



# INTUITIVE EATING

## A Guide to Healing Clients' Relationship with Food & Body



By Sina King-Smith, M.S., M.Ed., RDN, LD (she/her)

Certified Intuitive Eating Counselor

Registered Dietitian, Nutritionist

Certified Yoga Instructor

# GOALS OF PRESENTATION

1

Discuss theory & concepts specific to IE

2

Discuss barriers of implementation for IE including implicit bias & wt. centric care

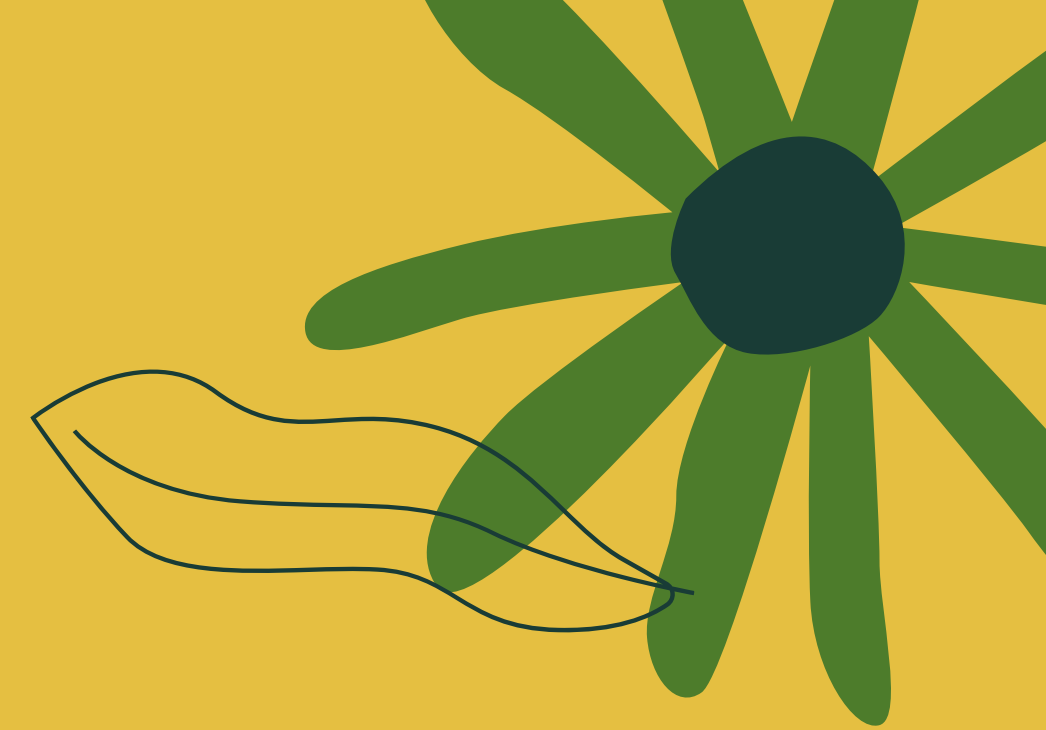
3

Application of IE concepts for client care & other resources

Presenter & audience goals: striving for open-mindedness, curiosity, & compassion when considering concepts and questions

# CULTURAL RESUME

- Family of Origin & Food Insecurity
- Cultural foods & the Patriarchy
- Educated in Diet Culture (B.S., M.S. x 3)
- My Privileges...



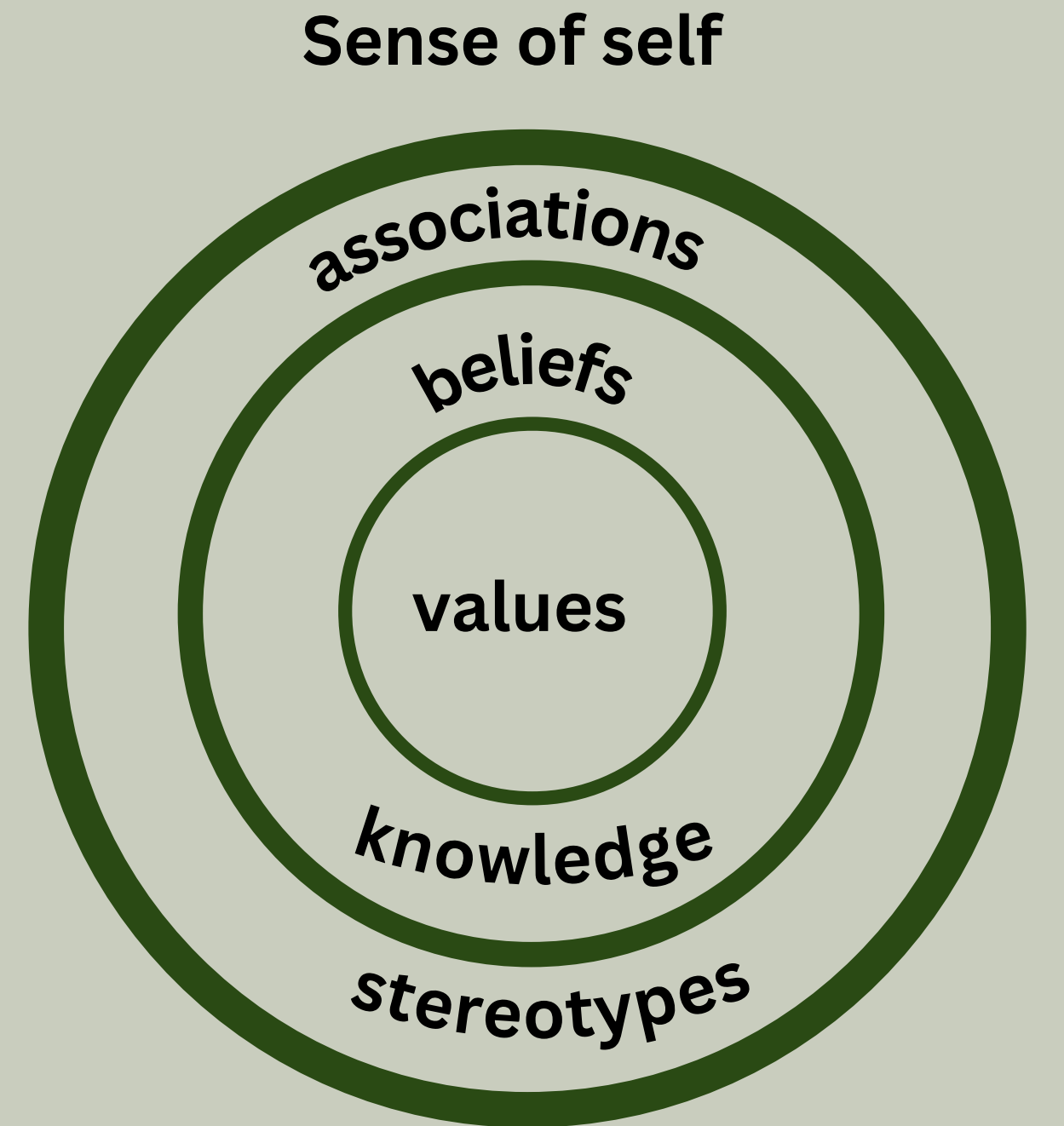
# WHY YOUR STORY MATTERS

Core values 'picked up' between 8-13 yr. old.

Between 14-21 years old, value formation completes during the socialization period.

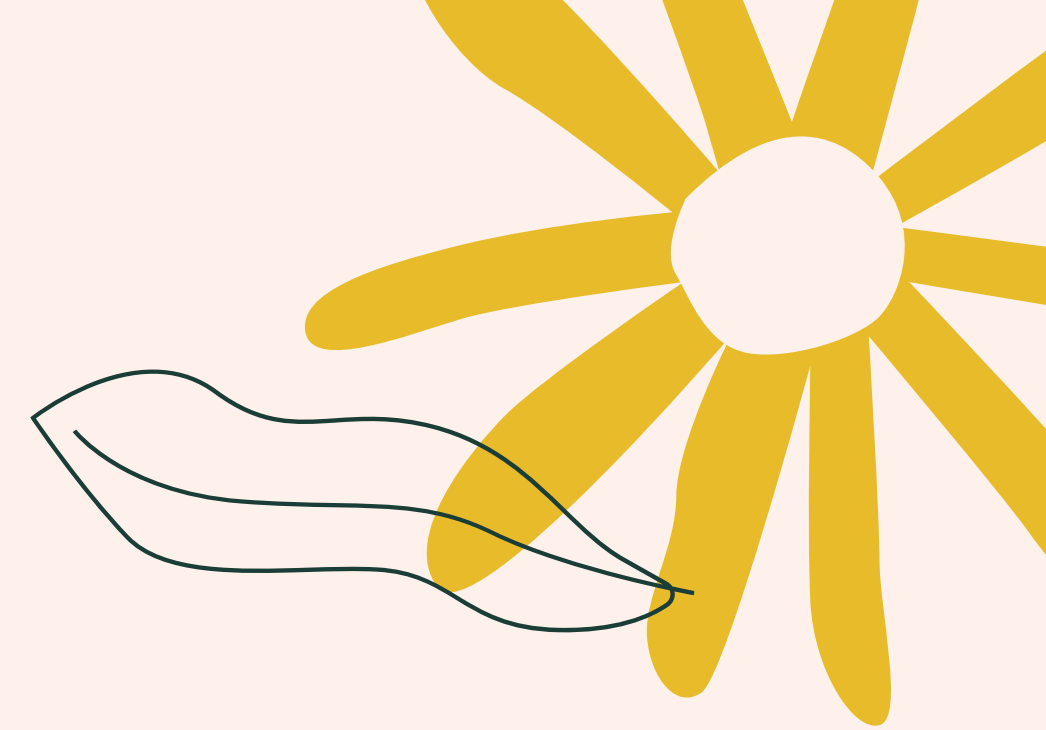
Values influence the way we view the world & the information in it.

Core values do not change unless there is a significant emotional experience or other change work is done



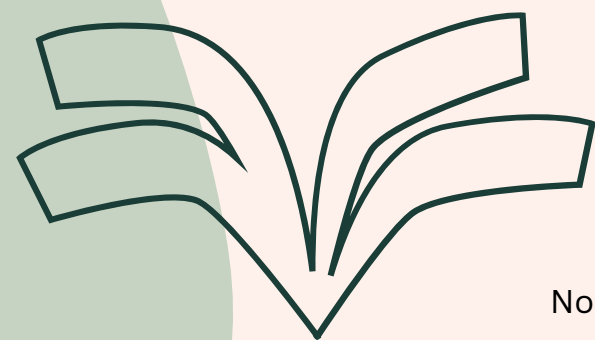
The more central the layer is, the more resistant "it" is to change

# Our Values & Implicit Associations



- Our values, experiences, & cultural context influence our conscious & unconscious cognitive functioning.
- Our meaning making of this presentation will be filtered through these values, our experiences & unconscious associations.

unconscious neural networks  
can be powerful & will be at  
play during this presentation



For example:

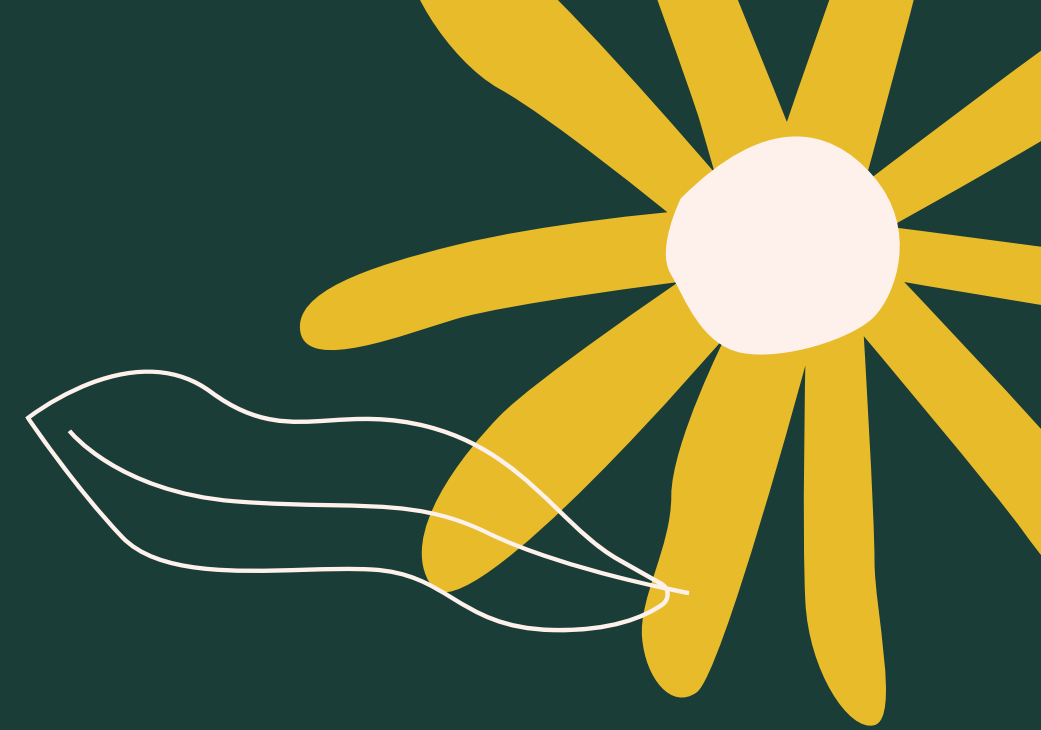
**1. Sky**

**2. Grass**

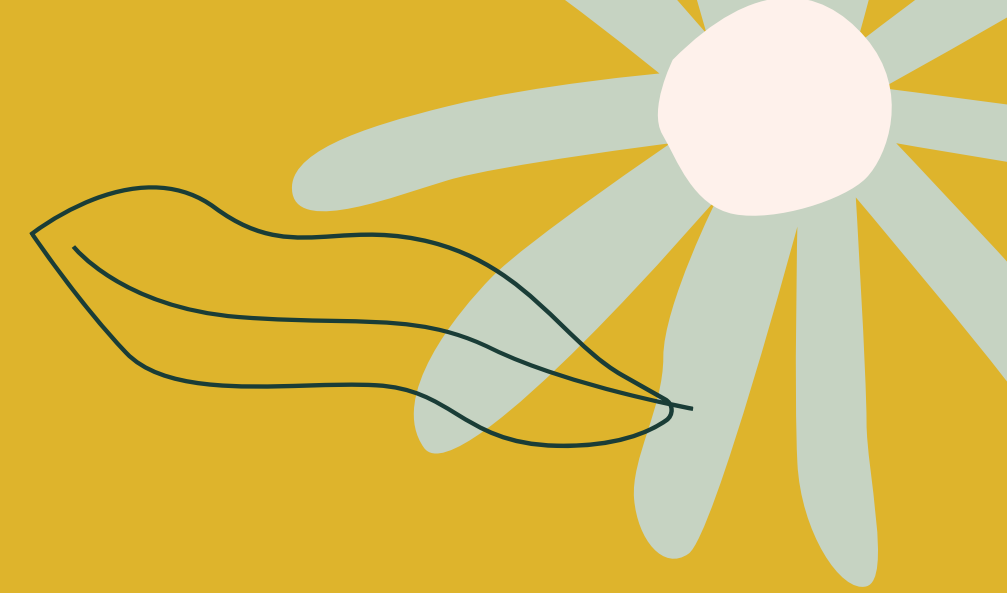
**3. Dirt**

**4. Sunshine**

**5. Stop Sign**



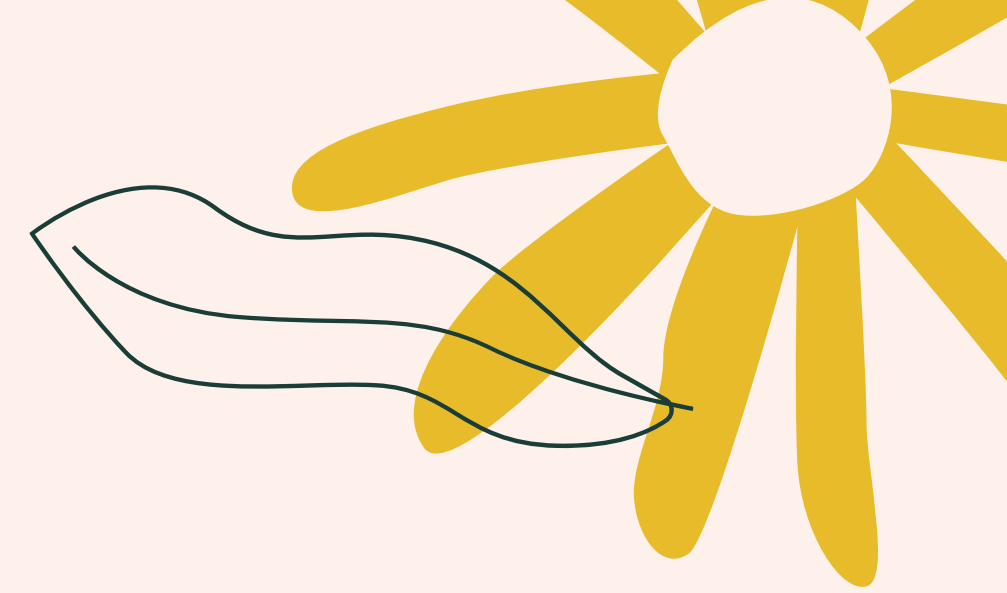
# What color was the writing?



