

-- Speaker 1 00:00:27 Hi, friends. We're back with more bonus birthday content in honor of eating disorder awareness week in 2023. I went live on Instagram with @dietitiananna. Anna Sweeney is the eating disorder dietician I worked with to start my healing journey. It was such a powerful and important conversation that we wanted to repackage the audio and release it. As a bonus podcast episode, I share some aspects of my eating disorder recovery journey that I have not shared publicly before during this conversation. You may even recall, Anna from an earlier podcast recording titled, moving Back Into Your Body. I do wanna say that there is a bit of a trigger and content warning for this episode as there is some discussion of eating disorders and behaviors, weight stigma, and medical bias, as well as some minor explicit language. But please go ahead and give it a listen. And if you are struggling, please know there is help out there. Recovery is possible. Food freedom and body acceptance is possible. I wish you well.

Speaker 2 00:01:40 Good morning friends. Happy Sunday. It's 11 o'clock in the morning. Getting ready to talk to my friend Theresa about eating disorder awareness week. Thinking about

Speaker 3 00:01:55 Everybody here, I'm very dressed up for you all and I'm really excited. <laugh>. Hey. Hey, Sarah. Oh, you are. You are glam and ready. I know. I

Speaker 4 00:02:08 Can I tell you a secret, please.

Speaker 3 00:02:09 It's

Speaker 4 00:02:10 Left over from yesterday. <laugh>.

Speaker 3 00:02:13 You have, you have no idea how happy that actually makes me. I, I've been thinking about different ways to talk about like the re so your life story is different from mine, but one of the realities of chronic illness and disability is like, there are days that I go to sleep. I'm like, shit. Didn't wash my face last night. Mm mm Fresh

Speaker 4 00:02:35 Lipstick on, but the rest of it was leftover

Speaker 3 00:02:37 <laugh>. Well, excellent. Got nothing. Got nothing. But I'm so happy to be talking to you. Hi, Charissa. Good morning. Happy Sunday, doc.

Speaker 4 00:02:47 I'm excited to chat with you too,

Speaker 3 00:02:49 <laugh>. So where do you wanna, where do you wanna go? I'm, I'm cognizant of the fact that we are starting eating disorder awareness week next week. Like right now. Yeah. Like, I think, is it today or does it start tomorrow? Tomorrow?

Speaker 4 00:03:03 No, I think it's next. Isn't the 27th through March 5th? I think it's next week, but I'm considering like every day should be eating disorder awareness. So it doesn't matter.

Speaker 3 00:03:11 <laugh>, I'm with you. I am with you. So I'm wondering where you kind of wanna start today's conversation. Yeah,

Speaker 4 00:03:21 I mean, it's been quite a, quite a journey I think, and I think we need to talk more about it, obviously. I mean, the statistics around eating disorder, eating disorder awareness is, I mean, it's just tremendous. I was looking at some statistics this morning, refreshing my memory, estimated 28.8 million folks have an eating disorder of some sort like that.

Speaker 3 00:03:42 It's in the states alone. Right. And I think that number, I think it's an outdated number because of the fact that what we saw come out of kind of 2020, um, those numbers hopped a lot, lot higher. And that was simply based on the fact that people had access to care because care became virtual. So there was a lot more diagnostic activity happening in the context of it all being home. Right. Like, or interacting with care systems a little bit differently. So you're, I mean, you're right, 30 million people is a, it's a lot of people.

Speaker 4 00:04:18 That is a lot of people. And the fact that we don't talk about it and we just kind of treat it as like, you know, this is, and then society, like, you know, puts all that pressure on us to look a certain way to eat, a certain way to move our bodies for certain outcomes. Like, it's hard. And I mean, you know, from when we worked together when I was, um, really in the throes of my own eating disorder, you know, those really challenging behaviors and, and my willingness to kind of let them go and like where I am now, like I don't take that lightly. The experience that I've had and the journey that I, you know, I'm still on mm-hmm. <affirmative>, but even still, like, it's, it's a constant like push b --

-- ack against society or rebellion. Yep. Against this, I talk about self-care, obviously that's my main kind of platform is helping folks with self-care. And, and that in of itself is a rebellion, let alone putting all these other pieces onto it makes it even harder.

