Restrictive Eating, Disordered Behaviors & Healing with Rachel Harvest, MS, RDN (ep –69)

[00:00:01] **Rachel Harvest** If you don't eat breakfast because you're afraid of overeating today, that's disordered. If your body needs fuel and you're lightheaded but you're intermittent fasting, that's disordered. Having a relationship with food as something to be controlled versus as the nourishment and nurturing and supply that your body needs to function because it doesn't function without it, is in my opinion, the very end of this side of the spectrum of disordered eating.

[00:00:33] **Dr. Ginger Hultin** When you hear restrictive eating, you might think of conditions like anorexia and bulimia. While that is the reality for many people, there's actually a whole spectrum of disordered eating. To fully understand restrictive eating disorders, it's important to understand the psychology and emotions driving them. To help navigate this conversation, I'm joined by Rachel Harvest, a registered dietitian and behavioral health specialist. Before becoming a dietician, Rachel was a professional ballerina and Pilates instructor, giving her a unique perspective on restrictive eating from both a technical and personal standpoint. Let's dive in. It's time for the myth-busting minute. Today, I want to talk about the differences we see in restrictive eating between men and women. According to the National Eating Disorders Association, that's NEDA. One in three people with an eating disorder are male, and subclinical disordered eating behaviors like disorders that don't fit diagnostic criteria are nearly as common in men as they are in women. Though restrictive eating disorders affect everyone, NEDApoints out that men are less likely to be diagnosed. Several factors contribute to this, including media and online content promoting an unrealistic movie-ready physique for men. Coupled with the stigma around seeking help, this can lead to harmful outcomes. Unlike women, who are often encouraged to focus on weight loss, men are more likely to be conditioned towards muscle growth or weight gain, making disordered eating behaviors less recognized. Welcome Rachel, I'm excited to have you join me today. To start, why don't you introduce yourself and tell our listeners a bit more about your journey and how you got where you are today.

[00:02:17] **Rachel Harvest** Hi Ginger, I'm really happy to be here. I was a professional ballet dancer, so I developed my practice over many years of being exposed, I guess you could say from my personal career as a ballet dancer being surrounded by pretty disordered behaviors around food and eating, having my mother very clearly had an eating disorder, and wanting to be able to help and support in that and understand it.

[00:02:43] **Dr. Ginger Hultin** Yeah, that's amazing. I find that a lot of dieticians take something that they've been through in their lives and change it into something really good and like how they can help people. So you took everything that you've been through and everything that you saw and the need that was out there, and you created the harvest method. I love that it's grounded in functional nutrition. Can you explain functional nutrition?

[00:03:05] **Rachel Harvest** So every dietitian is trained in medical nutrition therapy, which is a Western medical model. So we all know Western medicine has its place and is very important. And it's designed to treat illness and disease, hopefully keep people alive longer. But there's not a lot taught or understood in Western medicine about preventing or performance and function. So functional medicine is a holistic approach looking at systems of the body and genetics and experience. So I always say nature and nurture combined in the process of doing a functional analysis and providing a functional plan for a patient. And that means that we do look at the genetics and the family history and then we look at lifestyle and what the body I'm It tells the story of me from my genetics.

[00:03:55] **Dr. Ginger Hultin** I use the word integrative. I call myself an integrative practitioner. Do you prefer functional?

[00:04:01] **Rachel Harvest** I think that there's some functional and integrative medical nutrition therapy is what I say. Our practitioners provide functional and integrated medical nutrition therapy. If you want to understand what that is, that means that they can provide medical nutrition therapy for the disease state. They can also look at your symptoms and they can also look at you as a whole person and work with you on your lifestyle. The integrative approach, I mean, it's mind, body, soul. I always say that the disordered eating is somewhat of a soul injury. So if we can heal the mind, the body and the soul and have them function their best, then the behaviors change, the relationship with food and the body changes, and then body performs better.

[00:04:37] **Dr. Ginger Hultin** And what we're talking today about, partially, is restrictive eating disorders. And I'd love to hear a little bit more about how you define that and how you typically see that manifest in your patients.

[00:04:50] **Rachel Harvest** Restricting anything is putting a cap on something that we see as a vice, an evil, a negative taking something away. I mean, there's a lot of different ways that the approach sometimes is moralistic. Sometimes it's self-punishment, sometimes it's because you've been taught like that there's some sort of power in it or that some sort of prestige or. There's so many reasons why people are restrictive about the way that they eat. And some of them are just programmed in. It's like culturally programmed in I think. And then there's confusing messaging around that. So, one of the reasons why eating disorders and disordered eating is so prevalent is because we do have to eat. Like, there's no way around that is a basic need that has to occur.