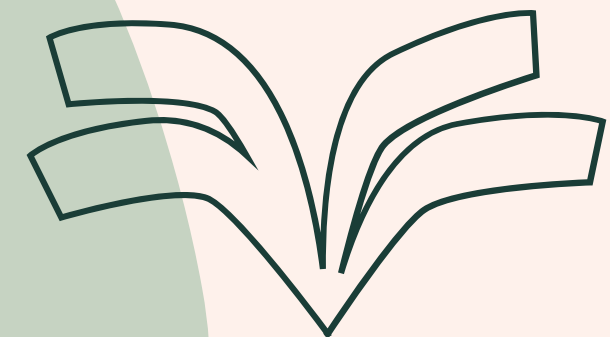
- 1. Sky**
- 2. Grass**
- 3. Dirt**
- 4. Sunshine**
- 5. Stop Sign**



Let's try this again...

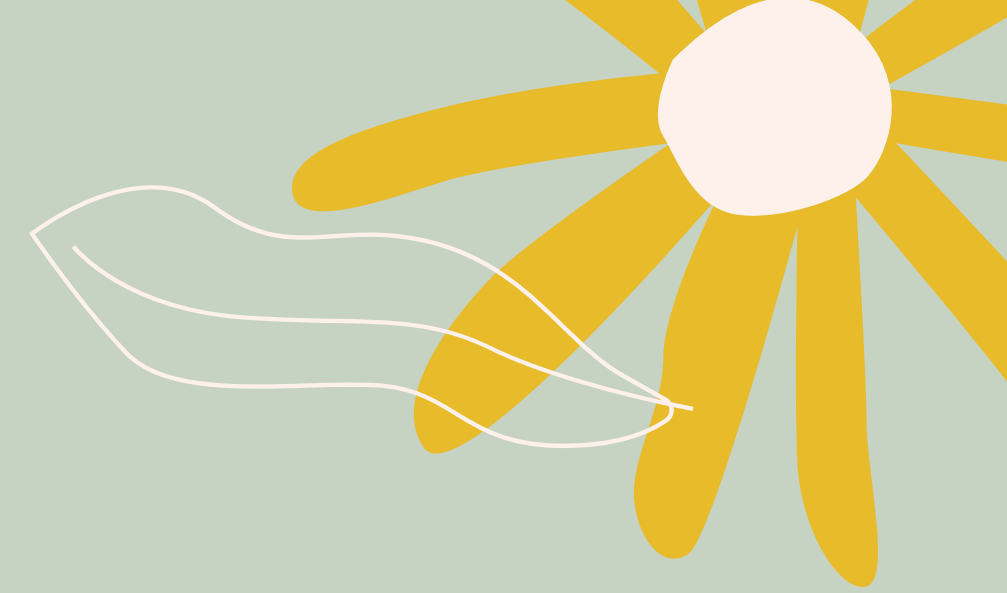


1. Sky
2. Grass
3. Dirt
4. Sunshine
5. Stop Sign





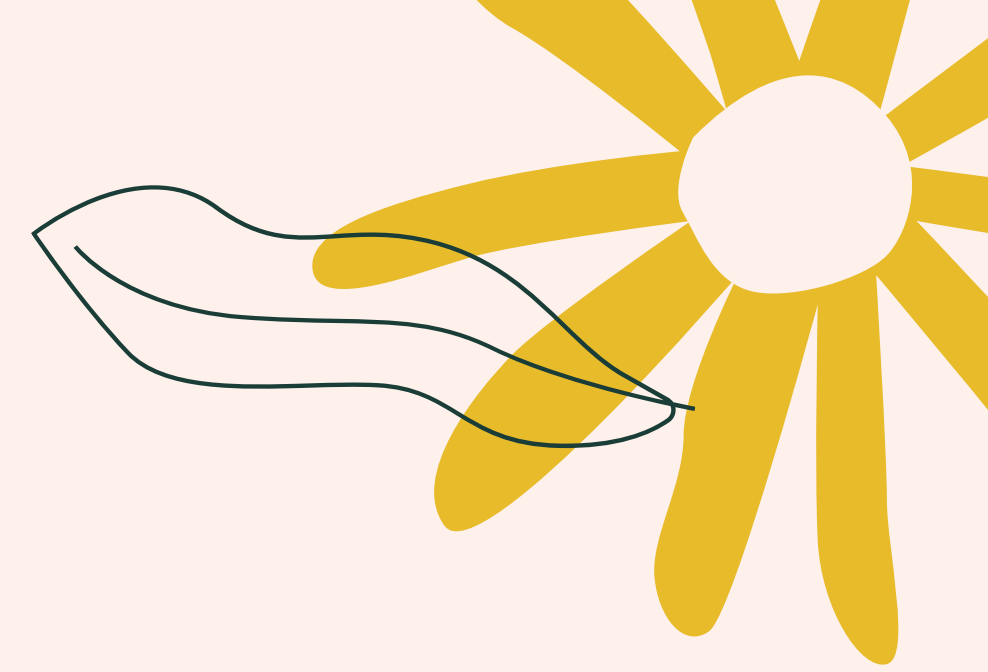
# What color was the writing?



- 1. Sky**
- 2. Grass**
- 3. Dirt**
- 4. Sunshine**
- 5. Stop Sign**



# Why might this presentation be difficult to hear?

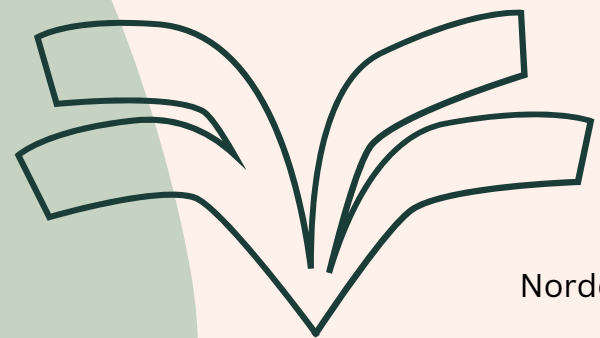


Implicit social cognition: is the process by which the brain uses "mental associations that are so well-established as to operate without awareness, or without intention, or without control."

Confirmation bias- is when we overvalue evidence that supports our current beliefs.


This biased approach to decision making is largely unintentional, and it results in a person ignoring (or not considering objectively) information that is inconsistent with their beliefs.

this concept is called: Positive Disintegration



# INTUITIVE EATING PRINCIPLES



1. Reject the Diet Mentality
  2. Honor your Hunger
  3. Make Peace with Food
  4. Challenge the Food Police
  5. Discover the Satisfaction Factor
  6. Feel your Fullness
  7. Cope with your Emotions with Kindness
  8. Respect Your Body
  9. Movement- Feel the Difference
  10. Honor your Health- Gentle Nutrition
- 

Self-care eating framework



# ...Minnesota Starvation Study

Conclusion: semi-starvation (1,600 kcals) caused increased food thoughts, food obsession, collected recipes, studied cookbooks, extreme food cravings, binged on calorically dense foods, some developed eating disorders, some binge & purge.



AMERICAN PSYCHOLOGICAL ASSOCIATION

Home // Monitor on Psychology // 2013 // 10 // The psychology of hunger

TIME CAPSULE

## The psychology of hunger

Amid the privations of World War II, 36 men voluntarily starved themselves so that researchers and relief workers could learn about how to help people recover from starvation.

By Dr. David Baker and Natacha Keramidas

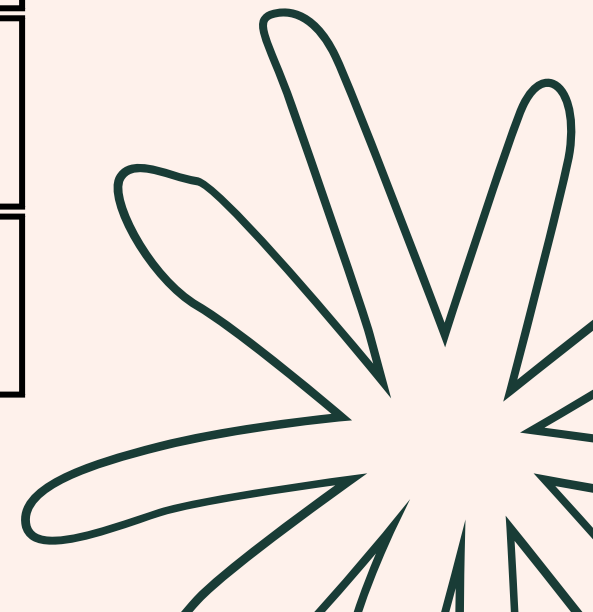
October 2013, Vol 44, No. 9

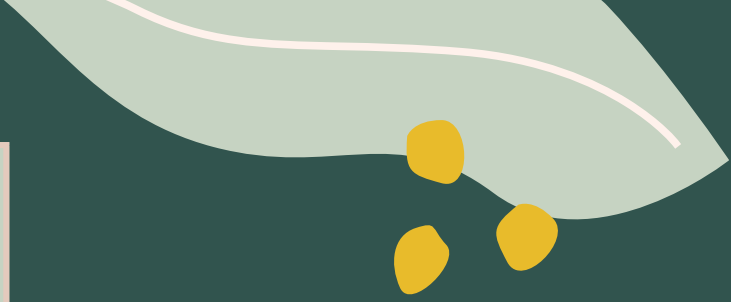
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6 min read

# INTUITIVE EATING OVERVIEW

↓ Binge Eating	↑ Self esteem
↓ Thin Idealization	↓ Triglycerides
↑ Food Variety ↑ Veg/Fruit	↑ HDL
↑ Body Appreciation	↓ Disordered Eating
↑ Body Trust	↑ Proactive Coping
↑ Enjoys Eating	↑ Optimism
↑ Body Cue Awareness	↑ Glycemic Control
↑ Interoceptive Awareness	↑ Wellbeing





Positive Correlates	Negative Correlates
Body appreciation	Eating disorder psychopathology
Body image flexibility	Shape & weight concerns
Body function	Internalization of beauty ideals
Mindfulness	Binge-purge symptoms
Positive affect	Eating restraint & emotional eating
Self-compassion & self-esteem	Low interoceptive awareness
Social support	Anxiety & depressive symptoms
General Wellbeing	Negative affect

# Jumping in

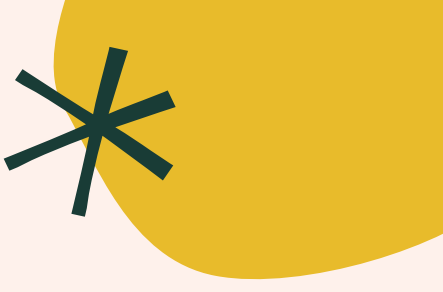


# REJECT THE DIET MENTALITY

Dieting Definition: restrict oneself to small amounts or special kinds of food in order to *lose weight*.

- Dieting, restriction of amount and/or type of foods , & caloric deficits are risk factors for eating disorders, as well as negative biological & psychological outcomes.
- Focus on dieting & weight creates a focus on external locus of control- this predicts weight gain in the future.



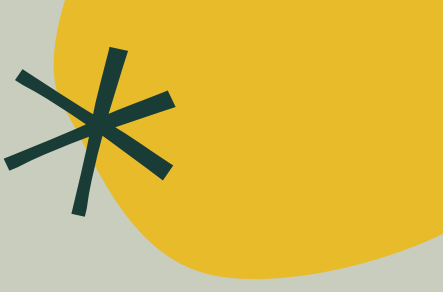


# REJECT THE DIET MENTALITY

- 1992 NIH Consensus: 1/3 - 2/3 regained weight within 1 year with almost all wt. regained within 5 years.
- 2007 Mann et al.: dieting is a consistent predictor of weight gain. Up to 2/3 of people regained more weight than they lost.
- 2013 Australian Research Council: most wt. Is gained back within 2 years. Almost all participants gained back all the weight by 5 years.
- 2020 Meta-Analysis in BMJ: weight loss diminished after 1 yr. in every diet studied; all popular diets stop working after 12 months.
- 2020 JAMA Pediatrics: Dieting is generally ineffective for weight loss and is longitudinally associated with weight gain and poor mental health. N= 22,503 adolescents spanning 3 decades.



Mann, T., et al (2007). Medicare's search...Diets are not the answer. Am Psychologist. 62(3): 220-233. ; NIH...Panel (1992). Methods for voluntary weight loss and control...Ann Intern Med. 116:9, 42-949. ; Department of Health.. Research Council. Clinical practice guidelines for the management of overweight... in Australia...2013. p . 161.; Salmi et al. (2020). Changes in the prevalence and correlates of weight-control behaviors and weight perception in adolescents in the UK. 1986-2015. JAMA Pediatrics.; Long...(et al) Comparison of dietary macro's patters...British Medial Journal. (2020).

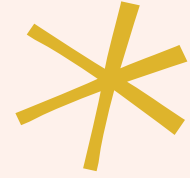


# REJECT THE DIET MENTALITY

“There is a widespread assumption... that voluntary lifestyle changes (diet & exercise) can entirely reverse ob\*sity over long periods of time... This assumption runs contrary to indisputable scientific evidence demonstrating that voluntary efforts to reduce body weight activate potent compensatory biologic responses... that typically promote long-term weight regain.”



