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Aaron Flores:

Body Trust is a very important idea and philosophy around reconnecting to your body in a way where you can feel at home in it no matter what it looks like.

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, Integrative Dietician and Nutrition Educator. Before we get into today's episode, I want to remind you that this podcast is now also available to watch on YouTube. Hello. Simply visit youtube.com/drinkorgain or click the link in this episode's description to watch this and past interviews. Now for our episode.

June is Men's Health Month, and so in this episode we'll dive into the top nutrition issues that men face today and talk about how we can address these issues with a non-diet approach. Now, when I was in clinical practice, I mostly saw women. And when I had male patients in general, when I approached that conversation, I felt like I had to approach it from a little bit of a different angle, both in exploring the topic, but also in coming up with some recommendations obviously collectively with that person.

And when I asked women, "What's your relationship with food?" Most of them had an answer, "Difficult, really complicated." And we'd get into it. When I asked that same question to men, I often got, "What do you mean?" And it sometimes felt like it was a bit more of a challenge to get them to really open up and to dive into what I know can be a really emotional topic. And I was wondering, "Gosh, is it me? Is it how I'm asking the questions? Is it my vibe? Is it because I'm a woman? Is it the culture that's been created around men and food, where they maybe don't feel free to speak about it?" It's hard to know. And of course, I know the landscape is changing now with new conversations around masculinity, around gender fluidity, and of course, no two people are the same. So in today's conversation, hopefully we will get some insights.

We're honored to welcome today's guest, Aaron Flores, Registered Dietician, Nutritionist and Certified Body Trust Provider, which we'll get into shortly. Aaron has over 10 years of experience working with clients, providing one-to-one and group support. He offers a weight inclusive, non-diet approach to help clients end body shame, develop kinder, more compassionate behaviors, and heal the relationship with food. And you might know Aaron from his podcast, Men Unscripted. Welcome, Aaron. Great to have you.

Aaron Flores:

Mary, I'm so thankful to be here and I'm excited to have this conversation with you.

Mary Purdy:

Now, I know you've got a story. I want to hear, and I know our listeners would be very interested to hear about how you got interested in nutrition and specifically how you started working with men.

Aaron Flores:



Yeah. I love origin stories as well, and mine is a long story, so I'm going to keep it sort of brief. But basically, I think like a lot of folks who find or are drawn to this profession, I came to it with my own really challenging relationship with food. I'd seen my first dietician when I was 15. It was for weight loss. I didn't do anything she told me to do. And as I got older and I went to college and I sort of dropped out of college, I moved back to LA, and I did everything that dietician told me to do in my twenties. What I didn't know then is she taught me how to have an eating disorder. All of the things that she taught me were things that I saw when I worked in the eating disorder world in treatment centers, right? She taught me the exact behaviors that people were exhibiting and needing treatment for.

So I was in the midst of this career. It was the nineties. It was the .com boom, so I was working in internet video games and loving it, video games, not really loving the job, but loving video games. And I needed something different. And so, I was going through my own challenging relationship with food and body. I didn't like my job. I went to a career counselor and I was like, "I think I want to be a dietician." And it sort of clicked. I was like, "Yeah, I think that..." It sort of resonated.

And I came to this job and this profession from a very different perspective than where I am today. I came to this work sort of wanting to be the new Richard Simmons, because I had lost weight. I figured I can teach everyone else how to lose weight. There's a lot of hubris in that statement. I realize that. So that's what led me to this profession. It was through learning about intuitive eating. It was through learning about Health at Every Size, learning about Body Trust, that my philosophy around food and body changed over time to where I am now. I came to this work like a lot of folks like us, is that we sort of have some history either personally or tangentially around food.

Mary Purdy:

Absolutely. And you said something interesting which was, "I did everything that the dietician told me to do." And I think sometimes that's the first mistake that either people perceive about dieticians or that dieticians engage in, which is telling people what to do without meeting that person where they are or really understanding what's going on for that person. And you mentioned body trust and health at every size. I would love for you to break those down. For those out there who may not be familiar with those terms, what do they mean for you?