[00:05:44] **Dr. Ginger Hultin** Absolutely. You are using some really great language that I think is incredibly important because there are diagnostic conditions of restrictive eating disorders like anorexia or bulimia that people might be aware of, but you're also using a term that I use a lot which is disordered eating spectrum.

[00:06:01] **Rachel Harvest** The spectrum is immense. Immediately when someone says eating disorders, they're real. They do happen. I would say that as a practitioner who's witnesses and supports people with eating disorders, they don't have to be like that. And they can be just as detrimental emotionally to a person. I oftentimes have like little clips that I give to patients to kind of center them. And one that I use often is we have three basic needs like food, water, and shelter. And I don't decide in the middle of the afternoon, maybe today I'll sleep in my car. You know, I go home. I go to my shelter every night. I don't question that I need it. I obviously drink water every day because we can't get through a day without it. But food, people shift and change and manipulate all the time. First of all, structured incorrectly. You know no carb, low carb, keto, nowadays Ozempic, so we don't eat at all. Like all of these things are they're disordered. They're not providing the basic need in the way it needs to be provided. If you don't eat breakfast because you're afraid of overeating today, that's disordered. If your body needs fuel and you're lightheaded, but you're intermittent fasting, that's disordered. So it's having a relationship with food as something to be controlled versus as the nourishment and nurturing and supply that your body needs to function because it doesn't function without it, is in my opinion, the very end of this side of the spectrum of disordered eating.

[00:07:35] **Dr. Ginger Hultin** I love that you just hit on some of the biggest trends going on right now, and a lot of folks are like, well, this is the way to health, but you're highlighting that actually it is restriction, it is disordered or can be disordered, and we need to talk about that, and it can really hurt people. I met someone with a four-hour eating window the other day, they're under eating calories, all this saying 1200 calories is enough, it just is like really

overwhelming when clients come to us and it's like, where do I start? Because there's all sorts of disordered eating going on all at once for people.

[00:08:10] **Rachel Harvest** So the first pillar, and we call the four pillars of the harvest method is self-knowledge, and self-knowledge, we need to learn. I am the expert of me because from day one till day end, I'm the only one who's with me and in this body. So I actually am the expert. I may not be tuned to it. I may not understand it. I may not understand how to focus and be self-aware of it. So that's part of that practice. But then there's the education piece as to what this particular body actually needs. So back to functional nutrition, you do an analysis of all parts of someone's life, and you look at what might be the vulnerabilities, I call them. With what we know, we can create a plan that you can then practice meeting the needs, taking the steps, changing the behaviors, caring for yourself the way you need to be cared for. So that's your second pillar. In the Harvest Method, you get know thyself, take care of yourself, and from that, learn to trust what you need and respect that, and we're in good shape for you not to be influenced and shifted away from what your personal needs are.

[00:09:23] **Dr. Ginger Hultin** This episode is brought to you by Orgain. As a dietician, I know how important it is to fuel your body with the right nutrition, especially when you're constantly on the go. Whether you're tackling a tough workout, a busy work day, or just trying to stay energized, getting enough protein is key. That's why I love Orgain's 30-gram protein shake with 30 grams of high-quality protein in every serving. With only one gram of sugar and 160 calories per shake, it's a convenient and delicious way to keep you feeling strong, plus with flavors like chocolate fudge, vanilla bean, and fruity cereal, there's something for everyone. Give it a try and power your day the right way. I feel like we have similar philosophies. I tell my clients that I take the slow, boring, unsexy approach because it has to be that way. I don't do quick fixes. I don't have a thing that I give everybody. It's slow and boring, and it's also based on counseling. And one thing that is really important to you and your work and the people that you hire is people that know how to counsel the behavior change. So talk to me a little bit more about that.

[00:10:33] **Rachel Harvest** It's an absolute. In fact, even in my hiring process, like at the get-go, these are the things we're looking for before I even talk to prospective practitioners. In order to reach a person, you have to be able to stand in your own two feet as a practitioner and counsel and meet them. I am by no means a psychologist, but I do know behavior. It's wild how easy it is to see why things are happening when you're assessing someone and they're talking about their food rules, or they're talking about their history of restriction, or these foods are no foods and these foods are yes foods, or I'm not allowed or I'm

supposed to, or I shouldn't, or I did good this week, and speaking to that more than the broccoli.

