



**The Good Clean Nutrition Podcast
Episode 5 Transcription**

Dismantling Diet Culture and Embracing Intuitive Eating with Cara Harbstreet, MS, RD, LD

Mary Purdy:

Welcome to the Good Clean Nutrition Podcast where healthcare professionals and health-minded consumers are provided with practical and helpful nutrition information on current and trending topics from subject matter experts. My name is Mary Purdy and I'm an integrative dietitian nutritionist based in Seattle, Washington. Our topic today is Ditching Diet Culture: A Look at Intuitive Eating. I'm super excited to introduce our special guest today, Cara Harbstreet.

Cara is a registered dietitian, nationally recognized food and nutrition expert, and certified intuitive eating counselor based in Kansas City. She is the founder of Street Smart Nutrition, a private practice where she specializes in sports nutrition, intuitive eating, and supports clients in fearlessly creating nourishing meals. She is the published author of two cookbooks and the workbook, *Healthy Eating for Life: An Intuitive Eating Workbook to Stop Dieting Forever*.

You may have also seen Cara on her social media channels where she discusses the benefits of intuitive eating and helps people rediscover the joy of eating without restriction or fear. Welcome, Cara. It's so great to meet you.

Cara Harbstreet:

Thank you so much for hosting me today. I'm really looking forward to our conversation.

Mary Purdy:

Me too. Now, it's interesting that you describe yourself as a non-diet dietitian. Tell us what that means for you.

Cara Harbstreet:

Sure, so diet can be such a loaded term. I mean, my definition has always sort of been very vague and broad to include just the foods that someone eats. But as I actually got into working as a dietitian, I realized that the word diet has such a strong connotation and not always a positive one.

So, by using the term non-diet as opposed to even something I guess maybe a little more aggressive like anti-diet is to just reestablish that this is a neutral and inclusive and welcoming space in my practice and to also make it clear that while anti-diet is still very much a pillar of my practice and my brand, there's a clear distinction between anti-diet as an anti-diet culture and anti-dieter.

So, this is to hopefully just share that welcoming attitude of letting people know that, hey, even if you've been on a diet, even if you're still currently dieting, this can be a message for you or this can be a safe space for you because this is not something that is actively working against you, the dieter, it's this collective effort against diet culture.

Mary Purdy:



So, it's inclusive, it's welcoming, it puts people at ease. I'd love to understand your definition of what you just said, which is diet culture. What does that mean for you?

Cara Harbstreet:

Sure. Well, as a millennial, I identify pretty strongly with the movie Mean Girls. So, one of the simple ways that I try to, I guess, personify diet culture is to say that it's like that Mean Girl voice in your head. It pops up when you're trying to decide what to eat or what to wear or you know it's kind of what brings you to that second guessing place where you're questioning, "Okay, is this the right thing for me? Is this my best decision? What should I be doing?" All of these different things.

That diet culture pressure that we feel, it really stems from a lot of places, but it's very much rooted in this fear of fatness, this, I guess, health halo around the idea of pursuing health. What I find is that diet culture actually drives many people further away from either achieving or maintaining good health. So, that's one of the primary reasons why I've aligned so strongly with this non-diet approach to my practice.

Mary Purdy:

Interesting. I imagine that all of us as practitioners, we have some level of experience with diet culture. How would you say we can tap into that experience to either help or to hinder the work that we're doing with others?

Cara Harbstreet:

Yeah, I think it's really important of what you mentioned. We can leverage that past experience to either improve our future work and continue to grow and develop in that space. At the same time, it can also really be a hindrance to the way that we serve our clients and patients. I can say from my own experience, diet culture showed up in a multitude of ways, but the fact remains that I live in a multi-privileged body and have never been on the receiving end of the type of weight stigma or weight discrimination that a lot of my clients have personally dealt with.

