. I worked for a, just a few months working with those going through gastric bypass and saw similar things as this letter writer describes. And one of the things that I was, when I was reading your note, letter writer, you mentioned that you know, the surgery in the long term does more harm than good and I *totally* agree because it doesn't really rewire their head and, of course that's something that I can appreciate but I *also* want to take it a step further. Gastric bypass does not rid the world of fat phobia. It doesn't cure really what the problem is. Cause we don't *need* to amputate our stomachs. We don't need to fix our bodies. We need to fix this world. And, as a dietitian, it's really tough to have all this kind of didactic and fat phobic

based knowledge and still want to help people with their eating (*laughs*). It's kind of this weird place and so for you, letter writer, I am really excited for you to hear from our guest expert. I have a chance now to speak with Megrette Fletcher. She's a dietitian and also someone who has worked with diabetes for a very long time *and* a mindful eating expert. So, she is going to help us dive in with what to do about Medical Nutrition Therapy.

So, if you're listening and you're like, you know what, I am not a dietitian and I don't work in healthcare, this is not for me—pause, give me a second because something that you can relate to is how confusing it can feel when you work with a dietitian or a practitioner that is using intuitive eating or coming from a Health At Every Size approach. You may feel that confusion and maybe even turn it on yourself, but really I hope you can appreciate that confusion oftentimes belongs on us because we're struggling with coming to terms with our own fat phobia and we're coming to terms with the knowledge that we have about nutrition, especially in the form of like a pe-petri dish (*laughs*) or in a lab where things are really controlled versus the real world. You know, we're not robots and we have relationships and a life and we have pleasure from food and we get so much more from food than just blood sugar control. So I would say, hold on, because I have a feeling that Megrette's information and our conversation is *also* going to be helping you. So, let's go ahead and give Megrette a call.

Transition

Megrette: Hello!

Julie: Hey Megrette! It's Julie Duffy Dillon. How are you?

Megrette: I'm well. Thanks for asking.

Julie: Oh good. Well, I am so excited to connect with you. I've been watching your work on diabetes and I am excited to connect with you about this letter cause this person, I feel like is totally struggling and honestly, I could relate to a lot of what this person said, especially in the earlier parts of my career as dietitian. But, first off, did you get a chance to read the letter?

Megrette: I did! I did.

Julie: Excellent, excellent. So, when you read the letter, um, what's your general impression about what this person's experiencing?

Megrette: Well, you know, I always like to start off the hoorays so first one is, you know, hooray for just kinda moving out of um a business and a job that didn't like so I think that's a hooray, you know, it's so important for, not just professionals but all the listeners to have a job that we value and feel like it meets our values because that's—we spend a lot of our time there so that's the first hooray and um I definitely think the second hooray is just really acknowledging that, you know, our values are important and what we think, you know, is necessary and who we are. We wanna have that reflected and have our passions be heard and felt so that's the second hooray

is, you know, I love how she's really trying to help people understand um nutrition as she sees it so that's a second hooray. Um, but of course, like you, the empathy piece is there cause, you know, we know something but it's really hard to communicate it to others and it's really hard to do that in a way that helps our patients and you know, doesn't create conflict where we work so I hear that struggle as well.

Julie: Mmhm, yeah I think it's for a lot of us especially those who are practicing from a weight neutral perspective, totally can relate to the struggle. You know, it's a tough place to be in but it's so important to be in.

Megrette: Mmhm, right, right. It is. And specifically when we talk about diabetes, you know and before the invention of insulin, umm the *only* treatment that we had in diabetes care was to go through this very restrictive model so the culture surrounding specifically diabetes is a culture that, you know, we talk about as marinating in the diet culture so um I would say, diabetes and working with people around type 2 diabetes is a very heavily promoted uh diet culture environment and so moving out of that is—it's scary, it's a pill, you're definitely not in the norm.

Julie: Mmhm, yeah you know I definitely really appreciated what you just said about how before insulin was invented, restriction was really the only thing and by restriction, we may uh also call it what some people would call as dieting (*laughs*) you know but like limiting intakes of certain things right?

Megrette: Mmhm

Julie: You know, using that restrictive kind of approach was the *only* way and so I'm like wow it makes sense—I'm not saying I'm okay with it but it makes sense why it's so hard to let that go because that was the only way--for so long.

Megrette: Right and since type 2 diabetes is genetic, when we think about um how we learn about diabetes, well Grandma had it and so my grandmother was born in 1898. That was way pre-insulin and my mom was born in 1930 and insulin had *just* been invented. So, you know, when we think about it, you know, here I am, I'm pretty much right age-wise, right when a lot of people are diagnosed with type 2 diabetes so, if I think back and I go, well my grandmother and my mother—I'm really looking at a timeframe where insulin might have just been invented or not had been invented. So, because it runs in the families, we have stories from our ancestors and those stories are most likely going to be stories of restriction.