Aaron Flores:

Health at Every Size is a paradigm that is born out of the rejection of diet culture and sort of a weight normative approach. And the principles are being reworked by the organization, ASDAH, which is the Association for Size Diversity in Health. So there are new principles coming out later this year, but essentially, Health at Every Size is a paradigm that focuses on helping people focus on health behaviors without a focus on weight. The goal is not to lose weight or to change your body to achieve health goals. And it's also a paradigm that, much to what you said about meeting people where they're at, is that the version of health that we think of from a sort of stereotypical point of view is not going to be achievable for everyone. It's helping people understand that health is actually sort of out of our control in a lot of ways, that the things that impact health, there are a lot of societal factors that we need to consider. And if we're going to talk about health, we need to incorporate all of those things, not just what you eat and how much you weigh.



Mary Purdy:

Right. Right.

Aaron Flores:

And Body Trust is a certification I did that is provided by a group called the Center for Body Trust. Their company used to be called Be Nourished. Originally, it started as a dietician, Dana Sturtevant, and a therapist, Hillary Kinavey. They've worked together for, I think, over 20 years, and they've developed this language around what it means for us to regain and reclaim the trust in our body.

Diet culture tells us that our body is something that is a project that needs to be fixed, and it leads us to these living by rules, not being able to sort of say, "I can trust my body to tell me what to eat, how much," but also know that there are societal factors like weight stigma, systems of oppression that show up in this world that impact our body experience. And like you said earlier, there is no one body story. There's body diversity. People are going to have different experiences in their body based on their identity, based on socioeconomic status, based on gender. And how do we embrace all of those stories without trying to say, "It needs to be just like this one." So to me, Body Trust is a very important idea and philosophy around reconnecting to your body in a way where you can feel at home in it no matter what it looks like.

Mary Purdy:

Yeah. And that word trust, I think is really powerful, because I think many people have been taught to not trust their body unless it looks a certain way or it's doing a certain thing. And so, that idea of getting back to this innate, organic sense of what it means to just be in tune with your body and what it needs, and that being healthy isn't about specifically a weight necessarily. It's about all the different factors that make up someone's health, and that can be cultural health, societal health, all the different, stress, sleep, all of that.

Aaron Flores:

Yeah.

Mary Purdy:

You also mentioned, you said weight normative. I've also heard weight inclusive, a non-diet approach. How do you practice as somebody who's a weight inclusive, non-diet dietician?

Aaron Flores:

Yeah. I'll start by saying weight normative is this idea that everyone needs to be one size, right? It sort of would fit into that idea of a BMI chart and classifying weight using that. So that is sort of the dominant paradigm, right, is a weight normative approach. A weight inclusive approach or a non-diet approach is that if I were to turn the camera around in my office, I don't have a scale. I don't weigh people. Body size is not going to be an outcome or goal in my work with folks. Could it change? Yes. Could it go up? Yes. Could it stay the same? Yes. Could it go down? Yes. But no matter what happens with those things, my approach around food doesn't change.



So it's trying to understand that our bodies, we can't control the size of our body as we have been led to assume that we can. So a non-diet approach fits in with that to say, the restriction that has been taught in our society is ultimately not going to help. It's going to actually fail. So how do we normalize all foods? And what I mean by normalize is making them emotionally equal. I never argue nutritional quality with folks, right? A carrot has a different nutritional quality than an Oreo. But emotionally, can we make them equal? Right? One does not make you better, one does not make you worse. So to me, a non-diet approach and a weight inclusive approach fits these ideas that one body is not better than the other. Okay? One food is not better than the other. One way of eating is not better than the other.

Mary Purdy:

Mm-hmm. I think that must be very powerful for people who come into your office. There's no scale. They don't have to worry about that being a part of the conversation, and that all foods are equal, as you mentioned, which must be a relief for a lot of people who, as I remember being in practice, sometimes the first thing people would say to me is, "Oh, I was so bad last night. I did blank. Or I ate blank." Right? And I was like, "Let's take the bad out of it and let's just talk about what happened last night."

You are a man, you identify as male, and you are one of the few men in our profession. Dieticians tend to mostly be female. And so, how is that for you, both in terms of how you experience being a dietician in this world of talking about diet and food and nutrition, and then how do you feel like patients perhaps experience their nutrition sessions with you differently because you are male?

Aaron Flores:

Yeah. Well, professionally it's been interesting, and again, I've been doing this for a little while now. Things have evolved since I started and when I was an undergrad doing my work, because I went back to school to do this work. I realized pretty quickly that there aren't many folks who look like me in my classes, right? There aren't many folks who look like me in my internship or when I go to the national conference, right? There's not a lot of folks that I can see myself in.