So, I prefer to answer this much more from that practitioner side simply because I don't have the lived experience of being able to share how my experience with diet culture has played out. So, from a practitioner standpoint, what I can say is that as dietitians, the vast majority of us have been educated in a very weight-centric paradigm, meaning that throughout our formal education, the entire premise of the profession as a whole has really been rooted in the idea that weight loss can be the solution for any number of health issues, whether that's chronic disease, maybe more short-term concerns in a clinical setting.

But time and time again, the intervention or the proposed solution involves some form of dieting or weight loss or restriction, and I think that's where we can really lean into that idea of how it hinders the work that we do with others, because for many, many people out there, that advice is not only unhelpful, but also may not be realistic or sustainable for them in the long term.

Mary Purdy:

Absolutely. I am very intrigued by that term that you said, which is a multi-privileged experience in the body. That's a fascinating, new concept that I would imagine many of us would do well to think about as



it reflects our own experience. Thank you for shedding light on that. I would love to actually dive into this concept of intuitive eating as it relates to what you just said. Perhaps we should set the stage by defining intuitive eating for the listeners.

Cara Harbstreet:

Yeah so, Intuitive eating is not necessarily a new concept, but I think it is experiencing this new time in the spotlight as more and more people have maybe perked their ears up when they hear the term intuitive eating. But it originated in the 1990s. It was developed by a pair of dietitians. Evelyn Tribole and Elyse Resch came out with the first edition of the book around that time. In the 25 years or so, almost 30 years since that time, it's evolved to this fourth edition, which is the most current one.

It's really outlined by the framework of 10 principles. The 10 principles really describe an alternative to dieting, this framework that both practitioners and the layperson alike can use to really move away from that cycle of being on a diet, off a diet, pursuing weight loss versus working towards body acceptance. There's principles within it that address things like emotional eating and how that is a perennial type of thing that people will experience.

It includes a principle around movement and really connecting with cues around hunger and fullness, which may be something that for many people, they've either numbed or ignored or disconnected from during their experiences with dieting. So, that's a very open and high-level definition of intuitive eating, but for anyone who's interested, I definitely recommend that text, which is now in the fourth edition, which means that it has the most current research to back up this framework and practice. So, that's always a great resource to start with.

Mary Purdy:

Agreed. That book has been transformational for not only patients of mine in the past, but also health practitioners who are working on a different type of approach to work on with their patients. I'm hearing it taps into helping people with their hunger cues, it looks at emotional eating. How does it differ from mindful eating, which we know is eating without distraction? It's slowing down, chewing, really tasting the food, tuning into our bodies, being present. What would you say is the biggest difference between mindful eating and intuitive eating?

Cara Harbstreet:

Yeah, so they are absolutely not one and the same. I'm glad that you shared that recognition, because I think they're sometimes used very interchangeably and that can add to the confusion around what intuitive eating is and isn't. I actually have a blog post that expands on this idea a little bit further. But in essence, I will say that mindful eating is a part of intuitive eating, but it comes with a caveat, that without totally embodying some of those other principles, it can revert into a form of dieting.

What I mean by that is just like you described, it's this concept of eating without a lot of distractions, taking that time to slow down, and really practice mindfulness during an eating experience. But the reality is that it's sometimes next to impossible to really practice mindfulness in that sense. That's sometimes a very aspirational form of mindfulness. What I found is that for some people, they're still very much rooted in that all or nothing idea where they may internalize the idea that every meal or



every snack has to be a 100% mindful per that definition we just shared, and if not, then it's not worth trying or it's not worth doing.

Instead, what I like to do is borrow some of the ideas of mindfulness, that recognition and awareness or observation and acceptance, and see how that can be incorporated in a more realistic manner. I think we have to be a little bit pragmatic and recognize that not only would it be a privilege to experience that type of mindful eating whenever we wanted, but also know that from a sensory standpoint, that may not be the most comfortable setting for all people depending on your past experiences with food or if you have a history of trauma or sensory or audio challenges.

That could really be a pretty fraught situation. And I think we have to also be inclusive of the idea that while someone may really gravitate towards that idea of mindful eating and aspire to try and use that as much as they can, for other people, that might be a really daunting thing to ask of them and might actually be in the way of truly helping them connect with what their bodies are trying to communicate.