# FACTORS INFLUENCING WEIGHT



~40-75% of an individual's weight is attributed to genetics

"Genes determine energy levels, feelings of hunger & satiation, & the ways our bodies absorb specific nutrients." J. Eric Oliver

**...So why have we determined weight & body size as a individual responsibility?**



# PURSUIT OF WEIGHT LOSS



Increased ghrelin

"Leptin resistance"

Insulin resistance

Decreased RMR

Decreased PYY

Increased NPY

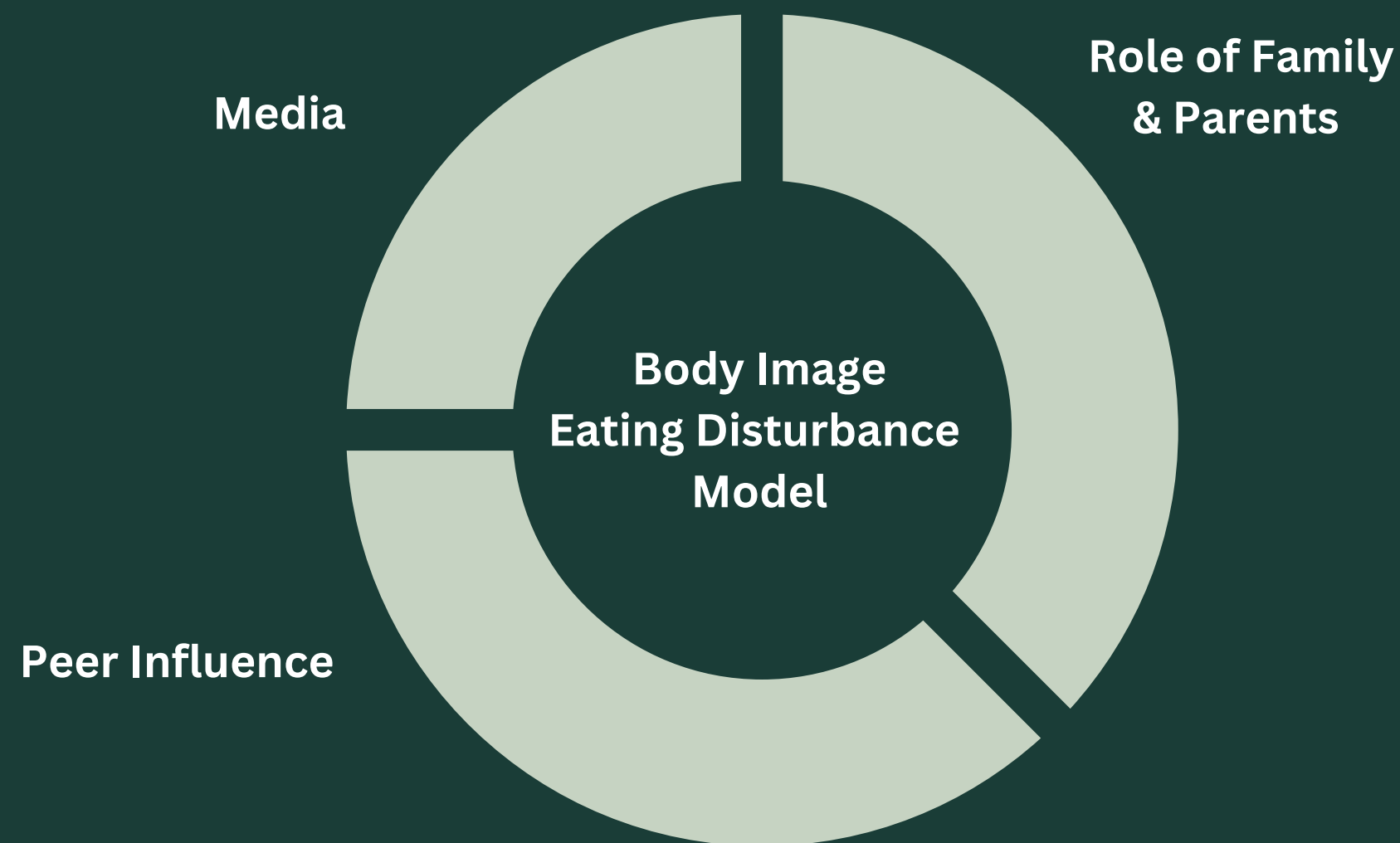
## Multiple attempts at wt. loss & wt. cycling:

- increased risk of CVD, HTN, heart disease, & all-cause mortality
- 1 out of 3 people will develop disordered eating; x8 times more likely to develop eating disorder
- decreased interoceptive awareness

**...So why do we continue to pursue wt. loss & recommend restrictive diets?**

# PSYCHOLOGICAL IMPACTS

The recommendation & influence of weight & dieting repeatedly, increases the risk of children/adolescents creating weight as a central part of their self-evaluation.



Parents body dissatisfaction & BMI is linked to child body dissatisfaction. Parents' comments on child's body size is linked to increased body dissatisfaction.

Body dissatisfaction predicts disordered eating, low self-esteem, depressive symptoms and SI in children/adolescents.

Ob\*sity has been identified as a risk factor for body dissatisfaction, primarily due to the social rejection of ob\*sity.

# INSTEAD- WEIGHT INCLUSIVITY

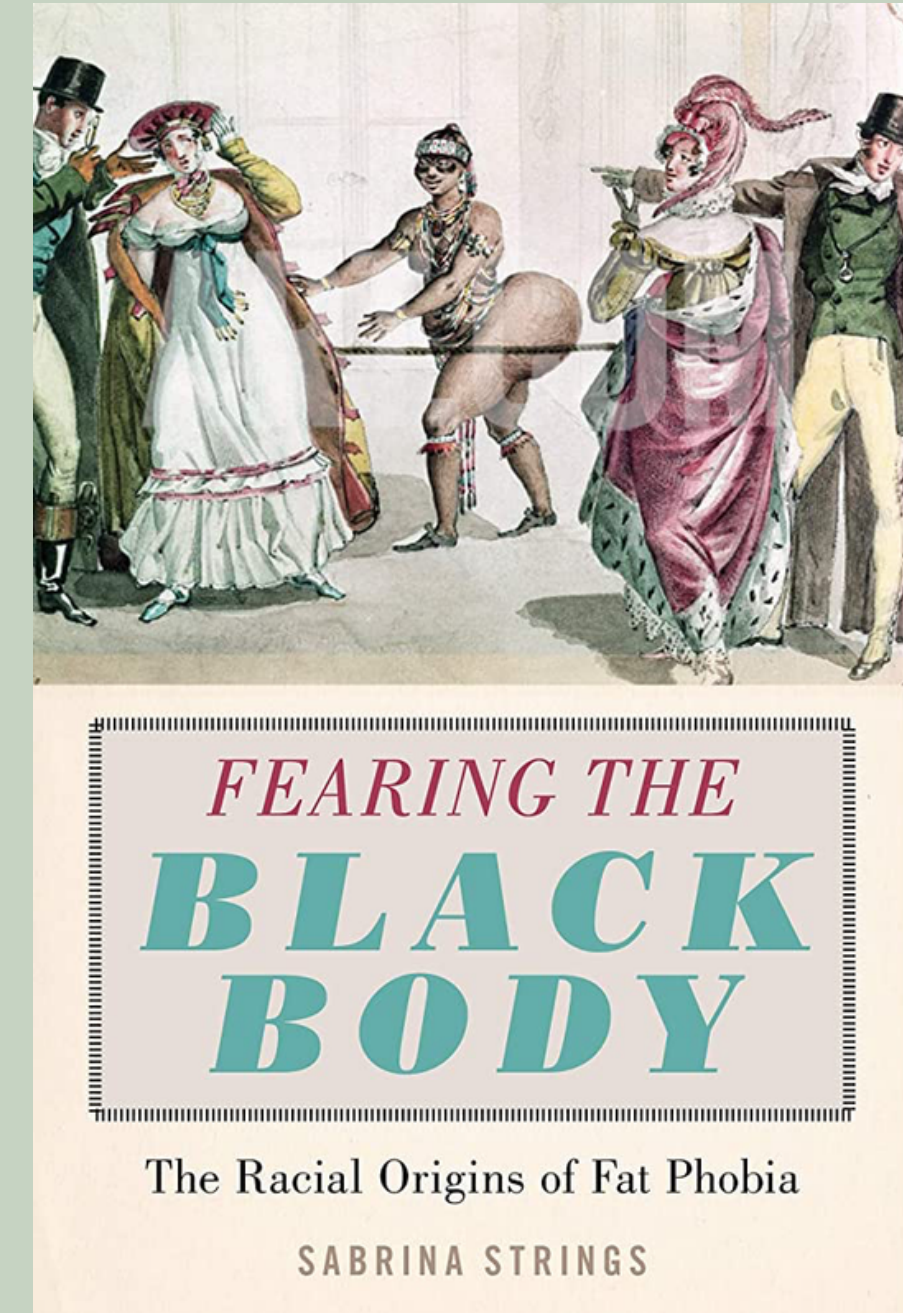
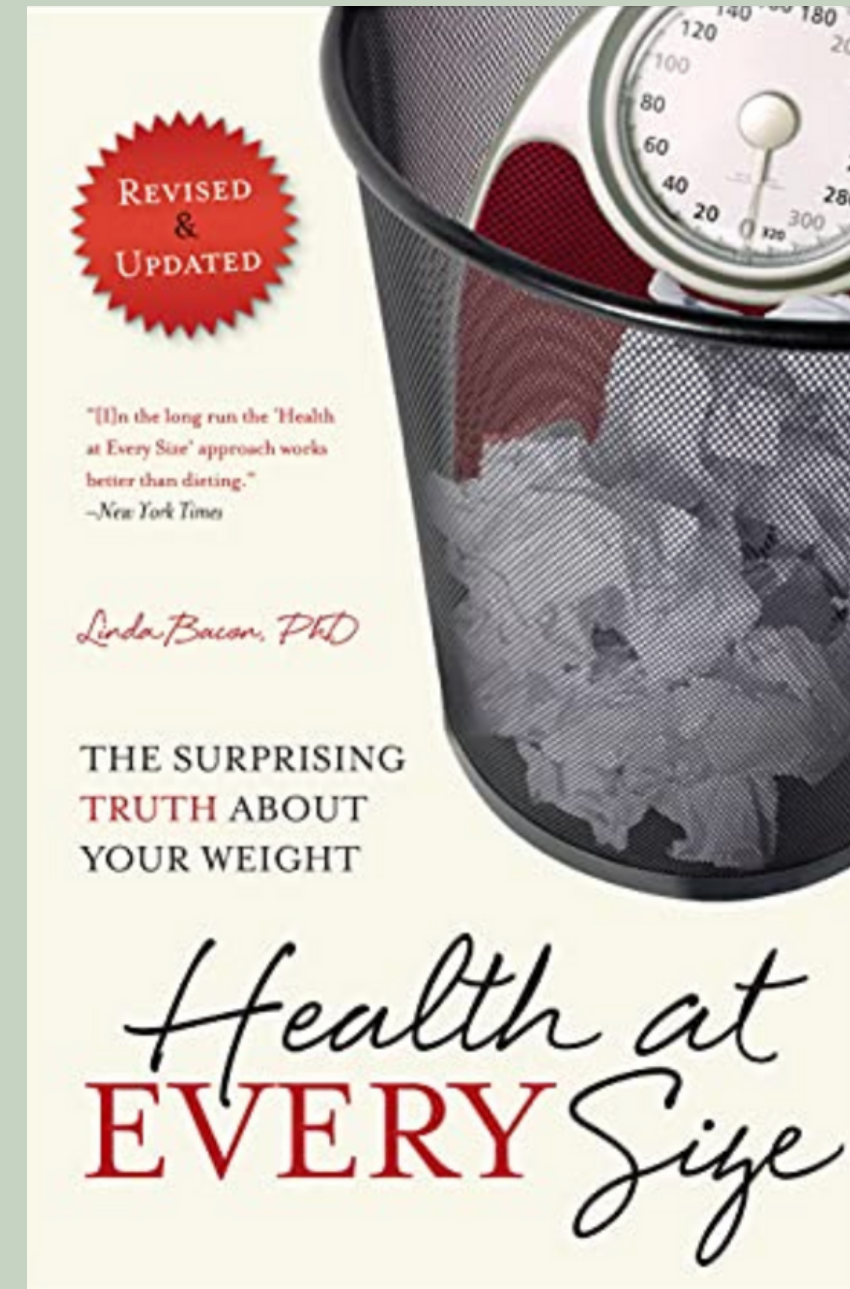
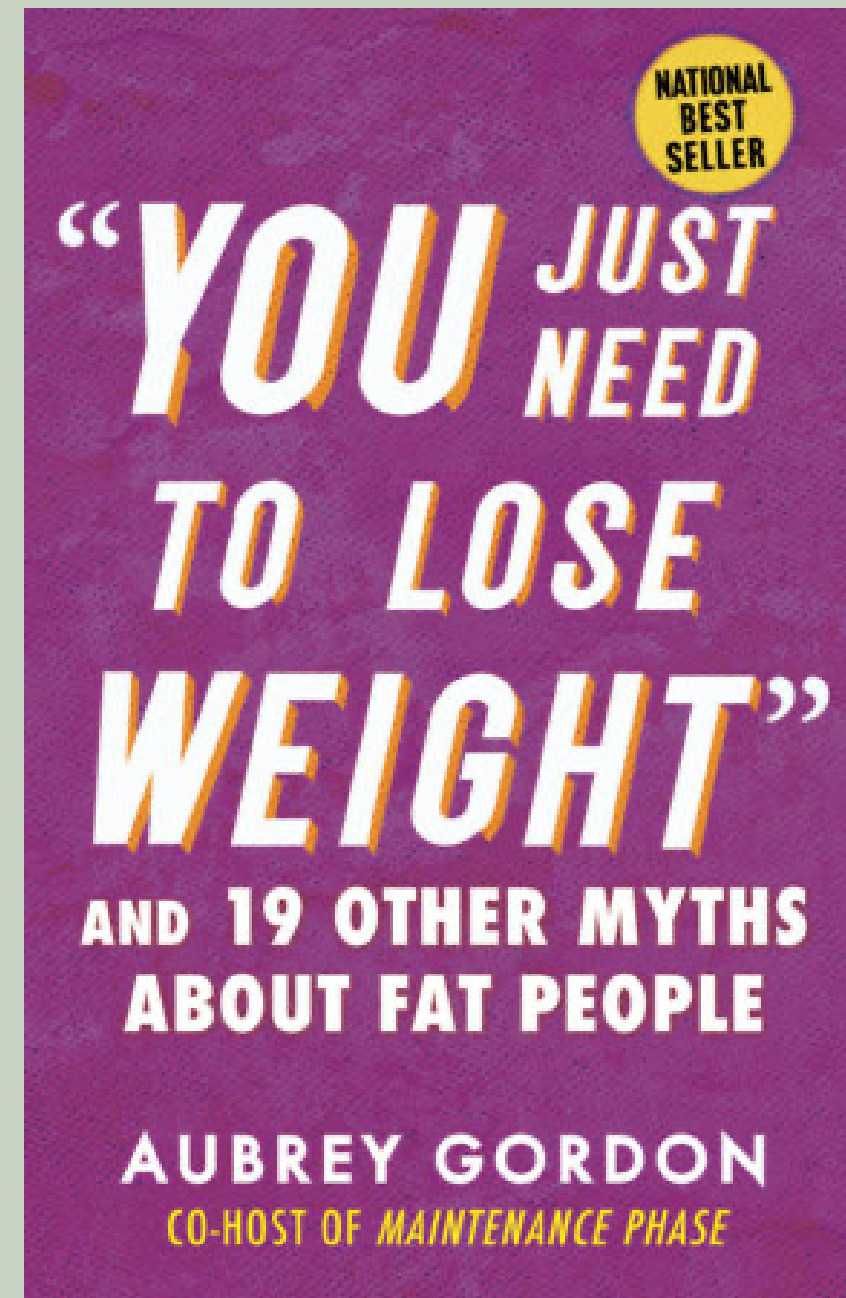
Separates weight from health by rejecting the “idealizing and pathologizing of specific weights”

Weight  Health

Evidenced-based assumption that every person (*with access to sufficient, safe, and nutritious food*) can receive unbiased healthcare and attain mental, physical and emotional well-being, independent of weight

~Tylka & colleagues

To learn more...