And I would even add not just from my gender, but from my body size. As someone who lives in a larger body, there aren't a lot of dieticians that look like me either. So it's an interesting place, especially given our society. Listen, I'm a white, cis, het, straight male. I've grown up with a ton of privilege. And in a professional way, especially in the eating disorder community, which is where I work the majority of my time, I'm not represented in a big way. I don't have as much sort of privilege walking in that circle. So it's been an interesting and actually very important experience for me to understand, again, coming from a space of privilege, what some sort of marginalization can look like, the impact it has, and how to understand how I show up in this world has an impact on people.

And in translating that to clients, I think one of the first things I learned when I started working with eating disorders is that so many folks, when I started working and still do, but I realized is have a lot of sexual trauma, and sexual trauma at the hands of men. And it helped me really think about how I hold space in a session with folks, and understanding that there could be a lot of trauma around just sitting in the room with a man. And so, I think about how does my body show up in this space?

It's actually been a very important experience, just personally in my own growth as a human. And professionally, I think the interesting thing around it is that I wouldn't say I necessarily do this work any



differently, right? I think what makes me unique is my personality, the things that make me, me. Sure, my gender is in with that, but I think these qualities can be across all different dieticians, right? I don't know if gender brings a uniqueness to it. I think some folks will seek me out because of my gender and also choose not to work with me because of my gender, which I understand. I think one of the things that I am supremely grateful for is how people have allowed me into the conversations that are so vulnerable around bodies that aren't typically had with other men.

Mary Purdy:

Yeah. I think you're absolutely right. And I know as a woman, I have often preferred to see a female provider when it comes to my healthcare. So I would imagine there are many men out there who are very grateful to have a male provider that they can go to. And that, perhaps, disarms them when they come in and makes them feel comfortable like they can be in this space to talk about whatever their health issues are.

And it is Men's Health Month, so I want to get back to what you were talking about, which is relationship with body in just a little bit. But I want to start off by asking you, in this month of Men's Health, what do you see as being some of the top nutrition-related health issues that men or those who are assigned male at birth are facing today? What do they come to see you with?

Aaron Flores:

Yeah. Okay. So my answer is going to be out of the box. Okay?

Mary Purdy:

Bring it.

Aaron Flores:

It's weight stigma. Dr. Jen Gaudiani, who is a doctor who works with eating disorders, had this great quote, and it was talking about binge-eating disorder, basically wrote that the number one medical complication arising as a result of binge-eating disorder is inadequate healthcare stemming from weight stigma.

Mary Purdy:

Interesting. Yeah.

Aaron Flores:

So when I think about health, honestly, I think weight stigma and the impact of anti-fat phobia is extremely, extremely important when it comes to considering someone's health. And the reason I say that is I work with a lot of folks in varying bodies, but a lot of folks are in larger bodies, and they don't want to go to the doctor.

Mary Purdy:

Right.



Aaron Flores:

And they don't want to go to the doctor because they've been traumatized in those healthcare settings. They've gone in for a flu shot and then been lectured about their weight. They've gone in for some chronic pain and told, "We can't treat you unless you lose X amount of pounds." Right? Or they've been told, "Listen. I can't do this screening tool on you because our MRI machine can't accommodate your body." Or going in for something, again, totally random, but then getting lectured on weight.

The fact that how many people don't engage in healthcare because of the shame and the stigma that they've experienced is incredibly high. And I think it starts at childhood. Almost all my clients have some experience of experiencing some form of shame around their body as a result of a pediatrician, a nurse, or someone who said something to their mom or dad or parent around their body, and them hearing it and knowing... They learn right then, "My body, at this size, is not okay. I'm not allowed to exist in this body."

Mary Purdy:

And probably hearing that over and over and over again, and the message that that solidifies into your psyche is painful. And so, how do you begin to unravel that with your patients? What is the process that you take them through or that they go through with you?

Aaron Flores:

Well, it's a great question. And the first thing I tell people is it's a long process. I jokingly tell my clients, "If I give you the answer that, 'Oh, it's going to be fixed in five sessions,' run for the hills."

Mary Purdy:

Right. That's not going to happen.

Aaron Flores:

This is not going to happen. So I think part of unraveling it goes back to what I said earlier, right? If we can think about, let's just start with acceptance or neutrality, is that, "The body I have right now, I don't love it. I might hate it, but it is what it is. It is what it is today. And how can I start to take care of it in a more compassionate, kind way?" So unraveling this starts with a lot of compassion.