Mary Purdy:

That is an amazing perspective. I so appreciate that. It's taking it to a whole different level of trying to understand what someone's background and history and emotional state of mind is that isn't just as easy as like, "Oh, let me put the fork down and say a little mantra before I start my grape nuts," or whatever it is. So, getting out of that all or nothing mindset seems like it would be super freeing for people.

Cara Harbstreet:

Yes, mindful eating absolutely has some things that we can incorporate into an intuitive eating or non-diet approach. One of the biggest benefits that I see there is this practice of observation and acceptance, or sort of noticing the thoughts that we have around food and eating without necessarily responding to them with another form of restriction. Many people, and myself included in the past, have subscribed to this very binary and black and white all or nothing type of thinking.

While that can be helpful for some people, it actually creates this feeling of rebellion. Like I described earlier, it's this idea of, "Well, if I can't do it perfectly, then what's the point?" or, "Why bother?" And we can get to this point of throwing our hands up in frustration. With this, it's helpful to sometimes understand where those thoughts and beliefs stemmed from. In my work, a lot of times we're tracing things back to early childhood experiences. What were your family meals like when you were growing up?

What were some of those early introductory experiences around certain foods? Or what type of shame and guilt did you internalize through that pattern over the years? That might give us a launch pad for what our next steps might look like in really supporting someone who is committed to that journey of healing their relationship with food.

Mary Purdy:

It's amazing how complex and how deep-rooted it is, this relationship with food that stems from a very, very early age and how do we transform that experience into becoming a neutral observer, as you say, who's not judging the actions, but just noticing what's going on for them. Tell us a little bit about how



you actually guide individuals around intuitive eating. Where does someone begin? What does that look like?

Cara Harbstreet:

Yes. I love the term that you use as far as guidance, because I think one of the biggest misconceptions about working with a dietitian is a lot of cautiousness around this idea that dietitians are the food police or that we're going to dictate this new set of food rules or sort of our way or the highway type of approach. That actually could not be further from the truth. At least in my practice, I can only speak for myself in this regard, but it's very much a partnership.

I really do my best to ensure that new clients know from the jump that they are an active participant in this process and that the hierarchy of healthcare, meaning that I as the practitioner would maybe normally be positioned in a more authoritative role than the patient or client, is all but gone. I really turn to my clients to listen and learn from their experiences and use their input to drive what our next mutual decisions are.

I really have to listen to what their current lifestyle is like, what their strongest goals or concerns might be, and then try to find a way to hopefully merge that as seamlessly as we can into their current lifestyle. This means that we're being really mindful of things like their budget or the other responsibilities and things that fill up their daily life. I find that from a sustainable habit change standpoint, this is a really important piece of the process because where this is a stark contrast to dieting and diet culture, it's the recognition that you don't have to do it perfectly to make a positive change.

We're really reforming and remolding what that definition of health can look like. While that is a very nuanced and complex way to approach it, we sometimes are able to hit some really interesting revelations within even just the first session. So, ideally, a lot of people come in thinking we're going to make progress by leaps and bounds, but I'm also very transparent with them in the fact that this could be a months or even years-long process and we're not going to rebuild Rome in a day.

Mary Purdy:

Absolutely. I think it's great for healthcare practitioners and consumers out there to understand that that idea of a mutual partnership with your healthcare provider is such an incredible way to create a roadmap for success and understanding of the process. I also have seen on social media because I follow you, it seems like you are actually practicing intuitive eating yourself. I'm curious what drove your interest in implementing intuitive eating in your own life and in your practice.

Cara Harbstreet:

Sure. I'd love to speak on that. Before I get into my experience with it, I'd love to also make mention of the fact that having that type of relationship with your healthcare provider is a huge luxury in today's world. This ties into the social media piece of it, because I want to let listeners know that while it may not seem like an option for you to work directly one on one with a dietitian in the manner that I just described, there's a host of other resources that may be available at either a free or discounted cost to hopefully make this more accessible.