# Principle 2: Honor your Hunger

- Honoring hunger is key when considering mental & physical health.
- Remember: deprivation increases biological drive (ghelin, digestive enzymes, saliva, NPY, etc.)
- When we disconnect from hunger, we will subsequently disconnect from fullness cues (Interoceptive awareness)
- Diet culture changes the narrative of hunger & creates associations such as lack of willpower, shameful, weak, loss of control, etc.

## Attunement barriers

Chronic stress

Trauma & Illness

Medications

EDs & Intense Exercise

Mood Disorders

Chronic Dieting

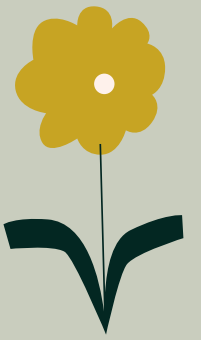




# INTEROCEPTIVE AWARENESS



Interoception: is a sense that allows us to notice internal body signals like a growling stomach, racing heart, tense muscles & a full bladder.



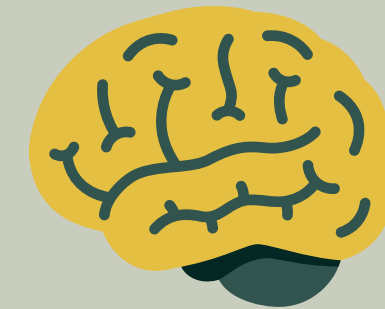
How do we improve our interoception? By Practicing mindfulness...



Nonjudgemental awareness & compassion are necessary



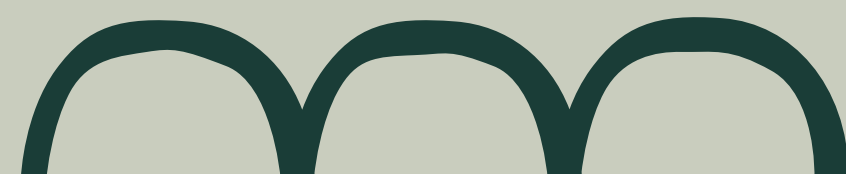
Unconscious changes in body states (somatic markers)



Interception/brain consciously registers signal

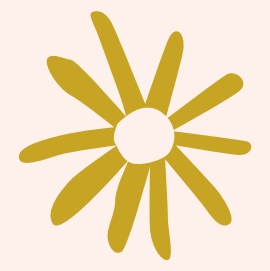


We can then take appropriate action- in line with our unique needs





# INTEROCEPTIVE AWARENESS



Our Interoception control center can be found behind the intuition functions of our brain



Our Goal? = Create & Respond to our inner wisdom at meal & snack time

Left brain  
(thought)

Right brain  
(emotion)



Physical sensations

## Left-Brain Functions

- Analytic thought
- Logic
- Language
- Reasoning
- Science & math
- Writing
- Number skills
- Right hand control



## Right-Brain Functions

- Art awareness
- Creativity
- Imagination
- Intuition
- Insight
- Holistic thought
- Music awareness
- 3-D forms
- Left-hand control



## Satiety Cues Description

To get in touch with the nuances of your satiety cues, it helps to check in many times throughout the day. A handy way to do this is by using a rating scale from 0 to 10, where 0 is painful hunger and 10 is painful fullness. Many researchers use a rating system like this when they are evaluating hunger and fullness issues (which is known as a visual analogue rating). This type of rating is also used for pain, when you are admitted to the hospital, because like hunger, pain is a subjective feeling. That's why there is no right or wrong number, this is merely a method that helps you listen and become attuned to your hunger cues. The following chart gives qualitative descriptions of the 0 to 10 scale in more detail.

	Rating	Description of Hunger and Fullness Sensations	Overall Quality of Sensation		
			Pleasant	Unpleasant	Neutral
Over Hungry	0	Painfully hungry. This is primal hunger, which is very intense and urgent.		X	
	1	Ravenous and irritable. Anxious to eat.		X	
	2	Very hungry. Looking forward to a hearty meal or snack.		X	
Normal Eating Range	3	Hungry and ready to eat, but without urgency. It's a polite hunger.	X		
	4	Subtly hungry, slightly empty.			X
	5	Neutral. Neither hungry nor full.			X
	6	Beginning to feel emerging fullness.			X
	7	Comfortable fullness. You feel satisfied and content.	X		
Over Full	8	A little too full. This doesn't feel pleasant, but it has not quite emerged into an unpleasant experience.		X	
	9	Very full, too full. You feel uncomfortable, as if you need to unbutton your pants or remove your belt.		X	
	10	Painfully full, stuffed. You may feel nauseous.		X	

# PRINCIPLE 3: MAKE PEACE W/ FOOD



Giving yourself unconditional permission to eat ALL foods


Deprivation (and biological & psychological mechanisms) can take place even if overall energy/nourishment needs are being met.

Offering permission to have ALL foods, allows internal locus of control to come online (aka- to check in with body & mind to make an intuitive decision).



# MAKE PEACE WITH FOOD

 Last Supper Syndrome: the perception that food might be restricted or 'banned' can trigger eating past comfortable fullness.

 Restrained Eating: the tendency to chronically limit food intake or types of foods in order to lose weight or prevent weight gain.

- increased impulsivity, heightened reactivity towards food, and disinhibited eating
- associated with 'counterregulation'

 The Seesaw Syndrome: Guilt vs. Deprivation

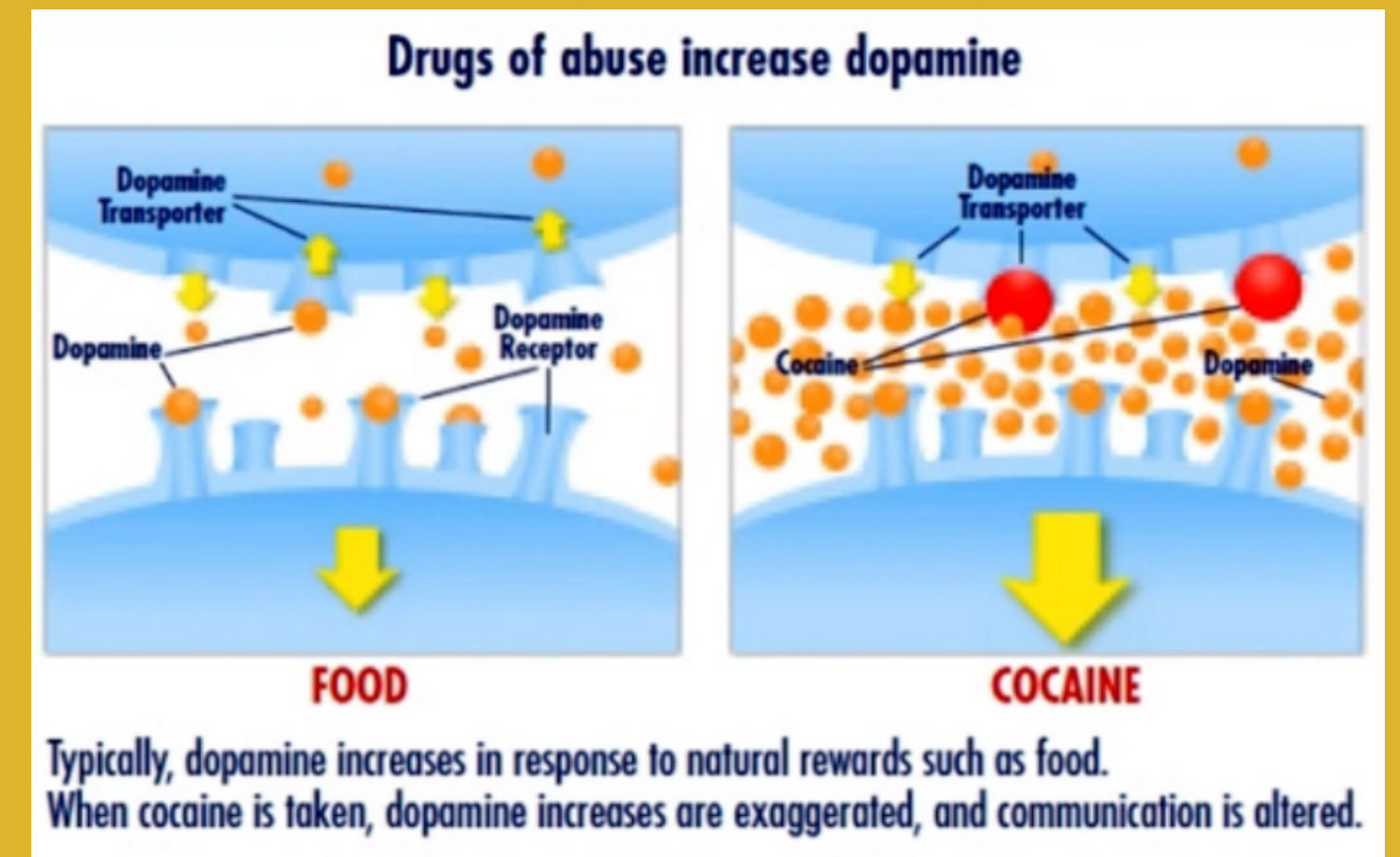




# FOOD ADDICTION

Food Addiction Theory: putative biological causes of overeating is controversial and lacks convincing support

- Anticipation of eating activates brain regions seen in substance abuse (so does falling in love, mom seeing pictures of their smiling babies, & listening to music)
- Food Addiction Rat Studies: consistently overeat sugar (only when restricted of regular food)
- Food restriction is the gateway to making food more rewarding, but that wouldn't be classified as addiction- instead, starvation.



from Paul Merritt



# THE EATING INSTINCT

Food Culture, Body Image,  
and Guilt in America

Virginia Sole-Smith



## INTUITIVE EATING for Every Day

365 Daily Practices &  
Inspirations to Rediscover  
the Pleasures of Eating

EVELYN TRIBOLE, MS, RDN, CEDRD-S



## Unapologetic Eating

Make Peace with Food  
and Transform Your Life

ALISSA RUMSEY, MS, RD



# PRINCIPLE 4: CHALLENGE THE FOOD POLICE

- Eliminate placing morality on foods
- "Rebound Eating" & "Last Supper Syndrome"
- "Atoning for food decisions," aka "I'll have dessert tonight, but I'll work out longer tomorrow to make up for it"

## Destructive Dieting Voices







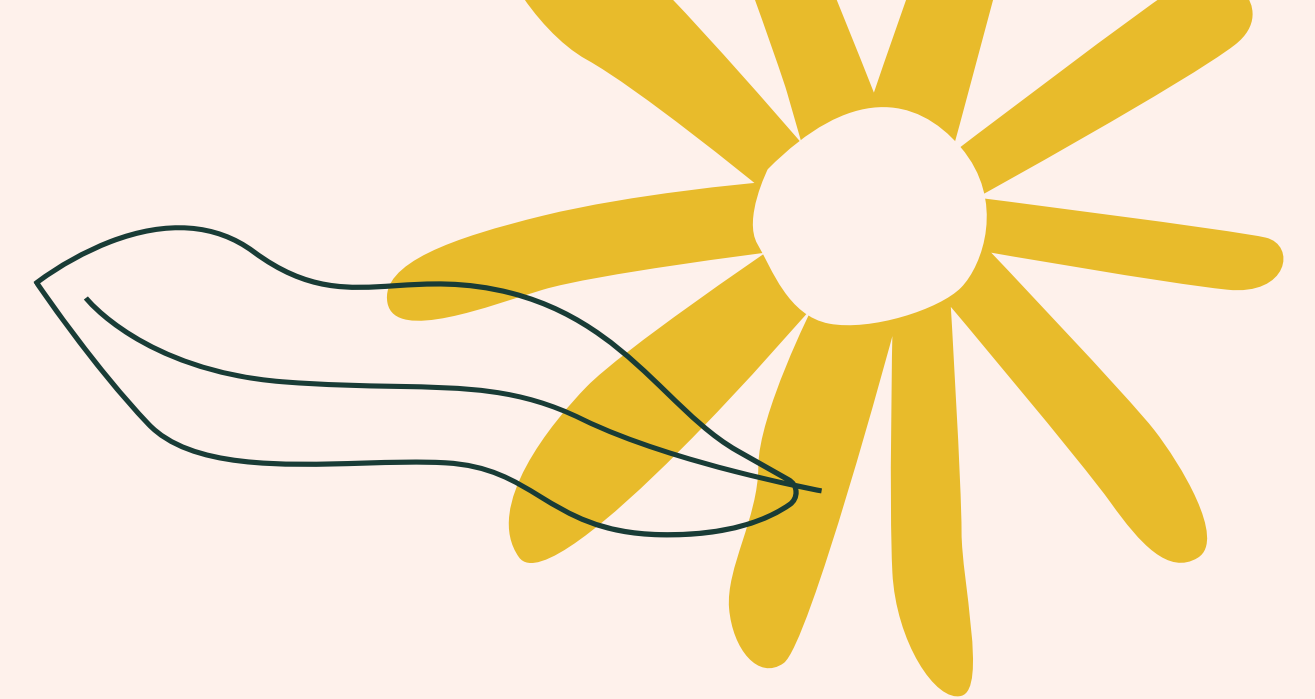
# FOOD POLICE THINKING

- Dichotomous or binary thinking- "black & white" thinking
- Absolutist thinking- I "must," "should," "need to"
- Catastrophic thinking- "If I let myself eat \_\_\_\_\_, I'll never stop"
- Linear thinking- success-oriented and outcome driven, very process oriented

First step: Awareness of our thoughts, emotions and behaviors provides valuable information, and that information opens up the possibility of change

Second step: non-judgement & curiosity

# PRINCIPLE 5: DISCOVER THE SATISFACTION FACTOR



A component of satisfaction derived from eating is the sustainability of a food or meal-- how long it will "hold you" until you get hungry again.



Chronic restriction is often focused on only low calorie options-- that hunger will often quickly appear, which keeps us frustrated and focused on food.

---

Goal: to tap into the sensual qualities of food (flavor, texture, aroma, appearance, temperature, etc.)

Sensory-specific satiety: continued exposure to the same food results in decreased desire for that food.

Experiment!