And I think it's also deconstructing the body story, deconstructing, "Okay, when did you first learn that your body is a problem? Okay, how is that reinforced?" Because if that wasn't taught to folks, I think they would feel very different about being in their body. But it's a learned thing. We learn very quickly how body size is valued. And so, part of the work is sort of instead of internalizing it to say, "My body is the problem," is to externalize and say, "Actually, the problem is with society and the messages we're sending around bodies and food. I need to keep sort of a boundary around that. I need to not let that much in because then I can sort of reestablish that relationship with my body. My body is not the problem that needs to be fixed."

Mary Purdy:



Wow. I think this is... It's surprising, because the question I asked you was, what are you seeing patients for? And your answer is really, weight stigma. And you mentioned earlier that weight stigma is actually, that is the contributing factor to poor health as opposed to someone coming into you, to see you for a health issue that they're struggling with, that may or may not have anything to do with their weight.

Aaron Flores:

Exactly.

Mary Purdy:

Yeah.

Aaron Flores:

Exactly.

Mary Purdy:

And the folks who do have weight stigma, are you finding this is talked about much less, I think, that eating disorders are as common, almost as common in men as they are in women. I think it's one in three people are struggling with an eating disorder that will be men or perhaps transgender men or perhaps those, again who were assigned male at birth, but they're not seeking treatment. So why is that happening, and what can be done about it?

Aaron Flores:

Yeah. It's a simple fix. No, I'm just kidding. Yeah.

Mary Purdy:

Just one session, right?

Aaron Flores:

Yeah, one session.

Mary Purdy:

Done. Easy.

Aaron Flores:

Exactly, there you go. So first off, I probably think that number one in three is low. And the reason I say that is because the way in which eating disorders are screened still skews towards a female-identified body. Okay? So I think there are a lot more folks across all genders experiencing eating disorders and across all races experiencing eating disorders that are just not screened for. So I think the number is higher.



Because people are not screened or people outside of a very small subset of people really understand eating disorders, I think people are suffering with them and not knowing, right? When I worked at the VA, that was my first job after I finished my internship. And in 2013, binge-eating disorder was added to the DSM-5, which is the sort of big manual that healthcare providers use to diagnose mental health disorders. That's where eating disorders live, right? So they added a new one in 2013 called binge-eating disorder. It had been around way before, but there was finally sort of criteria for it. And when I was at the VA, we started to talk about this. Again, I told you before I came from a very different perspective. So I was running actually a weight loss program. Shame on me for doing that.

Mary Purdy:

Maybe it took that journey to get you where you are today.

Aaron Flores:

Yeah. But we started talking about binge-eating disorder with these folks. And it was amazing how many folks came forward and were like, "Yeah. I've been struggling with this for years. I just didn't know what it was." or "I just thought I wasn't..." Really, they didn't think that they were doing well dieting, right? They just thought they didn't have enough willpower to diet, when they're really struggling with an eating disorder.

Mary Purdy:

Right.

Aaron Flores:

So when people don't know that they're struggling with it, the eating disorder becomes more enmeshed and more a part of their lives. And when they do seek treatment, it takes longer for them to heal, recover, whatever term we want to use. So that's two parts of it.

The third part is a lot of treatment is not as inclusive as it needs to be. I worked in treatment centers for a long time. It's not uncommon for there to be 25 people in a PHP or outpatient setting, and there is no one who identifies as male in that group, or maybe one. When folks go to treatment, they don't see themselves there. There are still a lot of residential treatment centers that don't take men. So I think it's a huge issue around why the number is low, why people struggle with it for so long without ever knowing. And then, when they do seek treatment, oftentimes it's not as accessible as we want it to be.

Mary Purdy:

Yeah. And it's hard to engage in getting treated when you don't see anybody else there who looks like you.

Aaron Flores:

Yeah. Or all of the groups are very sort of young, white, thin, woman-focused.

Mary Purdy:



Yep.

Aaron Flores:

Right? So if that doesn't fit your lived experience, yeah, to sit in a lot of groups like that is really hard.

Mary Purdy:

I'm Mary Purdy, and you're listening to the Good Clean Nutrition Podcast. We're on with Aaron Flores, Registered Dietician, Nutritionist and Certified Body Trust Provider. Next, we'll dive into tips for men on how to approach nutrition and wellness to reach their health goals. But first, a word from the sponsor of this podcast, Orgain.