Julie: Yeah, yeah our body's going to remember that for sure and you know not everyone listening is a dietitian or a health practitioner like this letter writer. And I feel like so many of us, no matter if we are a dietitian or not, can appreciate that kind of struggle because not all of us is teaching eating or nutrition therapy but yet that feeling of like well if I'm not restricting or limiting *something* then I'm hurting myself with diabetes and I—that's where what I was hearing from this person too, was like so much fear that she maybe was not trusting it and some of it

because, I would gather, of her own story with food, her own lived experience and then also because of just like you said, how that's part of diabetes' history and diabetes care so it hasn't let go of that yet. You know

Megrette: Right, right. And the fear piece—it does take us a moment to pause and really turn around and say, “Why am I afraid of nourishing the body? What could possibly harm my body if I nourish it?” So that's always the question I ask, like you're afraid to *nourish* your body. To give it the nutrients and energy that it needs. And when I ask that question, not just of my patients, but of providers, they go, “Well no. I'm not afraid of nourishing the body.” And that's what really—we're about. That's what we're teaching and when we look at it from a Health At Every Size, we're teaching everybody how to nourish their body and what Joe needs is different than what Barbara needs, it's different than what Juan needs. It's different than, you know, the neighbor down the way. Every *body* is unique and every *body* needs to have nutrition—good nutrition. And enough energy so we're not tired or we're not grumpy. We need enough energy so we can function. And that's about nourishing, it's not about restricting. And—

Julie: Mmhm yeah and I feel like so many people have this mentality that if you're not *restricting* then it's a bazillion amount of food and calories (*laughs*) you know? And I love how you're saying that because that just sounds like uh self-care in a very basic sense like, you're *nourishing* the body—why are we so afraid of that and um I would gather it's probably because this like dichotomy we've kinda set up, you know, with like diet culture that if we're not pursuing weight loss then we're doing the opposite. And uh, but really it's like, no, we're just taking care of ourselves and um what are you—why are we so afraid of nourishing ourselves?

Megrette: Mmm. And that, that's a really good question and it takes a lot to unpack that. So, no one wants to be different. So, I think that's the first thing. And when we meet people, everyone wants to talk about like the newest diet that they're on. So, we *all* are marinating in a diet culture and then people who *have* diabetes really kind of, they're in a pressure cooker of diet culture. I mean it's just so much more and it's as we talked—the history, um we talk about how there's a lot of blame and shame around diabetes. Diabetes isn't a disease—it hasn't been—people don't talk about how you don't cause diabetes. People have been told, “You caused diabetes” and it's so far from the truth, you know, it's a genetic condition um and there's so many factors around it and people are—there's so much misinformation about this chronic disease my big piece that I always want to communicate is there is no cure for type 2 diabetes. There's no cure for type 1. And so that means that whenever *anybody* gets diagnosed with this disease, we need to be *very* compassionate to them because they will have it for the rest of their lives. And there's just no place in that sentence to blame or shame them. *No one* asks for this. No one turned around and said, “Oh today I want to get diabetes.” That is *not* what's happening. It's a genetic condition that's *very* complex. And we, medical community, friends, family—if somebody says, you know, my blood sugars are elevated, ask “How can I help you?” Don't tell them, “Oh, I heard if you do this or cut out that..” that's not what they need. They don't need advice. They need listening,

need support, and they need to understand what the heckity-do is going on because this is just so emotionally challenging. It's a roller coaster. And most of the time, when people go on a roller coaster, they close their eyes and they just hope to gosh it's going to end. And that's ignoring the diabetes. That's pretending it's not there. That's denial and that makes it worse.

Julie: Totally. I uh appreciate what you said about how um a person didn't cause their diabetes. I hope, uh, listener that's experiencing diabetes, really can hear that and let that just sit there and appreciate that they didn't *cause* it. And I really uh I feel some warm fuzzies when I was hearing you say that because of the work I do with women affected by polycystic ovarian syndrome. I feel like they—who also oftentimes have diabetes but often will be told they caused the PCOS and yeah, no, there's—it's genetic (*laughs*). I feel like let's stop the shame, you know, so for this letter writer, or for anyone who has a similar kind of feeling at being at a fork in the road, you know, what would you say are some first steps you'd recommend?

Megrette: Well, obviously, the first one is just really recognizing the culture um, that surrounds diabetes and it is going to be hard for us to turn around and say, “You know what, I reject restriction and I embrace nourishing and I have to really find out what that means for me to nourish my body” because so many of us don't know and that I think is a journey—it's an awesome journey and I think it's a journey just to start with “I am going to nourish my body now. I'm not going to try to make it smaller. I'm not going to make it bigger. I'm just going to nourish it, whatever that means.” And there are a lot of people that have diabetes that really need to start eating more. And they start—they may find they're weight shifting upward and there are a lot of people with diabetes that they choose to eat less and they find their weight shifting differently as a result of that. And it may shift down. It may not shift at all. They may gain weight. That's the whole piece. When we look at weight, it doesn't really tell us anything. It's just—it's such an unhelpful um measure. What is a good measure is, am I nourishing my body? Am I eating foods that have nutrition? Am I feeling like I'm having energy in the beginning and the middle and the end of the day? You know, am I having foods that I enjoy? That means things like dessert. Am I including that in my diet? We're trying to go for sustainability. Um so really focusing in on nourishing and enjoying your eating so that would be first step and really for health professionals, that would be the first step to talk to our clients about. What are we really trying to accomplish here? We're trying to accomplish a really balanced eating plan that you enjoy doing for the rest of your life.