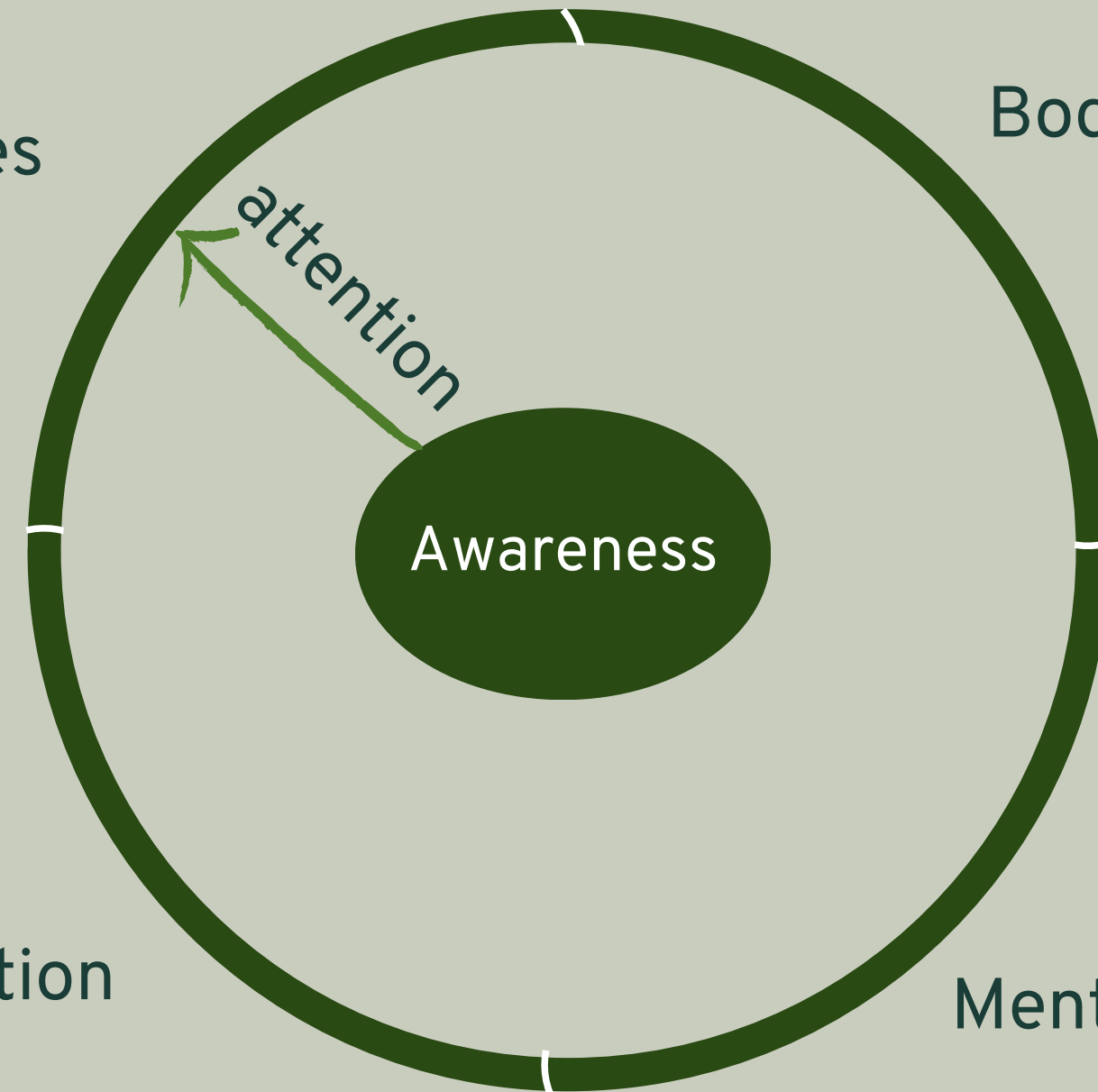
# AWARENESS

Let's Practice

## Wheel of Awareness

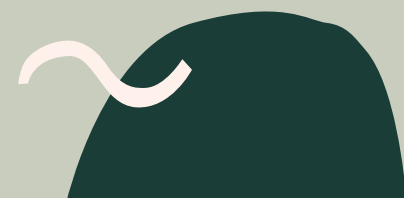
First five senses

Bodily sensations



Interconnection

Mental activities



# Principle 6: Feel Your Fullness

- Break away from the clean plate club
- Promote mindfulness during meals, minimize distractions
- Goal: satiety & fullness

Less Filling Foods	More Filling Foods
Salad (few carbohydrates, low PRO)	PRO: tuna, chicken, beans, legumes; CHO: whole grain roll, croutons, crackers; Fat: nuts/seeds, avocado, salad dressing
Turkey breast, chicken) no CHO, no Fiber, low fat)	CHO/Fat: whole grain pita/bread/dressing, avocado, etc.
Nuts (no fruit, no sensory-specific satiety)	CHO & PRO: fruit, chocolate, yogurt, etc.

# Satiety Practices

10 Satiety Practices to Try		Duration
	<i>Meals</i>	(hours)
<input type="checkbox"/>	Smoothie –vs.- Peanut Butter Jelly Sandwich	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Special K Cereal w/milk –vs.- Toast w/Peanut Butter	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Salad w/Chicken –vs.- Salad w/Chicken and ½ sandwich	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Plain Toast and String Cheese –vs.- Eggs and Toast	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Puffed Rice cereal –vs.- Old-Fashioned Oatmeal	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
	<i>Snacks</i>	
<input type="checkbox"/>	Handful of Raisins –vs.- Handful of Almonds	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Nonfat Latte –vs.- Energy Bar (Such as Clif Bar)	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Apple –vs.- Apple w/ peanut butter	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Cheese and crackers –vs.-Rice cakes and fruit	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5
<input type="checkbox"/>	Greek yogurt and berries –vs.- Granola Bar	0.5 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5

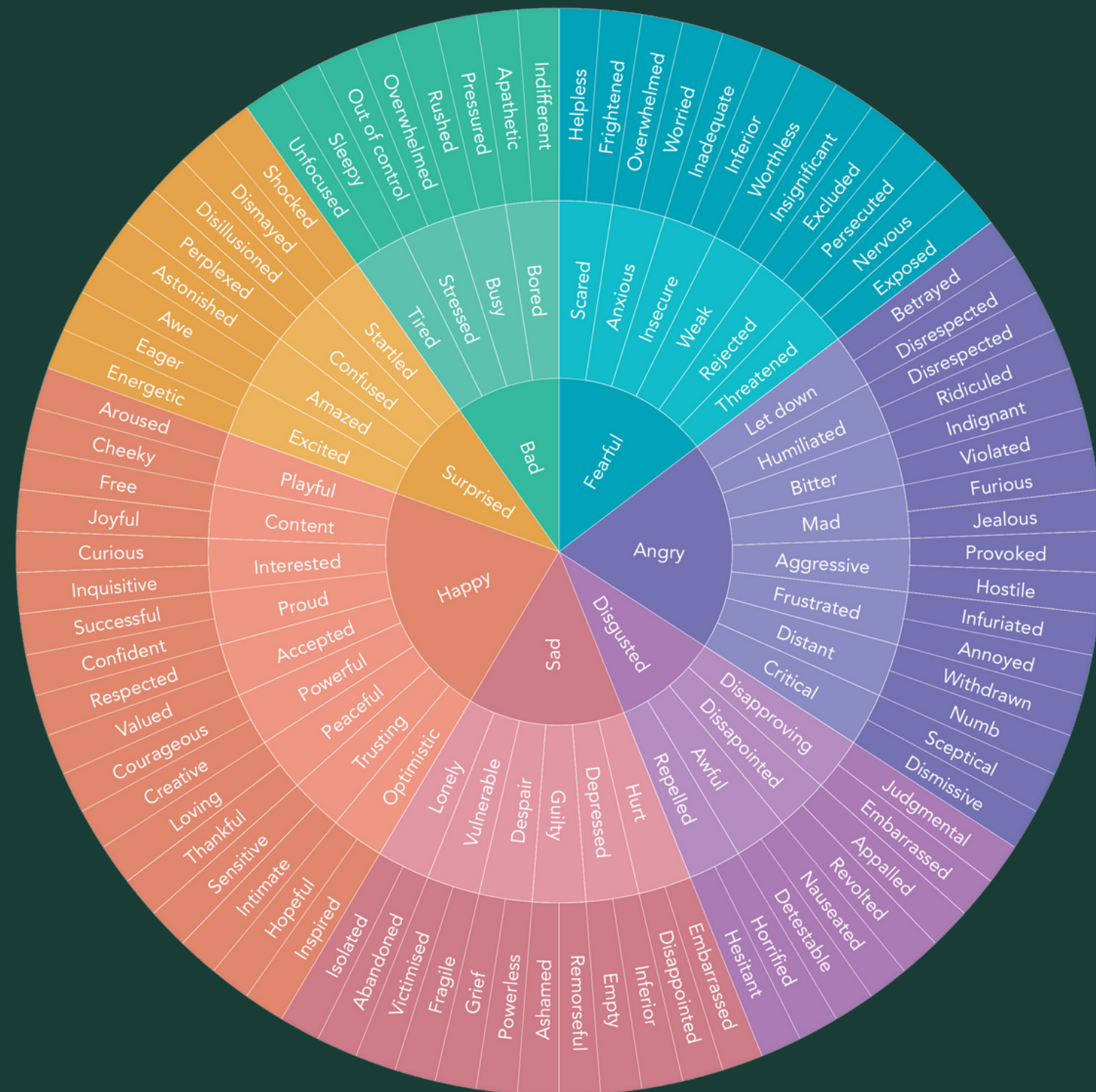
Choose one or two of these eating experiments and notice the difference in satiety and sustainability.

Satiety Cues Discovery Worksheet

Directions: Circle the number that best reflects your hunger level before your meal or snack. When finished eating, rate your fullness and level of satisfaction eating. Note there is no "right" or "wrong" number, it's merely a method to help you listen and become attuned to your satiety cues.

Table with 6 columns: Time, Hunger Rating (0-10), Food Eaten, Fullness Rating (0-10), Satisfaction Rating (0-10), and Comments. Contains 20 rows of data entry fields.

# Principle 7: Cope w/ Emotions w/ Kindness



## WHY DISCUSS EMOTIONS?

Emotional regulation improves physical health (blood pressure levels, disease incidence, mortality rates for example) & mental health (reduced anxiety, depression, eating disorders, etc.)

# DIETING & EMOTIONS

Dieting and restriction is associated with binge eating in kids, teens, and adults (all age groups).

There is a relationship with dieting and high 'emotional eating'

'Loss of Control' Eating can be placed in 4 Categories:

1.	Biological (case: endurance athlete- could be unaware/aware)
2.	Rules (diets for example)
3.	Emotions/coping (common for those that grew up in families where they weren't able to express emotions, specifically negative emotions)
4.	Self-care



# DECONSTRUCTING EATING BEHAVIOR

Some people cope with uncomfortable feelings and unmet needs by: eating, binge eating, or food restriction.

Many times people are not even aware! These two simple questions pave the way to awareness and ultimately, meaningful change.

## What am I feeling, *now*?

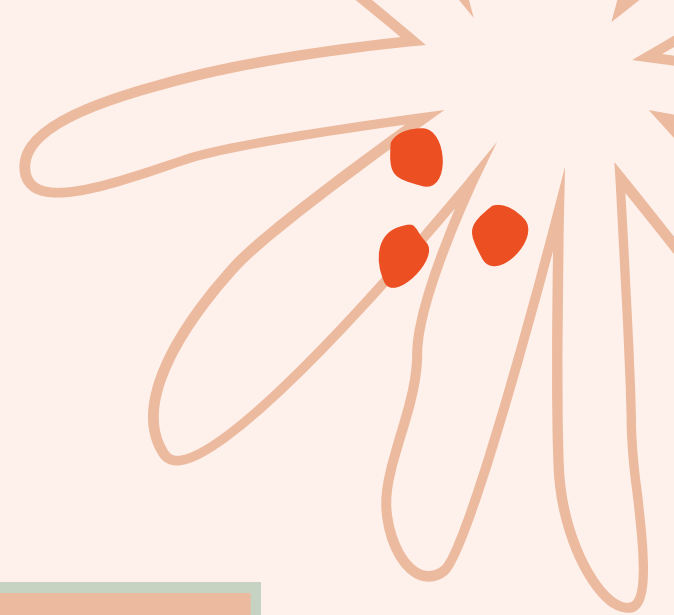
(Refer to this list of feelings, if needed. Or if none of these descriptions seem to fit, try the description, “uncomfortable”, and see if that resonates for you).

<b>Fearful</b>	<b>Angry</b>	<b>Sad</b>	<b>Joyful</b>	<b>Disgusted</b>	<b>Surprised</b>	<b>Shame</b>
edgy	exasperated	dejected	amused	appalled	amazed	disgraced
frightened	hostile	gloomy	delighted	contempt	astonished	embarrassed
nervous	irritable	grief	gratified	distain	dumbfounded	guilty
scared	outraged	hopeless	happy	indignation	flabbergasted	humiliated
wary	resentful	lonely	satisfied	repulsed	shocked	mortified
worried	vengeful	sorrow	silly	revolted	startled	remorseful

## What do I need, *now*?

What do I need, right now, to deal with my current feelings? Refer to ideas below. It’s okay if you don’t know what you need. The action of being aware, and just checking-in to your possible needs is progress. (If your needs were obvious you wouldn’t be turning to food).

<b>Distraction</b>	<b>Support</b>	<b>Deal Directly with Feeling</b>	<b>Self-care</b>
Change environment	Call a friend	Write in journal	Set limits
Watch funny movie	Email a friend	Listen to music that matches my feelings	Respect self-vulnerability
Internet	Text a friend	Mypsychtracker.com	“Alone” time
Music	Talk to family	Write a letter	Sleep/rest
Go out with a friend	Chat online (safe and familiar)	Sit with your feeling for 10 minutes.	Write in journal
Go to a book store	Talk with spiritual advisor, such as a rabbi, priest, minister	Reframe the thoughts that are triggering the feeling. Is there another way you can view this situation?	Go for walk outside.
Play with your pet	Talk with therapist	Talk with therapist	Unplug phone, computer



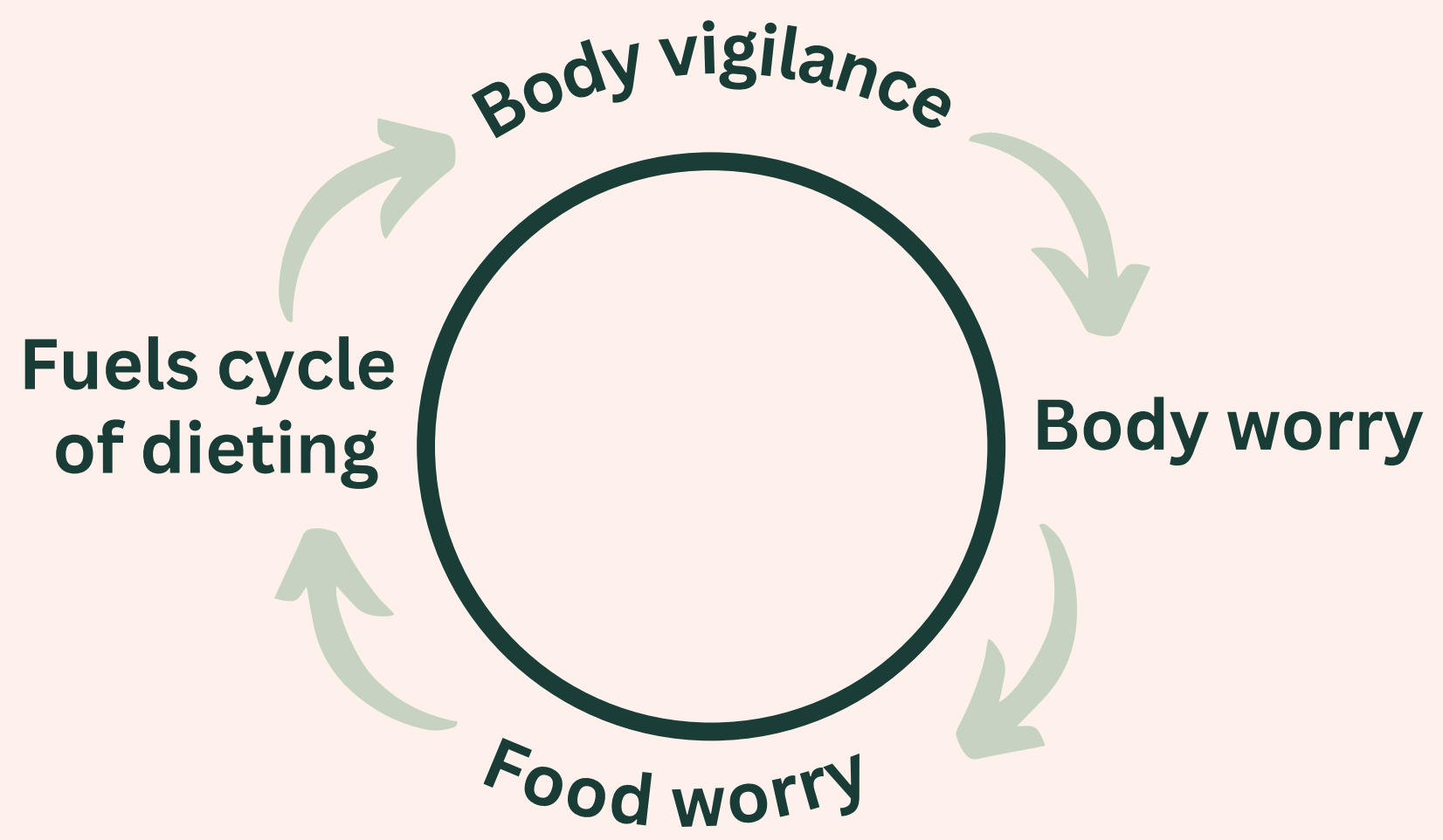
# PRINCIPLE 8: RESPECT YOUR BODY

"It's hard to reject the diet mentality if you are unrealistic and critical about your body size or shape. All bodies deserve dignity."