Social media is a platform that has its pros and cons, but one of the benefits is that there's a really vibrant, intuitive eating and non-diet community where many people are sharing stories about their recovery or sharing resources that might otherwise not be available based on either your location or financial burden. So, wanted to make note of that. To change gears just a little bit and mention how I came around to it... My background is actually as an athlete. Throughout high school and college, I played competitive volleyball and then went on to compete in track and field at the collegiate level.

Following my, I guess, early retirement from that sport, I got really interested in running. So, sports nutrition was always a passion of mine and an activity that I really enjoyed. But at the same time, in hindsight, I recognize that that was actually part of my own disorder around movement and body image and nutrition. So, diet culture manifested in a lot of different ways. I had a brief stint as a pseudo vegetarian, meaning that I fell into a plant-based eating pattern that was driven more by misinformation and fear and restriction versus any other type of motivation.

And as a result, was relatively short lived by the time that I actually started addressing some of my own deep-rooted beliefs around food and health. I also think that my background as an athlete exposed me to maybe some messaging around body image and sport that was likely not the most helpful way to then transition into a career as a dietitian. When I actually graduated from my internship and began practicing as a dietitian, I myself was still very much rooted in that weight-centric type of practice.

I was working in a setting for corporate wellness and we were doing a lot of wellness programming for our employees in the community and much of it centered around weight loss challenges or weight loss counseling. What I kept bumping up against through different experiences in that setting was that while this cookie-cutter type of advice that I had been trained in might work in some cases, that was actually quite rare. More often than not, what I was hearing from participants in our programs was that this was a short-lived solution and therefore was not really a solution at all.

It was just delaying the inevitable, which is that they may temporarily lose weight, but then experience that rebound weight gain and find themselves back at square one. This was adding a ton of frustration, just a lot of, I guess, disenchantment with what this idea of what health could be for them. As a result, I really started looking for an alternative while still grasping at what that could be. At the time, I did not have any awareness about intuitive eating or Health at Every Size approach.

It was really only through networking with some colleagues of mine that I was first exposed to that idea. Once I could better articulate why I was feeling so frustrated from the practitioner side of things, that's when I really realized like, "Hey, this is that alternative I've been looking for," and pretty much have not looked back since.

Mary Purdy:

It sounds like health became the focus and the goal as opposed to weight loss. You mentioned the term Health at Every Size, which is also referred to as the acronym HAES, and that's gained a huge amount of popularity. I would love for you to explain to us what the HAES approach is and why you feel it's important for healthcare professionals to consider using this approach in their practices.

Cara Harbstreet:



Oh, absolutely. Yes, I think in my ideal world, every provider would be HAES informed and trauma informed, and that's a ways off. But one of the best resources that I can direct you for this is the ASDAH website. That's the Association for Size Diversity and Health. They have a really clear cut definition of what this HAES approach looks like. As you mentioned, that's the acronym for Health at Every Size. There are five principles that fall under this. They are weight inclusivity, health enhancement, eating for wellbeing, respectful care, and life-enhancing movement.

I know we don't have time to take a deep dive into each of those principles the way we might want to, but just to summarize this, I really try to make it clear that health at every size is not synonymous with healthy at any size. There's a lot of myths and misconceptions around what this approach entails. Many people confuse it for this idea that anybody at any size is automatically healthy. I really want to counter that by reminding folks that this is health at every size, meaning that it is possible for anyone at any size to pursue health through healthful behaviors, which are described in more detail in those five principles that I mentioned earlier.

But this whole model exists because there's a longstanding prejudice against extra weight and fatness and the idea that this contributes to poor health, or morbidity and mortality and really turns to the research around this association or correlation between size and these negative health outcomes. So, this approach of health at every size really removes weight from the equation to say, how can we support someone in pursuing or enhancing their health if that's a personal value that they hold and do that in a way that does not send them into a diet or promote disordered eating or exacerbate an existing eating disorder?