[00:11:15] **Dr. Ginger Hultin** Yeah, so many people come and they're just like, give me a meal plan or, like, you said, tell me how much broccoli to eat and I'll do it. It's behavior change that is hard and the most important work. I think there's a missing understanding of that and it's nutrition isn't. Yeah, it is scary, and it is hard, and it's uncomfortable, and it so much harder than tell me how many cups of veggies to eat a day. I think it's so interesting how you talk about what healthcare practitioners bring to the table, and like what we're coming in with, and that is an interesting exploration of not seeing people on the disordered eating spectrum unless they fit into a box. So, I'd love to hear your thoughts on males or people living in larger bodies or higher BMIs with eating disorders. Are these folks being overlooked in your experience?

[00:12:12] **Rachel Harvest** I think they're treated differently. For people living in larger bodies, but they have healthy behaviors, and perhaps they even have a lot of muscle mass, so they're not even just per pounds on a scale, which means nothing. But even if not, if they have a healthy behaviors, a healthy mindset, a healthy lifestyle, that's a healthy person. The weight piece is negligible, and it's ridiculous that we go by diagnostics and paper versus the person in front of you and their behavior. That being said, someone who's struggling more has maybe some hormonal issues or other things going on in the body or stress and anxiety or emotional issues that they leaned into food and overindulge, and there's a stigma on that. When really it's just a behavior, and it's just the fork in the road. I mean, developmentally, the restrictive person is more of a, I don't want to need anything. And then the the person who tends to lean towards binging or overeating is pushing it down, is enduring, is not expressing, always going to be about the behavior. And if you're not digging into that as a practitioner, then you're just looking at numbers, and you're diagnosing based on that. And that lacks an interpersonal approach that is needed to help people change and be healthier. With men, it's huge. I mean, a lot of things cross my desk on this topic, but now I think the emotion, let's go there. If the culture says that strength is to be non-emotional, stoic, pragmatic, and not up your EQ, you're going to have behaviors unconsciously that are relating to what's actually there emotionally. So connecting to the emotional state is important for everyone, male, female, and non-binary.

[00:14:07] **Dr. Ginger Hultin** And you said something really interesting. What's going on in our culture these days? Wearable devices and technology and online testing, how does that contribute to what your patients are struggling with?

[00:14:19] **Rachel Harvest** Cool numbers. I mean, yeah, they're great. Cool. I love it. Give me some data. None of that data is telling me about your relationship with yourself. Cool sleep schedule. If the sleep schedule is informing a person that when they have alcohol, their sleep is disrupted and they stop using alcohol, awesome. If a person's VO_2 max is high enough for them to be in their cardiovascular fitness and they're over exercising, hopefully they learn, listen, you don't have to exercise that much. You've met the need, you are preventing cardiovascular illness, you are in a healthy state.

[00:14:54] **Dr. Ginger Hultin** It's like, it's a fun thing to do if your relationship to food and body is intact, but if that's not the case, it can be restrictive and stressful. I want to explore briefly some takeaways for any listener to identify if they might be on the spectrum of disordered eating. So let's start with that. If you're listening and you're trying to understand like, is this me? What are some of the first steps somebody could take if they recognize that they might have some of these behaviors that you're talking about today? What does someone do?

[00:15:28] **Rachel Harvest** Sensory orientation to your behavior. What kind of time and attention are you giving to what you put into your body and how you take care of it? And what is behind the time and the attention that you're giving yourself? So, if you are skipping meals, if you are counting, if you're looking at numbers but you don't know what they mean, if you're cutting food groups because they have higher calories or because carbs are bad or there's nothing black and white, that is the number one concept of dialectical behavior therapy that we live in a both and universe. We do not live in an either or universe. Nothing's black and white. You could find a good in every bad. It's an opinion-related. It's a judgment.

[00:16:12] **Dr. Ginger Hultin** It was such a great opportunity to dive into this topic with Rachel and explore the complex relationship between restrictive eating and our emotions and behaviors. As she shared, restrictive eating exists on a spectrum, and the sooner we can examine behaviors and understand where they stem from, the sooner we can start making adjustments to our diets and shift away from that restrictive mindset. With so much to learn still, I have to keep this conversation with Rachel going. In the next episode, I get her perspective on what it means to create a healthy relationship with food. Thank you for listening, and don't forget to leave a review, and follow The Good Clean Nutrition podcast on Apple, Spotify, and wherever you listen.

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