Speaker 3:

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Mary Purdy:

Now let's go back to our conversation with Aaron.

So Aaron, if somebody is listening to this podcast who is male or perhaps assigned male at birth, or perhaps transgender male, they're interested in improving their health or their relationship to food or their relationship to their body, which it sounds like is kind of your sweet spot here, how should that person get started? This is not going to be blanket advice for every single person out there. I just want to acknowledge that, because it's not like, "Well, this is what they should do. First, this, here's the roadmap." We know that it's not going to be the same for everybody.

Aaron Flores:

Yeah. And I appreciate that, too, right? And I would actually expand to just say, I think this would apply to anyone out there who's really struggling around their relationship with food. And I think the first thing, I said it a little bit earlier in the show, is I think the first piece is realizing that restriction and dieting and the intense focus on weight loss has not worked. It "works" while you're doing it, but there's a lot of reasons why dieting doesn't work. None of them are an individual's fault. It's biology, it's metabolism, it's psychology, environment, right? And so, I think people blaming themselves for that is a really big shift for a lot of folks.

I think the second piece is, again, like I said a little bit earlier, is realizing, "Okay, my body is not a project that needs fixing. My body's going to do what it's going to do. I can still inhabit it. I can still live in it. I don't need to live by the same set of food rules that have essentially dominated my life."

I think the other thing is finding community. There are more people talking about this today than there were when I was an intern 15 years ago. I think finding community and knowing that there are other



folks out there who are experiencing something similar helps change the narrative of our inner critic, because when we are so isolated, our inner critic loves to take over and says, "Yeah. You're the only one dealing with this. Don't talk about it with anyone because I got you." Right? "I'll take care of it. I'll just shame you into being better." Again, which doesn't work. So I think community is such a powerful healing tool that for a lot of reasons just isn't as accessible as it needs to be.

Mary Purdy:

Yeah. I think that's powerful. Community, no shame, no blame, and not thinking of the body as a project that needs to be fixed, that really stood out to me. I want to talk about weight for a second, because I know being a dietician that people will often come into your office and say, "I actually really want to lose weight. I want to be healthier, and I want to lose weight. Can you help me?" How do you approach those conversations? Is there a case where weight loss may be relevant if it's what the person comes in asking you about? How do you navigate that conversation?

Aaron Flores:

Yeah. Listen. I've been in this conversation for a long time. One, if anyone goes to my website, if anyone learns anything about me before they work with me, I'm very transparent about how I work. I never want people to feel like they're in a bait and switch. Again, my experience with a dietician, what I know other folks have experienced in the past, is I want to be really human in the room. I want to come at this from, hopefully it feels different for folks than maybe previous work. So I'm very transparent with people.

And so, when people say, "I want to lose weight," I usually ask why. "What is driving this decision?" And it's probably my age, my gender, but I'm a huge Star Wars fan. I use a lot of Star Wars metaphors in my work. The way I sort of explain it is, "Listen. Darth Vader and the dark side of the force is like diet culture. And Yoda and the Jedis, these are the folks who are talking about Body Trust and Health at Every Size and being at peace in your body."

Yoda says, "Fear leads to hate. Hate leads to suffering." And I think about that around the body, right? So I think about, "What is scary about being in your body? Where has the dark side told you to hate your body? Is there a choice made out of urgency?" Because I feel like sometimes, well, not sometimes, I think a lot of times, when there's urgency, we make a choice that is rooted in a lot of shame.

So what I ask folks, in asking why is, "What's driving this desire? And how can we start to unpack that to sort of simplify it?" I think it's usually two buckets. I think people are very intent on losing weight as a result of weight stigma or some pressing health concern. And with each of them, I think wherever road I need to go, I start to unpack that, right? And say, "Okay. Well, actually, would it be interesting to learn that weight is not as connected to your health as people think it is? And that behaviors are really important." Is it hard living in a larger body? Absolutely. Is the world not really made for you? Absolutely. And you know what? Part of what is healing is knowing that it's outside of my body that is the problem, right? It's like, I wish they made more clothes that were inclusive, right? I wish they made more amusement park rides that were inclusive for body size. But the more I try to control my body, the more it gets out of control.