These are all things that I sometimes will remind people. This allows people to live in their full humanity. So, if it is challenging to think of the concept, health at every size, is it possible for you to imagine treating someone as a human at every size and recognize that they have their own unique preferences, needs, and lifestyles? We as health providers can support that through a number of different ways that have absolutely nothing to do with what the number on the scale says.

Mary Purdy:

That's just an excellent explanation and I think that makes it really clear that the HAES approach is not necessarily saying that they don't see obesity as a health risk, but that there is opportunity for health and health pursuits no matter what size, shape, background you are. Anything else that would be helpful to shed light on or bust myths around as it relates to those who may feel like the HAES approach is somehow diminishing the impact that obesity is having on health?

Cara Harbstreet:

Yeah. I want to make it really clear that I as a person in a non-fat body, I'm not the foremost expert on this. So, I would really encourage folks to look into resources from ASDAH. There's many, many other providers and active voices in this space that can speak from not only a firsthand experience, but are actually very entrenched in this work of promoting weight inclusivity and healthcare. So, that's the first piece that I would add.

But I think from my experience, the most contention around this concept of health at every size has stemmed from the idea that we have this body of evidence in the weight science that says being in a



bigger body is bad for your health. There are worse outcomes, here's all this data that we can point to, and there's a few things that stick out to that. For me, when I try to think critically about the state of the research and what it tells us, first, as a dietitian, I want to say that I 100% support evidence-based practice.

But that's the full extent of evidence-based practice. What I mean by that is that oftentimes we latch onto the idea that "evidence-based practice" is the application of what we know the research says about whatever. In this case, we're talking about health and its connection... or with weight and its connection with health.

I think what many people conveniently gloss over or discount is the fact that evidence-based practice actually has two other pillars, one of which is the clinical experience of the practitioner, which goes back to what I described in my early days as a dietitian working in that setting and recognizing that a weight-centric approach is truly unhelpful, but then also the personal preferences of a patient or client, which again speaks to that humanity aspect of it and recognizing that a patient is an active participant in the pursuit of health and that we as providers are not all-knowing, we cannot dictate from this point of only one right way to pursue and achieve health.

Now, the second and follow up piece to that is also the acknowledgement that what informs evidence-based practice is a body of research that may be inherently flawed, limited, or incomplete. As dietitians, we would love to be able to design and execute clinical trials and studies that would answer all the things that we have questions about, but ethically, we simply can't do that. Not only might it be ethically impossible, but it would also take an extremely high amount of money, time, and patience to arrive at that.

So, we have to sometimes fill in the gaps and connect the dots that aren't always clearly visible. We also know that there is a high degree of internalized fat phobia and anti-fat bias that informs academia and the way that research studies are designed. So, we have to take the available evidence with a grain of salt and remember that while we may try to control for as many factors as possible, the negative and harmful impacts of weight stigma are one of the variables that is nearly impossible to control for and very rarely is mentioned in some of these hallmark studies that might make an association or correlation between weight and health.

Mary Purdy:

Yes. Thank you for emphasizing the value and role that what we call evidence-based practice has on the discussion and experience between the practitioner and the patient because so much of our experience and ability to work with a patient relies on the thousands of patients that we've seen beforehand. So, it's really helpful to tap into that because we can never be sure that the research is going to completely support a theory if it's not done in a complete isolation. You mentioned a lot of patients and the role that they play in their own health journey. I'm curious if you have a story that helps us to understand the role that intuitive eating or health at every size has played in a patient journey.

Cara Harbstreet:

Yes, this can play out in a number of different ways. But one of the stories that always comes to mind when someone asks this question is a woman that I worked with fairly early in my private practice



journey. She was in her early 60s, newly retired from being a teacher for many, many years, and she had recently been diagnosed with diabetes. At the time that we first started working together, she was very sporadic with checking her blood sugar. There were frequent episodes of binge eating, particularly very sweet things, very carb rich types of foods.