Speaker 3 00:05:14 Totally. A million percent. And I think there's something to be said for, you know, the privilege of having a diagnosis versus feeling like I'm just not good at taking care of my body. Or if I just did these things, then I would feel better in my skin or, you know, fit into a wedding dress or like live my best life where a lot of humans might be really commended for like, living in the context of extraordinary struggle. Particularly because as you just said, this is a, I mean, it's really hard to have a body on this planet. We do not, we are not n like neutral about body experiences. And because we are not neutral about body experiences, a lot of humans are made to suffer, um, without necessarily even knowing that like, what's happening is something significant. Yeah. Beyond like, I am bad at whatever kind of self care I'm trying to interact with.

Speaker 4 00:06:24 Well, it's so just twisted up in our existence. Like, and it, it makes us feel like there's something wrong with us. Like now, you know, in a larger body, you know, there's, there's those little moments where, you know, I worry, am I gonna be able to sit comfortably in a, in a space? Am I going to have to advocate? And I know that I have a lot of other privileges that allow me to advocate and be strong and be vocal and be loud. And I don't take that lightly either, that I have those abilities mm-hmm. <affirmative> with personality and and whatnot to be able to say, Hey, um, this isn't good for me. I need to sit somewhere else, or I need to chair without arms. And however that is. And I know that there are people that can't do that. It shouldn't even be a thing though. Like, and the fact that it's still a thing here in 2023 is just like, it could be exhausting.

Speaker 3 00:07:11 I, in in the ways that you are speaking of, I cannot, um, I mean, yes, I will just agree with you in terms of the exhausting nature of some kind of basic humanity things. And I do think it's important, and I appreciate you saying this privilege, um, like acknowledging privilege doesn't mean that we don't struggle. It doesn't mean that things are not difficult. And I think that a lot of folks get really, um, up in arms about the idea of saying, these are privileges that I come to the table with and what, you know, what can I do to affect change? So I, you know, I live with most all of the privilege. And as a disabled chronically ill person, I have to tell you like the last three years have made me feel like a much more disabled, much more chronically ill person because there are still like things going around and the world is open and shouldn't I just like get my shit together and get outside.

Speaker 3 00:08:15 And I just say, it's so weird. I am so much less disabled in my home than I am outside of my home. And that's probably, I mean, not, that's not probabil it's not about probability. It is because I certainly have things set up to keep me as comfortable as I possibly can be. And I imagine that your, you know, your house and the places that you go, you set up for comfort and like for, for you and your body. Yeah. And you know, this world unfortunately, um, is not excited about the idea of the reality of body diversity. Yeah. Um, and that stinks because we in fact live with diverse bodies. And this is on purpose because science.

Speaker 4 00:09:07 Yeah. Well that's actually a really good point. I really thought about that before in that context. But yeah, like at my house, obviously there's comfortable places to sit. There isn't like a ton of stairs and I know that I can use the bathroom like not to

Speaker 3 00:09:21 Be Ooh, can you go, oh, please, please.

Speaker 4 00:09:24 I sit this bathroom <laugh>.

Speaker 3 00:09:26 It is real life. Yeah. It is a real thing. Mm-hmm. <affirmative>.

Speaker 4 00:09:31 So it's so difficult. And, and you know, I always try to, to where I can advocate where I can and teach other people the pushback. I had a, a colleague recently say to me that they wish she lives in a, in a larger body. And she made a comment to me about, I wish that when I went to a restaurant, the hostess would just look at --

-- me and know, not deceit me, like in a tiny little booth. And I kind of laughed and I was like, if you're gonna wait for the hostess to have that reality, like forget it. Like yeah. You say, Hey, can I sit at like, oh, this table doesn't work for me. Do you mind? Or sometimes I'll just cut it off and be like, oh, you know, um, can we not sit at a high top or as a low table, like whatever we're, I I know I'm gonna be more comfortable mm-hmm.