Julie: Mhmh yeah. I am still holding on to what you said earlier about—you know, nourishing your body and I think that's just such an important um piece of this and it, to me it sounds like such an important distinction and I think for this letter writer, in particular, it's going to help lead her to where she's wanting to go anyway and give her some more mojo (*laughs*) basically to help her believe in it more and um cause you and I know she's not doing it wrong and uh restriction and pursuing weight loss –those are things that we've seen really harm people and also be futile you know anyway so um we are behind you, letter writer for sure. Keep going with it. So we

have something as part of the show called the Food Peace Syllabus and if you're new to the podcast, it's a collection of books and blog posts and anything under the sun that helps to further cultivate a positive uh relationship with food and your body and if you'd like access to the latest copy of the Food Peace Syllabus, you just go juliedillonrd.com and you can get the latest copy. So, is there something that you would like to add to it?

Megrette: Oh, I would actually, so I created two documents. One is for the consumer so if you have a *personal* experience with diabetes, I do have a personal approach to embracing weight neutral care for people with type 2 diabetes and if you're a professional, like the letter writer, I have a professional guide for embracing a weight-neutral approach for type 2 diabetes, so I have two different guidebooks. And for consumers or professionals, I did write a book with Michelle May called *Eat What You Love, Love What You Eat with Diabetes* and that's a comprehensive book um that just kinda goes through all aspects of diabetes care and uh when I have consumers read it, they think, "Oh this really clarified how I can nourish my body", like what is that process professionals read it and they go, "Oh yeah, I could talk about a couple of points and direct people to that um book" and that would really help them kinda start this whole unpacking process about "How do I nourish my body?"

Julie: Oh good! I will put links to all of those in the show notes and uh I love that book that you did with Michelle May. I forgot about it (*laughs*). I can't believe I forgot about it because it was so important for me to read, so thank you for putting it on there for sure. And, like I said, I'll put links to everything in the show notes and if someone wants to find out more about your work or get to know more about you, is there an easy way for them to do that?

Megrette: There is. My website is my first name, Megrette and uh so it's just megrette.com and if you go there and you're a professional, um I have a lot of resources there. So, um, my clients are uh professionals um so the only consumer book that I have is *Eat What You Love, Love What You Eat with Diabetes* um but I do work a lot with professionals to help people like this letter writer uh really resolve how to nourish and move away from restriction.

Well, letter writer, I hope you got some good information to help you decide your next best steps and do remember that Megrette and I, we really are behind you, we believe in the work you're doing and we totally appreciate the tension you're feeling right now and can really imagine that fork in the road because we've been there ourselves. So, stay with it.

Anyone listening who's not a healthcare provider, but appreciates that kind of argument of experience, same thing, you know, I hope that you're able to remember that, yes you deserve. There is a privilege in nourishing yourself. You, no matter what your body size is, need to eat enough food. And I always remember Summer Innanen who says, "Grown ass women need more food than they think." It's one of my favorite, favorite (*laughs*) quotes. Remember that, we need more than we think. We don't need to be in this crazy spiral of restriction, aka diet culture. We

need to nourish our body. So, I see Food has written back. Before that, letter writer, stay in touch. Let us know how things are going.

This episode of the Love, Food podcast was brought to you by my fat positive dietitian t-shirt. You can get to it at teespring.com/fatpositivedietitian2018. Alright, I see food has written back like I said and let's get to it, but until then, take care.

Transition/Music Overlay

Dear Help Me Help Others,

We have had a tough relationship that has led you away from diet culture and towards food peace. We, food, wish you didn't struggle, yet it has brought you to a place to help others heal. Remember, we all deserve to nourish our bodies and this includes the permission for enough and pleasure. Focusing on compassion, permission, health, and pleasure is sustainable. It is scientifically sound. When this is the foundation to your dietetics practice, and your own life, you will feel the energizing effects of food peace.

Love,

Food

Thank you for listening. I am Julie Duffy Dillon and this is the Love, Food podcast. Do you want access to more food peace? Jump on over to my website and join my-mail list. There, I share exclusive content that I don't share anywhere else. Get access to these tips and strategies by going to juliedillonrd.com/signup, and I look forward to seeing you here next week for another episode of the Love, Food podcast. Take care.