~Evelyn Tribole

Diet culture: encourages body objectification

Goal: Subjective body experience



"Working on your internalized fat phobia is more likely to give you what you thought weight loss would." ~Ashlee Bennett

"Bring the focus back to how you experience the world, not how the world experiences you." ~@intuitively.eaten

# PRINCIPLE 8: RESPECT YOUR BODY

Body Image 10 (2013) 644–647

Contents lists available at ScienceDirect

**Body Image**

journal homepage: [www.elsevier.com/locate/bodyimage](http://www.elsevier.com/locate/bodyimage)

Brief research report

**More than just body weight: The role of body image in psychological and physical functioning**

Rebecca E. Wilson\*, Janet D. Latner, Kentaro Hayashi

Department of Psychology, University of Hawai'i at Mānoa, 2530 Dole Street, Honolulu, HI 96822, United States

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Body mass index  
Health-related quality of life  
Psychosocial functioning  
Self-esteem

**ABSTRACT**

The current study examined BMI and body image dissatisfaction as predictors of physical and mental health-related quality of life (HRQL) and psychosocial functioning in a sample of 414 undergraduate students (mean age = 21.5, SD = 4.9; mean BMI = 23.6, SD = 5.2). In men and women, higher BMI was correlated with body image dissatisfaction and physical HRQL, but not with any measures of psychosocial functioning, whereas higher body image dissatisfaction was associated with poorer physical HRQL and psychosocial functioning. Furthermore, body image dissatisfaction was observed to mediate the relationship between BMI and physical HRQL in men and women. Interestingly, in this model, higher BMI predicted increased self-esteem. These findings suggest that body image dissatisfaction may be an important target for health interventions.

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**Introduction**

In recent decades, rates of overweight and obesity have

The relationship between weight, body image dissatisfaction and psychosocial functioning is similarly important but imperfectly understood. Overweight and obesity occur in the context of preva-

Conclusion: These findings suggest that regardless of weight categories, it may be body dissatisfaction, rather than BMI, that is more closely associated with impairments in both physical and psychosocial functioning.



# Weight Stigma/Discrimination



Increased healthcare avoidance; lowered physical activity intention; increased mortality risk.



Increased risk of disordered eating, emotional distress, negative body image, low self-esteem and depression.



Increased A1C & risk of type II DM, future wt. gain, increased BP, C-reactive protein levels, oxidative stress & cortisol levels.

Weight stigma: the discriminatory acts and ideologies targeted towards individuals because of their weight and size.

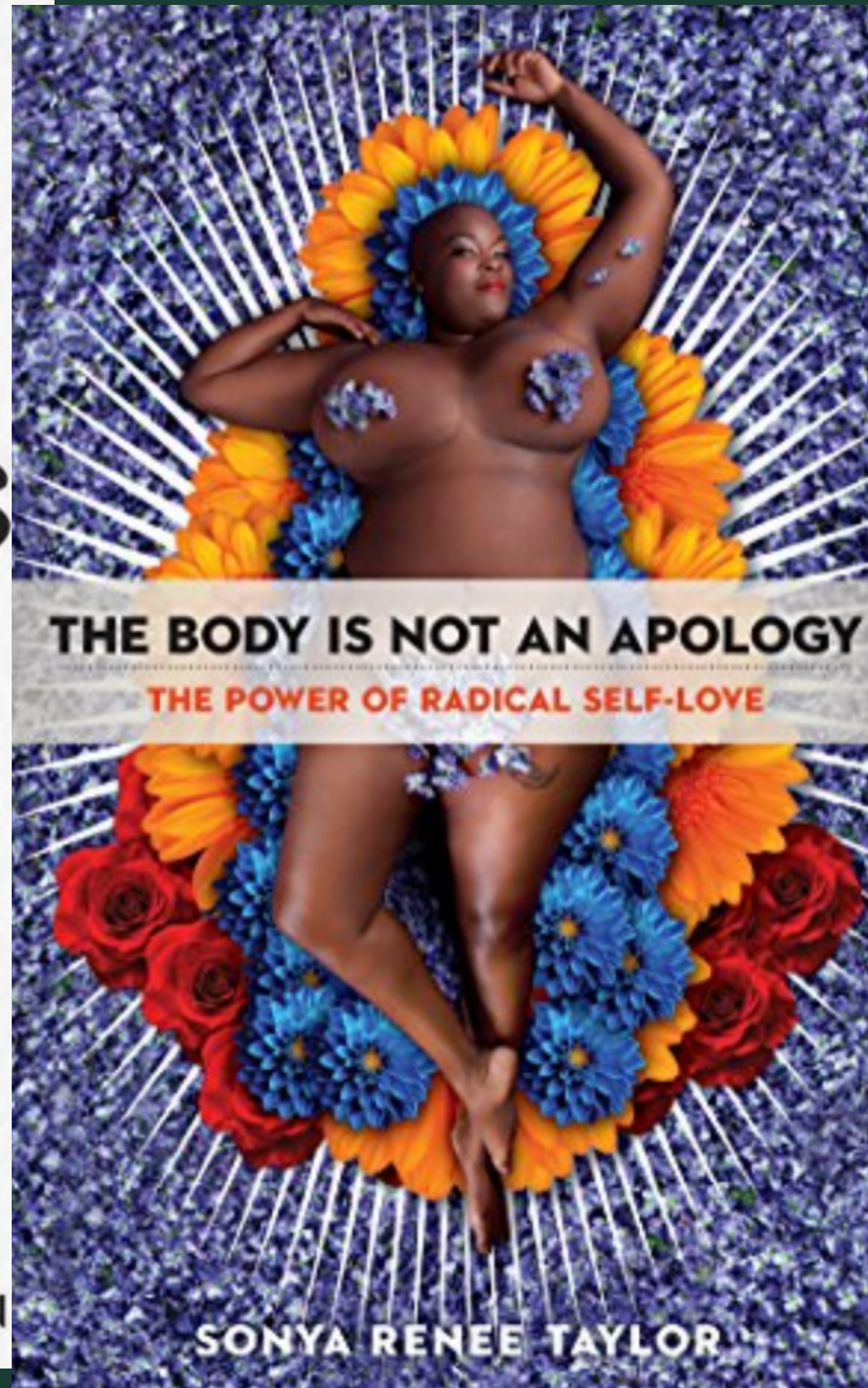


# Body Kindness

Transform your health  
from the inside out—  
and never say diet again.



REBECCA SCRITCHFIELD, RDN




## Reclaiming *Body Trust*

A PATH TO HEALING  
& LIBERATION



Hilary Kinavey, MS, LPC,  
and Dana Sturtevant, MS, RD



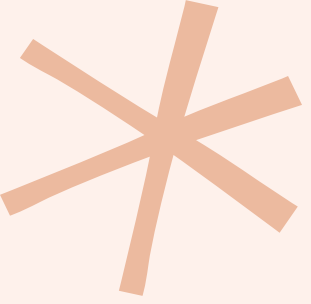
## THE EMBODIMENT OF DISOBEDIENCE

Fat Black Women's  
Unruly Political Bodies



ANDREA ELIZABETH SHAW





# Principle 9: Gentle Movement

When its no longer about shrinking or maintaining your body size:

- Increased stress tolerance
- Improved mood
- Improved learning ability & memory
- Increased bone strength
- Increased cardiovascular fitness
- Increased lean muscle mass
- Decreased BP
- Improved appetite regulation
- Reduced risk for chronic disease (HTN, heart disease, DM, osteoporosis, some types of cancers, etc.





# Principle 9: Gentle Movement



How it makes you feel > How it will make you look



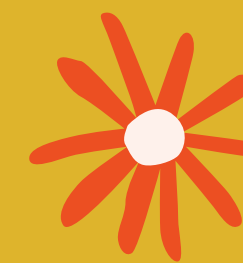
Consistency is not a matter of willpower; associating positive feelings & enjoyment are a crucial factor.



Staying in tune with our body: rest is a non-negotiable.



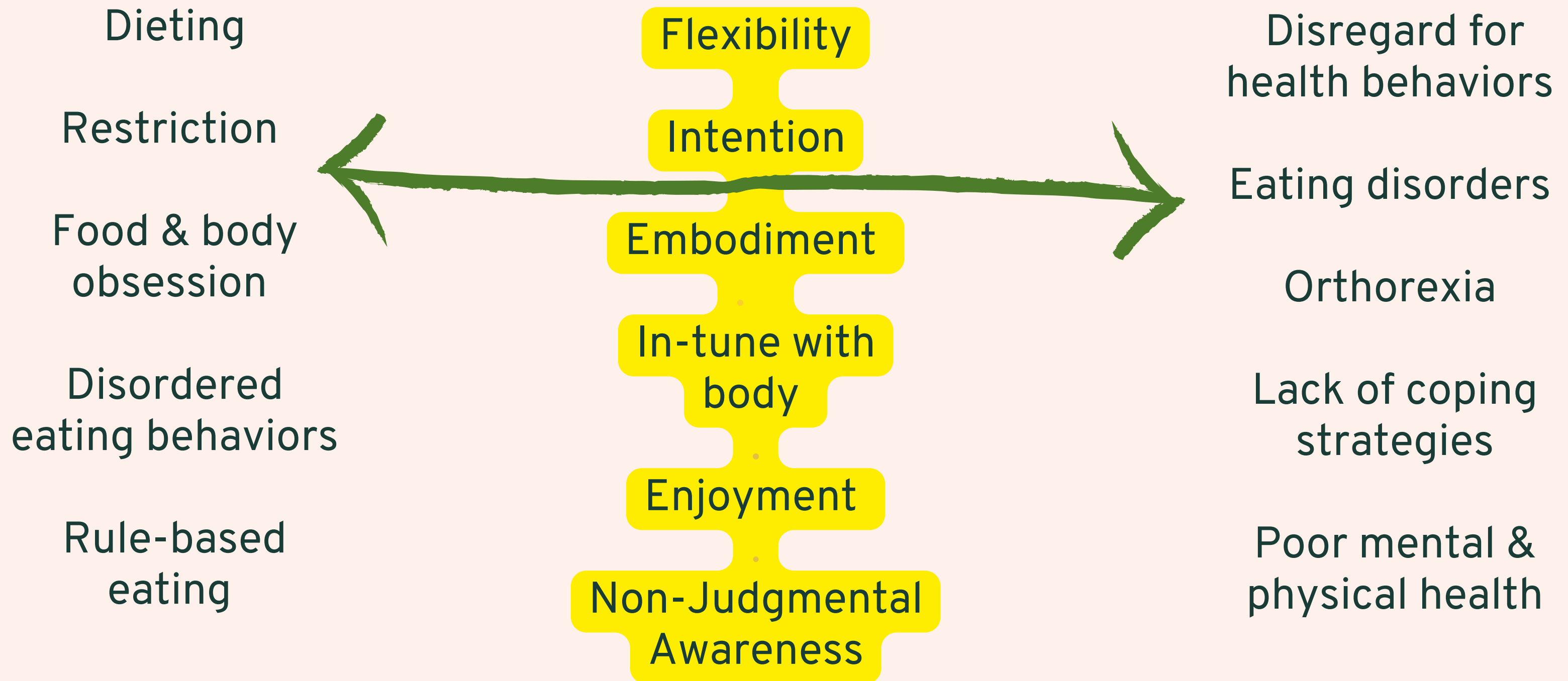
Movement as a neutral term - physical activities are not a one size fits all.



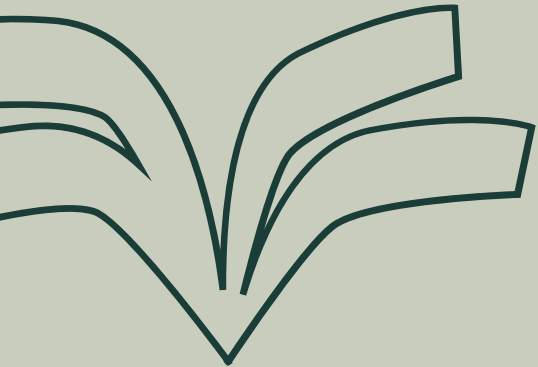
Engage in movement you actually enjoy



# Principle 10: Gentle Nutrition







**THE SUNDAY TIMES BESTSELLER**



**FOOD ISN'T MEDICINE**  
HOW MISINFORMATION IS HARMING OUR HEALTH

**DR JOSHUA WOLRICH** 

**ANTI-**

⌚ Reclaim Your Time, Money, 💰  
Well-Being, and Happiness Through

📈 **INTUITIVE EATING** 😊

**DIET**

**CHRISTY HARRISON, MPH, RD**

the **wellness trap**

*"Wise, calm, and thoughtful . . . Harrison's work is a gift, and I am so grateful to have this on my bookshelf." —Virginia Sole Smith, author of Fat Talk: Parenting in the Age of Diet Culture*


Break Free from **DIET CULTURE, DISINFORMATION, and DUBIOUS DIAGNOSES**—and Find Your True Well-Being