That would be followed by this very intense and distressing feeling of guilt and shame, because for so many of us, we've always been told, "For diabetes, you've got to watch your carbs, you've got to watch your carbs" all of the rest. From her healthcare side of things, the team that she had been working with was consistently recommending that she pursue weight loss. Now, in her everyday life, she was also interested in working up to a 5K distance and beyond. She had recently reconnected with her daughter, and they had a shared interest in doing these 5Ks together.

So, from a movement and exercise standpoint, there was a little bit of sports nutrition involved because she had had no prior support to, what does it mean to hydrate well in hot weather? Or what can I do to aid my body as I recover from these longer walks and runs? Especially as she was aging, she really wanted to prioritize a healthy movement and consistent movement. Now, where this work that we did together was in stark contrast to what she was hearing from her healthcare side of things, I never asked her to weigh, I never asked her to closely monitor or diligently track her food or carbs.

We simply started by asking, what types of foods do you enjoy? Why do you feel compelled to binge eat on certain foods as opposed to others? And where are maybe the areas that you're not allowing yourself permission to regularly enjoy those foods? If you're not including some of these things that you feel temptations or cravings for, that self-discipline or that ability to avoid them or resist is a finite resource. So, it's really just a matter of when that resiliency finally fades that the barn doors fly open and we experience that distress of eating really large amounts of those foods we've been trying to avoid.

We also talked about some health-promoting behaviors, like regularly monitoring her blood sugars. We got to a point where she was consistently testing in the morning as well as before and after some of the other meals throughout her day. As I mentioned before in that intro to the health at every size approach, all of these interventions that we worked on and these new goals that we set were informed by her lifestyle and what felt realistic and practical as well as the fact that none of them had anything to do with stepping on a scale and chasing after weight loss.

I was able to support her in finding a health at every size informed trainer in the area who could get her set up with a walking plan to gradually increase that endurance. Then, as we started to finish up our time of working together, she and her daughter had actually planned a cruise that involved a 5K every day for the course of a week and they were really excited and looking forward to that. Again, this is just showcasing one of the many ways that this approach can be put into practice in a way that doesn't result in what you might expect to see, which is perfect blood sugar monitoring or a lower BMI or a smaller body, but was ultimately a more sustainable approach and enhanced her overall lifestyle and the enjoyment that she was able to experience from food.

Mary Purdy:

That's a wonderful story. So amazing that she was able to get this completely different experience with an interaction with you that maybe she hadn't had with other healthcare providers who hadn't seen her



for more than just the number on the scale. When we talk about size and the number on the scale, different body shapes and sizes are perceived differently across various cultures. So, we need to talk about the cultural component of this. How does that fit into the conversation around health at every size?

Cara Harbstreet:

Yes, this absolutely fits in in a really strong way because so much of our beliefs around anti-fatness stem from a preference of a beauty standard that is rooted in anti-blackness. This is another thing that's not often shared in certain spaces that are talking about health at every size. So, I want to make it really clear that the origins of diet culture are, again, very much rooted in this cultural type of approach that prioritizes one body type or one beauty standard and then that becomes the default that everyone else is then compared against.

So, this cultural conversation is an essential piece of it because it brings not only recognition that other cultures and unique heritages and backgrounds are an important piece of the health conversation, but also diminishes this default and lets people know that your body is not wrong, your body is not bad, your body is not inherently unhealthy because it does not align with as narrow standard of what health and beauty looks like. I find that for my clients who identify as people of color, they really resonate with this because... especially for those who are maybe second generation or the children of immigrants.

They're caught between two worlds where their cultural beauty norms or cuisines may align in very nostalgic, very familiar and comforting ways, yet when that is applied against a Western standard of what health looks like, they find it to be at odds and therefore internalize more of that guilt and shame around not only what their body physically looks like, but also some of those really significant cultural practices that have been formed how their families have interacted and how that dynamic plays out.