Mary Purdy:



I remember I had a patient who came to me for weight loss, and I was not excited about that journey. And I really tried to get her to focus on health and, "How can you just feel better?" And we had a lot of blood work on her: high blood pressure, high elevated inflammatory markers, high cholesterol, all kinds of things. And she made a ton of changes, her goal being to lose weight. But in that journey of hers, everything improved metabolically. Her weight did not change at all, and she felt like she had been a failure. And I kept on trying to remark to her, "Look at the blood work. You have told me you feel more energy." But it's so hard for people to see that.

Aaron Flores:

Yeah. Again, I think that is an excellent example of weight stigma.

Mary Purdy:

Yeah, yeah. And I think she felt that way, too. What was her goal? She wanted to be able to fit back into her clothes because what societal messaging does for us.

Aaron Flores:

Can I just add what I love about that experience, too, you're sharing, is that I know that there's probably some healthcare providers out there listening to the show. And what I realized as a provider is that the conversations that I'm going to have with folks that end up being way more meaningful are holding space for that exact moment, right? It's like holding space for, "Yeah. This is really hard and challenging. All of this stuff has helped you feel better in your body, and yet you feel like a failure. That is a space that we can really... How can we process that together?" And I thought my job was going to be, "Oh, here's your meal plan. Here's how many grams of this you need to have, and here's all the micrograms that you need to lower, blah, blah, blah, blah." And I realized that what is way more useful is that deeper conversation. And I think the more of us that are willing to go there and hold space for that really challenging conversation, I think the more benefit the community and the people we serve will have.

Mary Purdy:

I couldn't agree more. And I've had patients say to me, "This feels like a therapy session." I'm like, "That's fine. We didn't even talk about food today. We just talked about what you're experiencing," and just being there and asking those questions. You said the beautiful word *why*, and the phrase that I also love is, "Tell me more about that." And just creating that space. I'm sure your patients are probably coming in there with a preconceived notion perhaps of what you might be saying to them, and then being able to loosen up and really get to the deeper root causes of what's happening in their personal journey.

I want to ask one more question, which is about movement, physical activity, whatever you want to call it, exercise, shaking a leg, doing a little something in the kitchen. For many people, physical activity, or moving their body, gets them to trust their body or gets them to feel good in their body. And we also know that it happens to be beneficial for brain health and mental health and heart health and all these different things. So how do you work with people? And stereotypically, a lot of men feel like maybe they're supposed to be in sports or supposed to move a certain way. So how do you have those kinds of



conversations about incorporating some kind of movement that may be beneficial for health and body trust as well?

Aaron Flores:

Yeah. Well, I'm going to be a bit of a broken record. The interesting thing for me in the conversation around movement, especially with my clients, is there's not much around weight stigma in the medical field, but there's even less in the fitness world. And the reason I sort of say that is because I think a lot of folks that I work with are not going to go to the gym. It's not because they don't like what they do in the gym. It's actually because when they go there, they don't feel like it's an inclusive space, right? They don't feel like their body is okay and safe in that space, so they'll avoid it.

And so, I will bring up weight stigma again in that conversation. But I think the interesting thing is finding out how masculinity shows up around this conversation with movement for the folks that I'm working with that identify as male. Because again, not everyone is going to be athletic or has had a positive experience in athletics, right? I've had a lot of clients whose coaches were incredibly harmful in movement. Movement was just about punishment. Movement was just about meeting a specific goal. So there's a lot of healing that needs to happen in that. "Oh, I can do something. There doesn't have to be an outcome as a result." Right? It's not to have a PR. It's not to lift something heavier. It's not to run faster. It could just be to do something because it's fun. That's oftentimes very foreign.

And then, the other part that I think about is, this is the same as I would do with food is, "How would Yoda see you working out?" Right? "How can you work out more Yoda, less like Darth Vader?" And again, just to be compassionate, to be non-judgmental, like, "Hey. Maybe you plan to go for a three-mile walk today and you don't want to. You woke up and it's cold, and maybe your knee hurts a little bit. So instead you went for a 10-minute walk. Can you be okay with that, that that's still okay?" Or maybe you said, "I'm not going today. My body's telling me I need to rest. I might need to actually not do anything today." And that's also okay. I think it's about thinking about the judgment people have after movement. That is where the most interesting conversation is.

Mary Purdy:

And channeling that inner Yoda sounds like a great ally. I love it.

Aaron Flores:

Oh, Yoda's the best, man. I think I could talk about Yoda and Star Wars related to this all day.

Mary Purdy:

And he lived to be, what, 200, 300 years old?