**Christy Harrison, MPH, RD**  
*Author of ANTI-DIET*

A NEW HARBINGER SELF-HELP WORKBOOK

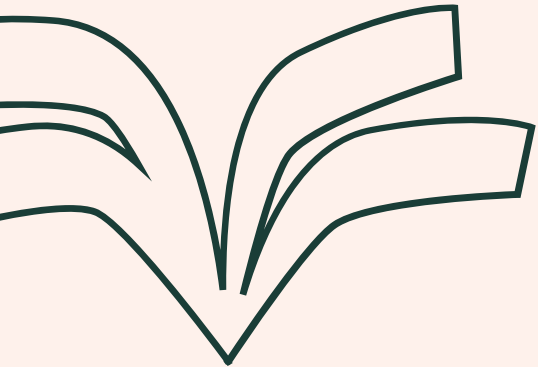
The **INTUITIVE EATING** Workbook

**10** Principles for Nourishing a Healthy Relationship with Food



**EVELYN TRIBOLE, MS, RDN · ELYSE RESCH, MS, RDN**  
Foreword by **TRACY TYLKA, PhD**





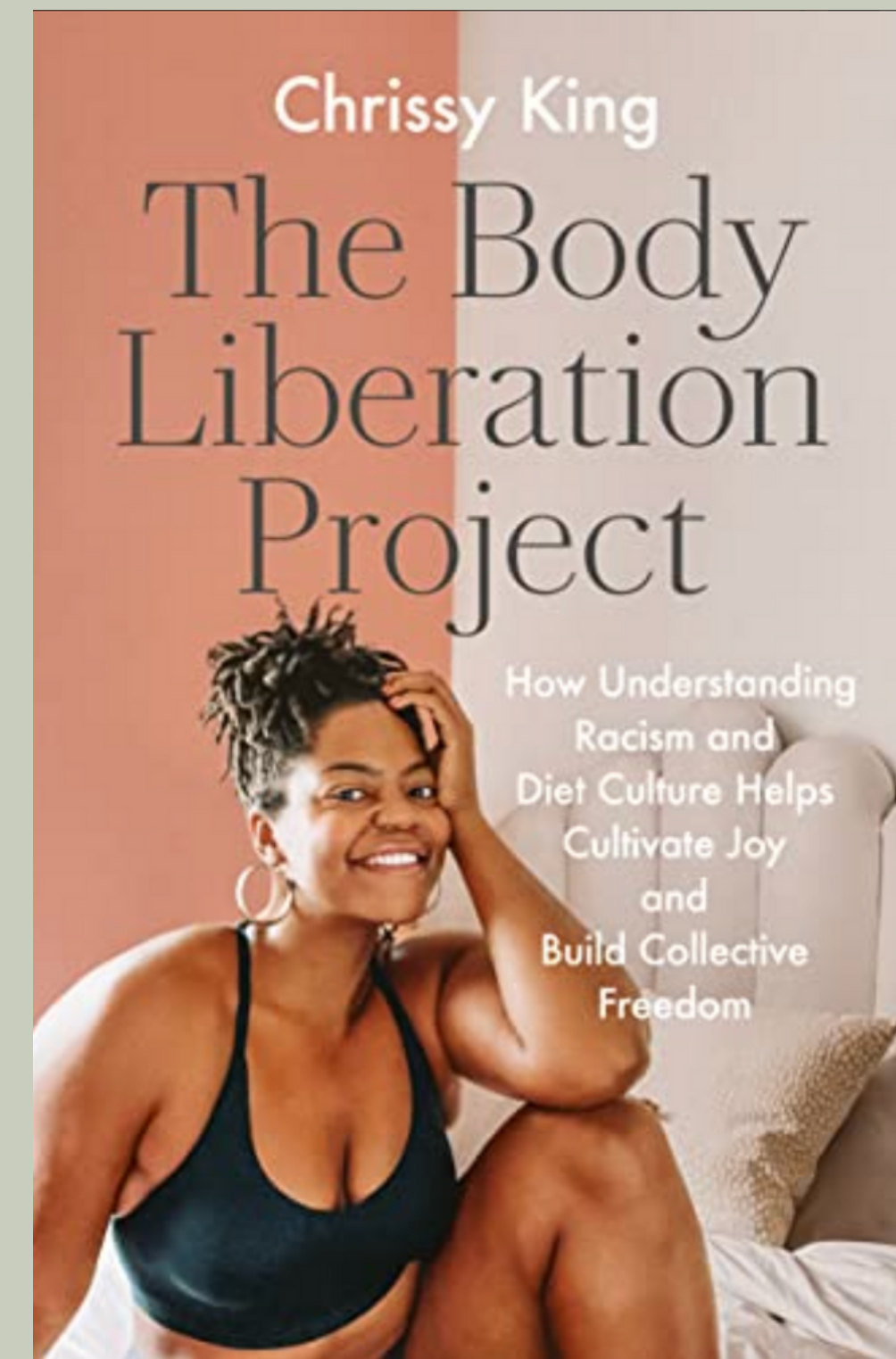
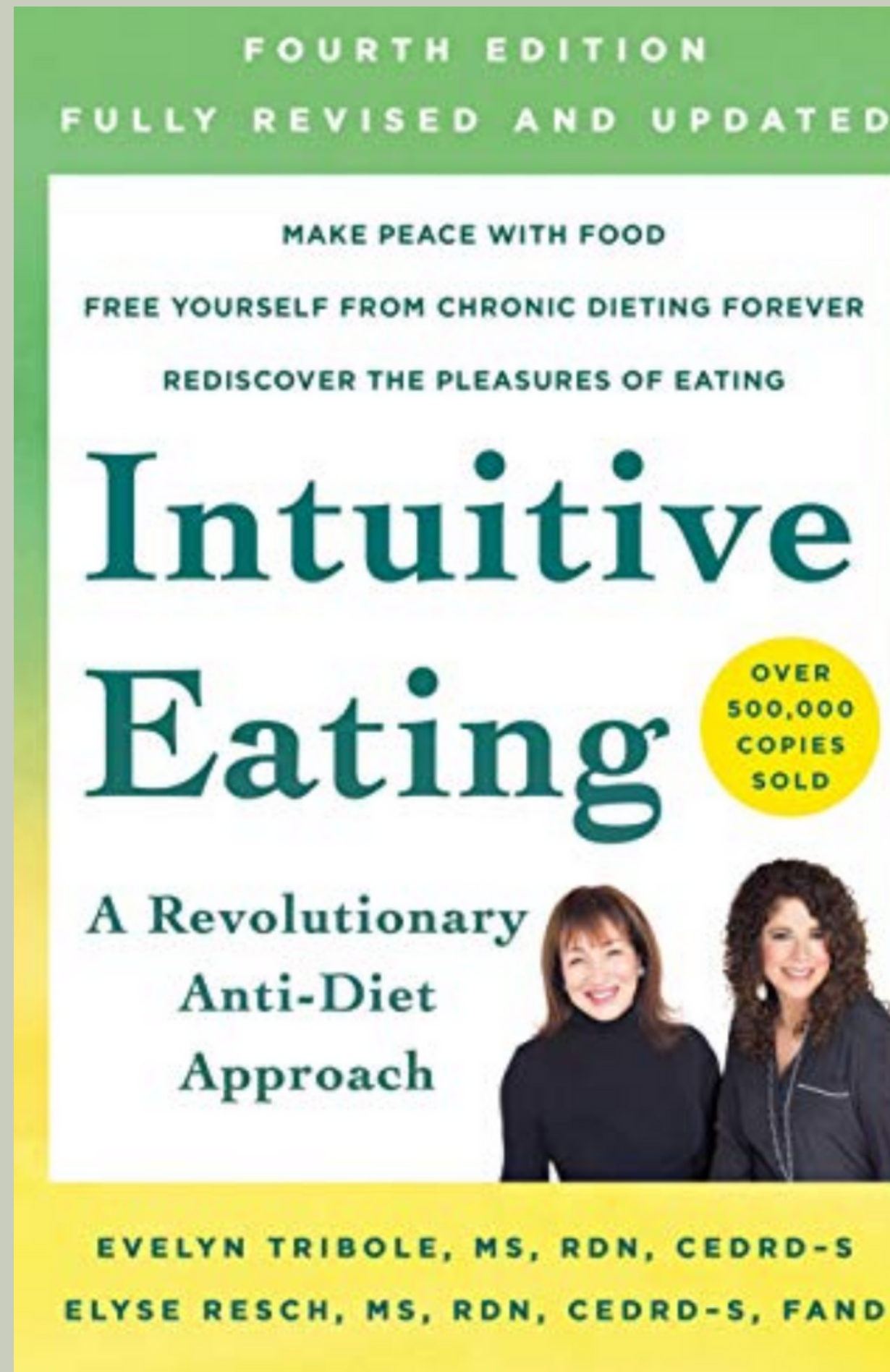
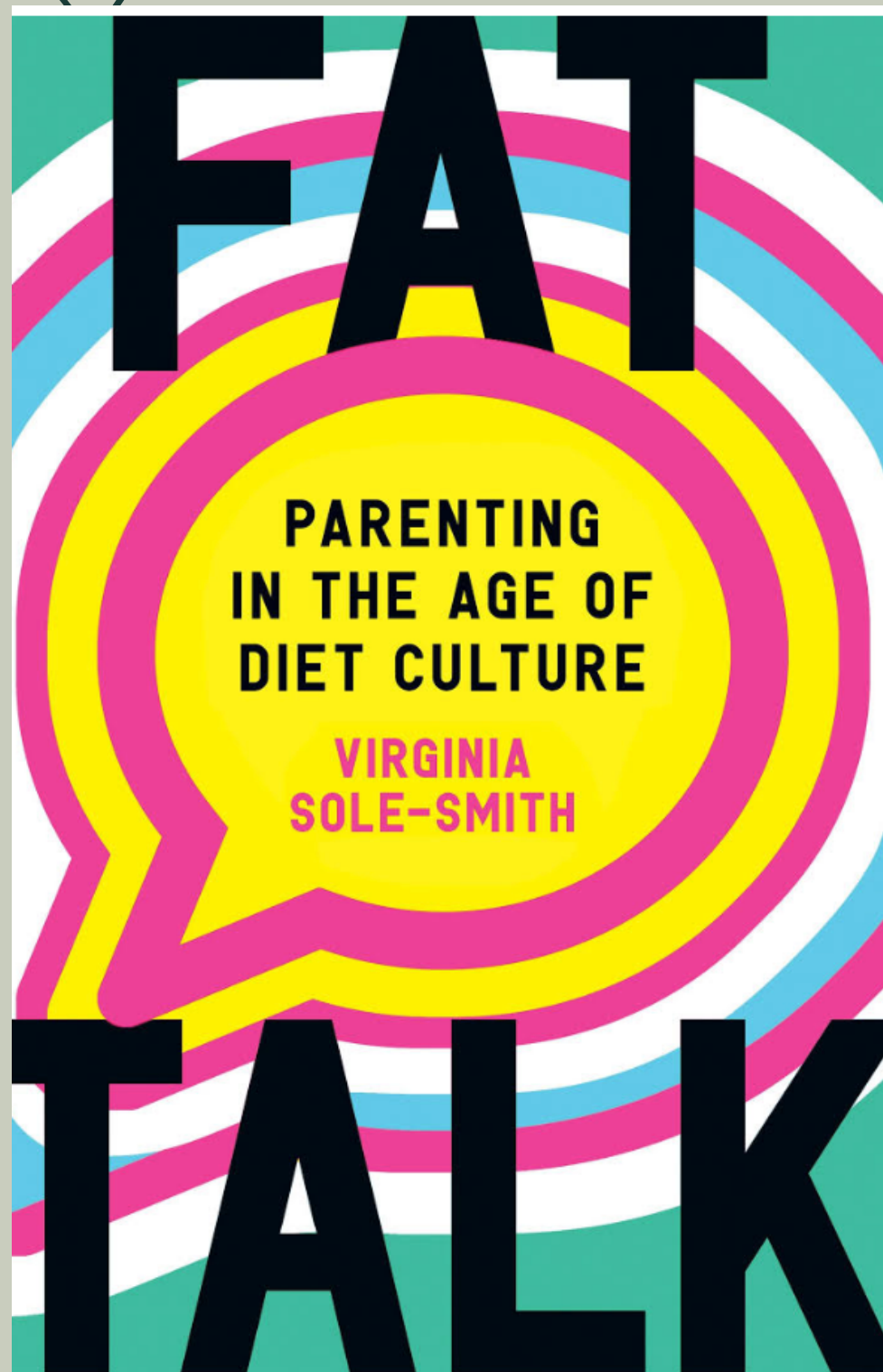
# Take-Aways

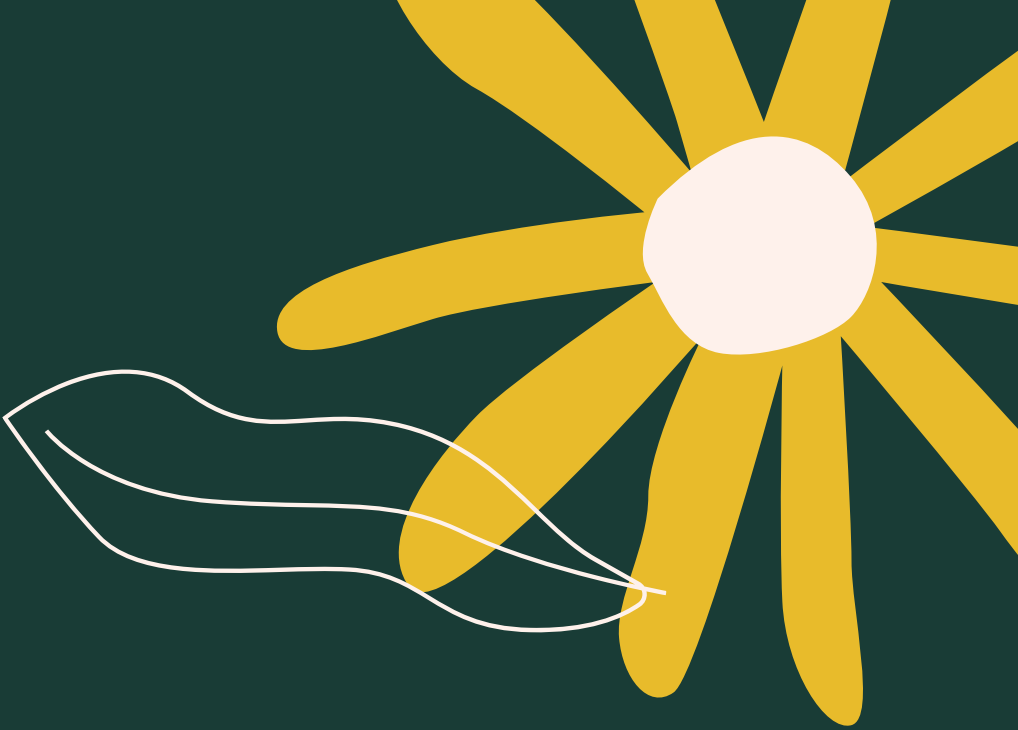
- 1** Deemphasize weight as an indicator of health. Promote weight inclusive care.
- 2** Decouple moral values & rules specific to foods & eating behaviors.
- 3** Emphasize the need for satiation, pleasure, & consistent nourishment.
- 4** Screen for dieting history, disordered eating, eating disorders, body dissatisfaction & disordered movement practices.
- 5** Consider exploring our personal relationship with dieting, healthism, anti-fat bias, & our personal food relationship.





...Cultural  
Resume





# Discussion

[EMAIL: SINA.KING.NUTRITION@GMAIL.COM](mailto:SINA.KING.NUTRITION@GMAIL.COM)

**Attitude & Thoughts Towards Food**

	Recently? (Last 3 months)		In the past?	
Do you get nervous eating certain foods out of fear that you may gain weight?	Y	N	Y	N
Do you get nervous eating certain foods out of fear they are 'bad' for you? (e.g. gluten, sugar)	Y	N	Y	N
Do you label food as good/bad/healthy/unhealthy?	Y	N	Y	N
Do you feel guilty or talk negatively to yourself after eating certain foods?	Y	N	Y	N
Do you spend a lot of your time thinking about food? (Recounting what you ate in the day, Thinking about your next meal, Recounting calories, macros, fat etc)	Y	N	Y	N
Do you get upset/anxious/angry when you notice that you're hungry?	Y	N	Y	N
Do you feel like you eat more or get hungry more often than you should or compared to others?	Y	N	Y	N
Do you ever feel out of control around food, like you cannot stop eating until you are uncomfortably full?	Y	N	Y	N
Do you get anxious or scared about eating in front of others?	Y	N	Y	N
Do you find it difficult or uncomfortable to eat food that wasn't prepared by you?	Y	N	Y	N
Do you notice yourself doing anything 'different' with your food compared to others? (e.g. cutting it into tiny pieces to make it last, not letting your food touch, having to eat foods in a certain order)	Y	N	Y	N

## A New HAES™ Friendly Disordered Eating, Exercise and Body Image Screening Tool

Ragen Chastain   
 Feb 25

 30  8 

ARTICLE VOICEOVER

1x 0:00  -3:32 

This is the [Weight and Healthcare newsletter](#)! If you like what you are reading, please consider [subscribing](#) and/or sharing!

Sam Sessamen is someone I've had the opportunity to work with multiple times over the last three years and her work is something that I've truly appreciated. Recently she told me about a new screening tool that she had created, and I wanted to share it here in case it's helpful. Here is some background from Sam followed by a link to the screening tool.

**Tell us a bit about you and your background**

I'm a therapist in NY that specializes in trauma and Eating Disorders. I am passionate about providing trauma informed and weight neutral care as a result of my own experiences with weight stigma and disordered eating.