So, I think, again, when we consider the different body shapes and sizes, we have to think, why are we so accepting of the idea that someone could be naturally thin yet so unaccepting of the idea that someone could be naturally fat? I also want to make it really clear that I use the term fat as a neutral descriptor. However, I know for many listeners, this may not be a term that they're comfortable using. So, I just want to add that disclaimer as well.

Mary Purdy:

Thank you. It's very clear that that cultural component is such an essential part of this conversation and goes back to really working with the patient or the client and having those conversations that go a little bit deeper. If someone out there is listening, whether they are a healthcare practitioner or just a health-minded consumer, what might be some signs to look for that might indicate that intuitive eating or the HAES approach might really be a great thing to consider for them?

Cara Harbstreet:

Yes. I love that you mentioned something to consider. I want to also be very clear that this is not positioned as the only way or the one right way. But for so many people who are seeking an alternative, it's out there and it's like you mentioned before, this could be refreshing as an alternative to what they've previously experienced. Some of the red flags that go up for me are signs of distress or anxiety or overwhelm when it comes to maintaining what might otherwise be healthy habits.



This is where the nuance comes in because the waters can be very murky when it comes to distinguishing what is distressing and disordered for one person, what is sustainable and health-promoting for another? I can use one example of meal planning or preparing foods ahead of time to eat throughout the week. For some folks, they do this as an act of self-care. It's because they value simplicity or convenience and they want to minimize chaos in the kitchen in the future. So, their current self is looking out for their future self by saying, "Hey, I'm going to prep some veggies ahead of time. I might cook off some grains or proteins and give myself some options for when I hit a really busy night this week."

Now, on the other hand, someone could also adhere to a very rigid, very limited type of meal plan where they feel this pressure to eat perfectly or they feel high degrees of distress or anxiety if they deviate from that plan or otherwise don't know the nutrition content of some foods, for example if they're at a restaurant or they can't look up the menu ahead of time.

So, that degree of rigidity is maybe a sign that, hey, could there be more flexibility? Could there be a way to adapt this approach in a way that feels better for you? It's a really murky puddle to wade through. But as I mentioned before, what might be a sustainable or health-promoting behavior for one person could actually turn into something that's very disordered or compulsive, obsessive, or even pathological for someone else.

That's where we bridge into the field of, this is looking like orthorexia, this is looking like an unhealthy upset or preoccupation with healthy eating, which is not to say that we can't hold health as a value or that we should be shamed or criticized for wanting to maintain good health. It's simply to point out that when you reach that degree of anxiety around maintaining health, there might be a need for a deeper dive into that relationship with food and eating.

Mary Purdy:

Before we hop off here, Cara, you mentioned an organization upfront that you said could be a great resource. Can you repeat that again and let us know any other resources that you think might be helpful for folks?

Cara Harbstreet:

Oh, I'd be happy to. Yeah. So, ASDAH is the Association for Size Diversity and Health. They're a membership-based organization that is really committed to dismantling these weight-centered policies and practices. They have a multifaceted approach, but one of the pieces is education. On their website, you can find things like webinars, an entire HAES or Health at Every Size curriculum, which can be particularly helpful for providers and clinicians. Then they also do a lot of advocacy work.

Again, there's various settings that weight stigma or weight discrimination shows up. I would say it's virtually baked into almost every system and institution that we operate in, and so, their advocacy work is an important piece of that as well as just connecting with like-minded folks though that might be on the healthcare side of things, again for practitioners or clinicians, as well as just the community as a whole who really ascribes to that health at every size approach.

Mary Purdy:



Wonderful. We'll be sure to put that in the show notes so that people can easily click on some of those links. Well, this has been a truly enlightening conversation, Cara, and I would imagine some of our listeners out there might just experience a bit of a transformation after listening to what you have to say. So, thank you so much for being a guest today. It's been a truly extraordinary conversation.

Cara Harbstreet:

Yes. Thanks again for hosting me. I appreciate the opportunity to share more and connect with your audience and I'm happy to stay connected or be available if questions should come up afterwards.

Mary Purdy:

Well, thank you. We appreciate it. I know our listeners will too.

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