Aaron Flores:

Over 600, actually, yeah, yeah.

Mary Purdy:



He was doing something right. So you've got this really unique insight into men's issues, not only because you have a lived experience, you work with a lot of male clients or those who identify as male. And then, also you've got a podcast, which is called Men Unscripted. And you're showcasing all kinds of anonymous conversations with men, talking about the relationship to their body and food. Would you mind sharing a story of maybe something that you've gained from some of the folks that you've spoken to on that podcast?

Aaron Flores:

Yeah. Well, I appreciate you bringing it up. So it's a podcast again, where I'm interviewing just anyone who identifies as male about their body story. And they all use aliases, so they're anonymous. And I've done 20 of them. The first thing that I'm just supremely surprised with, but also incredibly grateful for, is that people came forward to do this. I just posted it on in my Instagram page like, "Hey. I'd love to do this. Would anyone like to do it?" And people were like, "Sure." And I was like, "Whoa." I'm incredibly grateful for the trust that people have in me to do this, because the stories are really personal. I think if you listen to a few of them, what you'll find is people are not holding back.

Mary Purdy:

No.

Aaron Flores:

At all.

Mary Purdy:

There's a lot of bravery.

Aaron Flores:

A lot of bravery. So I think in hearing these conversations, the thing that has really stuck out with me, especially the second season, is how many folks listened to the first season and said, "Just hearing that story helped me. Just hearing what someone said is so helpful. I wanted to share my story because I think it could be helpful to someone else." And so, this idea of hearing my experience in someone else is incredibly validating.

The other is the intensity with which things have shown up in people's childhood and young adult life that impacted them for years. Again, it's like the bullying that someone might have experienced. It's the rough doctor's visit that they might have had. It could have been a parent or a family member saying something about their body or food. It's being put on a diet as a kid. All of these things, they have lasting impact on someone.

And the third thing is that existing in your body is really hard. And the assumption that folks who identify as male are not struggling with it is false. It's really hard. It's really hard. And when no one's talking about it, it's even harder. And so, I think what sticks out to me so much is the impact of, again, I mentioned it before, but the impact of community.



Mary Purdy:

Right.

Aaron Flores:

Right? The impact of just being able to share a story, hear your story told, opens up the door for so much compassion. And that these journeys are long, they're hard. Some people are still in it. I don't think the finish line is that everything is rainbows and unicorns. I think the finish line in this work is that I can sit with these feelings. I can understand where they come from. They don't lead me to hating my body anymore, even though that I want to go there. I can sort of pause. I can tolerate that feeling. I can sit with it, and I can let it pass instead of acting on it.

Mary Purdy:

Yeah. And this is 50% of our population, right? So we've got to start paying attention and acknowledging that this is a very real experience for many, many people.

Aaron Flores:

Yeah, absolutely.

Mary Purdy:

And it's amazing to think that one can find community just by putting some headphones in and listening to voices.

Aaron Flores:

Yeah. Well, that's why we're here, right?

Mary Purdy:

It is. We're in community right now, right?

Aaron Flores:

Yeah. Thank goodness people do. Yeah.

Mary Purdy:

Hello, community out there.

Aaron Flores:

Yeah.

Mary Purdy:

So where can people find you, Aaron? You've got your podcast, Men Unscripted. How else can people be in touch?



Aaron Flores:

Yeah. I'm on Instagram, and it's @aaronfloresrdn. And my website is the same, aaronfloresrdn.com. And those are the best ways to sort of reach out and follow what I'm doing. I run a men's group that if people are interested in joining, they can reach out and ask about that. And I also see clients individually, so if people want to ask what it's like to work with me, those are the best ways to reach out.

Mary Purdy:

Well, thank you so much. It's been a really wonderful conversation. Thank you for your honesty, and thanks for the work that you're doing to transform lives and to really shed light on this issue that I think is not often talked about, so thank you.

Aaron Flores:

Well, thanks. And I appreciate you letting me come on and share some of this with the listeners. So I'm grateful for y'all.

Mary Purdy:

Thanks for tuning in to this episode of The Good Clean Nutrition Podcast. To stay up to date on the latest episodes of this podcast, be sure to subscribe. And if you liked the podcast, we would really appreciate it if you would give it a five-star rating or review or a thumbs up on your favorite podcast platform like Apple Podcasts or Spotify or YouTube. Thanks so much and see you next time.