# HAES Screener

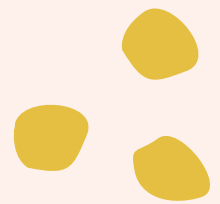
SAMANTHA SESSAMEN, LMHC



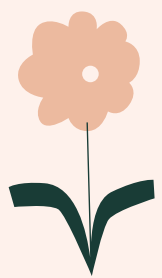
# BMI as a Health Indicator?



Wildman & colleagues (2008) found that using BMI as a proxy for health resulted in the misdiagnosing of over half the people (51%) as "unhealthy."



A research team from UCLA found that 54 Americans were labeled "Ob\*se" or "overweight" but were in fact "healthy" according to metabolic indicators (Tomiyama et al. 2016).



In *The Obesity Paradox: When Thinner Means Sicker & Heavier Means Healthier* (2014), cardiologist and researcher Carl J. Lavie describes the numerous problems with the BMI and focusing on weight, rather than behavior, to predict health outcomes.



# 'EMOTIONAL EATING'

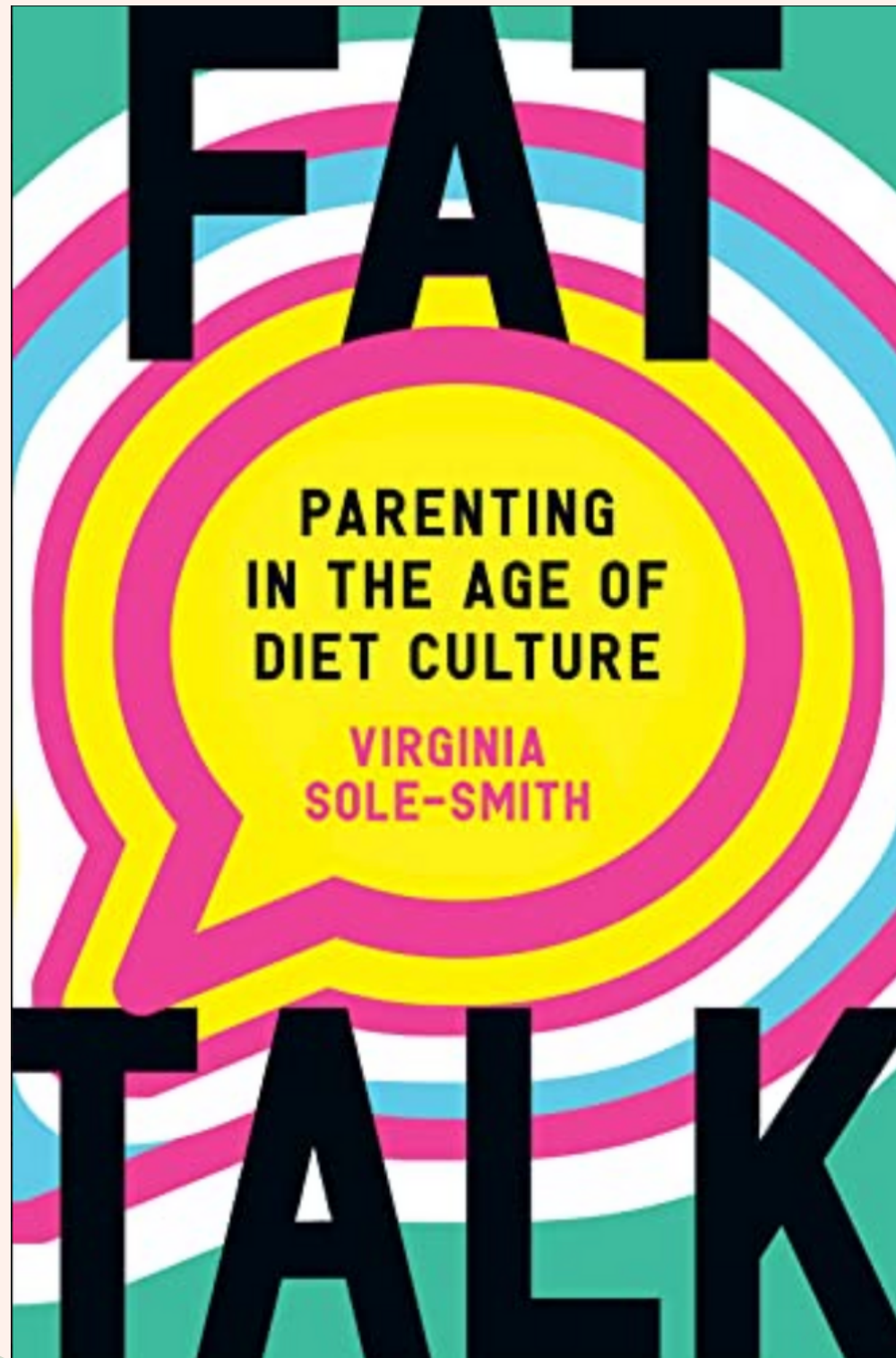
## Current concerns with this phrase:

- At present, 'emotional eating' is typically assessed using self-report measures. These measures lack appropriate validity.
- Reality: No differences in food intake between 'emotional' & non-emotional eaters in either a negative or a positive mood.

To eliminate all 'emotional eating' as a goal is based in restriction & dieting

INSTEAD: our goal should be to bring awareness to emotions before, during & after eating



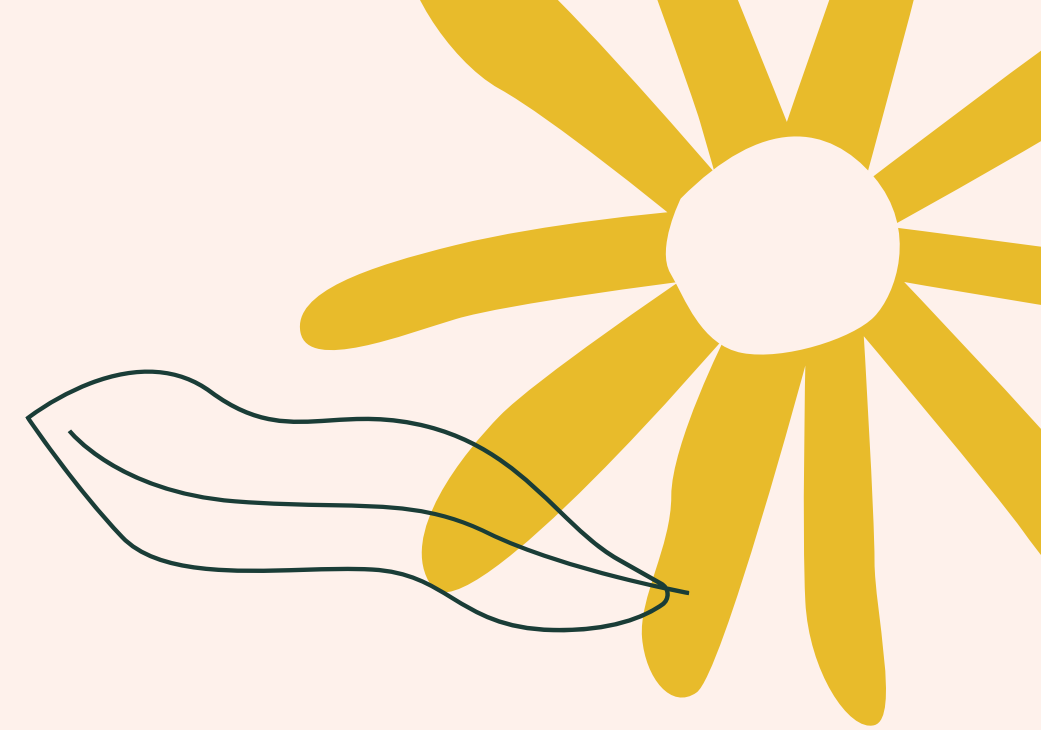


### ***Parents' feeding jobs***

- Choose and prepare the food.
- Provide regular meals and snacks.
- Make eating times pleasant.
- Step-by-step, show children by example how to behave at family mealtime.
- Be considerate of children's lack of food experience without catering to likes and dislikes.
- Not let children have food or beverages (except for water) between meal and snack times.
- Let children grow up to get bodies that are right for them.

### ***Children's eating jobs***

- Children will eat.
- They will eat the amount they need.
- They will learn to eat the food their parents eat.
- They will grow predictably.
- They will learn to behave well at mealtime.



# How to raise an IE kiddo

Check out Ellyn Satter's work: the "Division of Responsibility"



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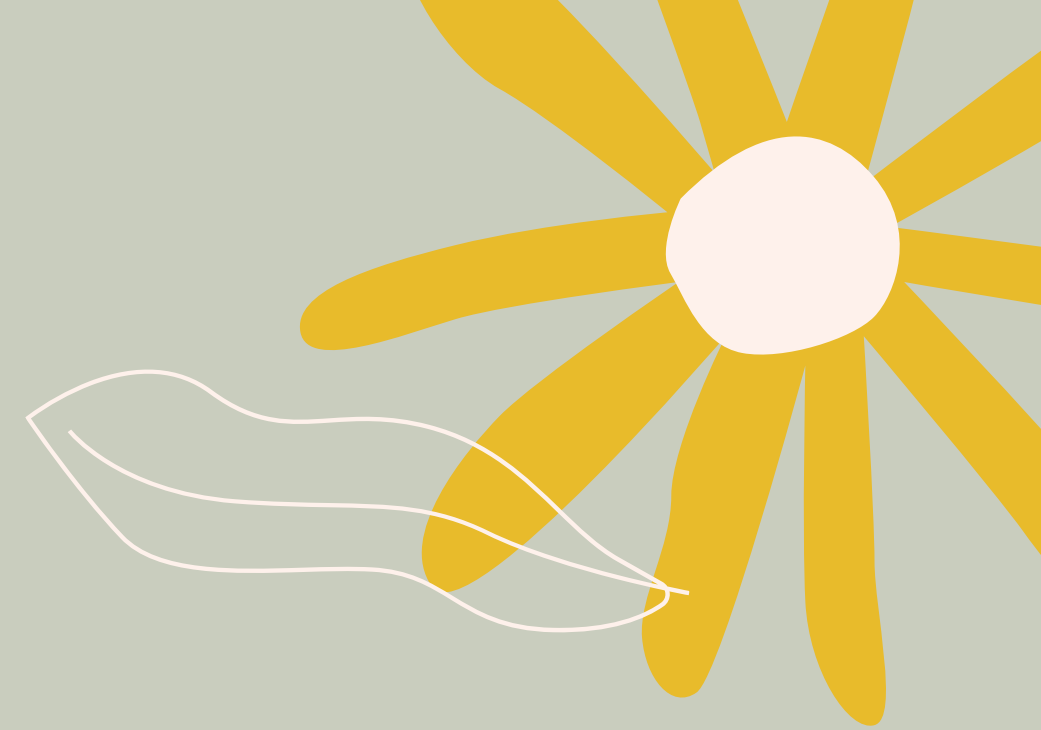
## Food Addiction: A Round-Up Of Resources (UPDATED JULY 2018)

July 11, 2018 / Josée Sovinsky



Credit: Rachel Callan Photography

Hello! I'm Josée. I'm a Registered Dietitian & Nutrition Therapist in Ottawa, Canada specializing in



## "Food Addiction" counter-argument resources

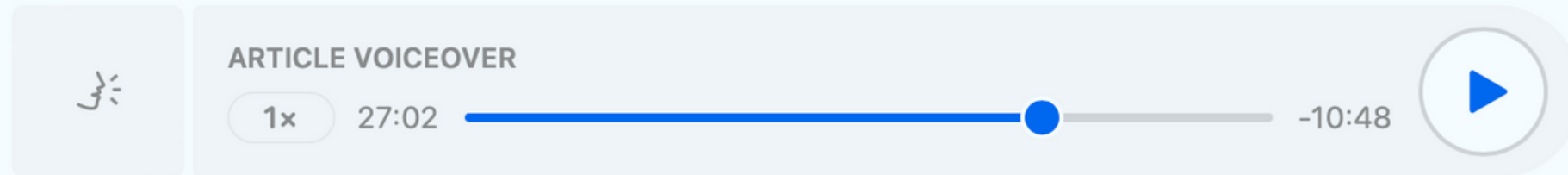
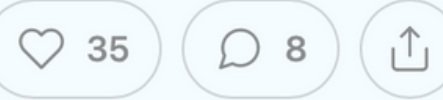
Josée is a Registered Dietitian & Nutrition Therapist in Ottawa, Canada specializing in Intuitive Eating & Eating Disorders. (check out their resources)



# Serious Issues With the American Academy of Pediatrics Guidelines For Higher-Weight Children and Adolescents



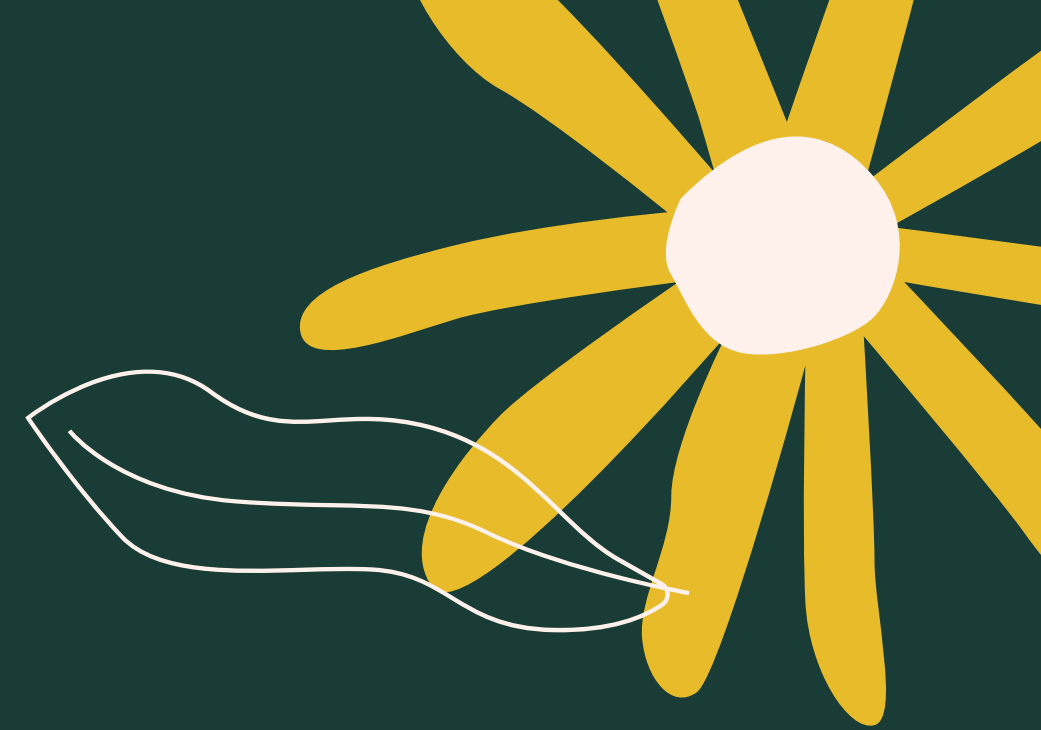
Ragen Chastain ✓  
Jan 14



This is the [Weight and Healthcare newsletter](#)! If you like what you are reading, please consider [subscribing](#) and/or sharing!

The American Academy of Pediatrics has put out a new Clinical Guideline for the care of higher-weight children. This document is 100 pages long including references and there are so many things that are concerning and dangerous in it that I had trouble deciding how to divide it up to write about it.

I began on Thursday with a piece about the [undisclosed conflicts of interest](#). Ultimately for today, I decided to focus on what I think will do the most harm in the guidelines, which is the recommendations for body size manipulation of toddlers, children, and adolescents through intensive behavioral interventions, drugs, and surgeries.



## Response to AAP Guidelines

by Ragen Chastain