Speaker 3 00:10:14 <affirmative> and I think

Speaker 4 00:10:15 Data is hard.

Speaker 3 00:10:16 Mm-hmm. <affirmative>. And I imagine like this is stuff that takes practice, right. Advocating for basic needs. Particularly because I'm thinking about the number of humans that I've worked with over the years. Like we are, nobody is wanting to be an inconvenience and let me support all of you. Um, and the world wants our money, wants us to participate in life things. And so advocating for the type of seating that you need when you go out, that's a big deal. Um, and one of my friends just mentioned something about that, that being a struggle for disabled people and it super duper duper is so, I'm, I'm curious, Theresa, if we can talk about like what it is you want humans to kind of get out of eating disorder awareness week.

Speaker 4 00:11:17 Yeah. That they matter and that their struggle is real and valid. That there are people out there that like in medical people, people that we're supposed to be able to trust mm-hmm. <affirmative> that only see us in a certain way that only see us as like something that somebody that needs to lose weight and that they don't understand that health is so much more complicated than, as you used to say, they're your relationship to gravity, <laugh>, or the number on the scale mm-hmm. <affirmative>. And that, you know, there's space for you and take up space, push back because self-care comes first. You have to attend to your needs. Yes. <laugh> yes, yes, yes, yes, yes. Journey. Like, you know, I don't mean how many, I think we worked together in Hmm. 2016. 15, 16 ish. That's right. So, I mean, that's a, that's many, many years ago and I can remember sitting on the couch in your office pretty broken mm-hmm.

Speaker 4 00:12:18 <affirmative> and kind of at what I consider to be my, my rock bottom where I had gotten so just warped up in my disease of my eating disorder. I couldn't even like, function. And sometimes even now, even saying this to you, I'm like, did I really do all that? Like I'll ask my husband and my mom sometimes I'm like, do you remember that? And of course both of 'em are like, um, yes we do. You were there. Do remember it was as bad as you remember it, but like, sometimes, you know, memories are funny like that. And you, you don't necessarily like, I really that sick. Yes, yes I was. And now though, looking back, it's just, it's kind of wild. And like I can kind of pinpoint the pieces and the, the journey where I kind of became okay with different things. Like my body reacted very strongly when I, um, started, stopped doing those really destructive behaviors.

Speaker 4 00:13:11 I mean, my body reacted to save me is what it did. But what that looked like was gaining a lot of weight really quickly, which was really difficult at first cuz I just felt like the whole system was failing and that my body was failing me. And I, I can remember just like sitting on the couch and being like, like almost not even able to move cuz I didn't like, understand what was, what was happening and I couldn't accept what was happening. And that I was now, you know, my body was changing and what I had fought so hard against is exactly what was now happening. And so, but then getting to the point of accepting that and still feeling strong in my body and beautiful in my body and, you know, being okay with seeing photographs of my body like that took a long time realizing that, you know, my s my struggle and my, my, I guess my, my style, because one of the things you used to always compliment me on is <laugh> is my style.

Speaker 4 00:14:11 I mean, I that's good hearing things and leopard and you should see her shoes is all I am saying. Mm-hmm. <affirmative> mm-hmm. <affirmative>. And I know that was part of my identity though. And I, at first when I started to gain the weight and realized that being in a larger body was where I was headed and, and that was okay though. I thought I lost that piece of myself --

-- and I didn't think I could still be stylish and have my personality and be beautiful in a larger body. And that was, that was really hard. And that, that last piece there, that held on for a long time, I would say until even like the last couple of years. And even recently, I, I did a photo shoot for my brand Dr. M Mc Cabret. And for the first time I looked at a set of photographs after that shoot and I was like, damn, I look cute.

Speaker 4 00:15:04 I actually, I love the pictures, but I can remember, you know, uh, my mom doing a photo shoot with me a couple of years ago. And like, I saw the pictures and immediately was like, Nope, nope, nope, nope. And, um, was like, immediately was like, these pictures are terrible. I'm not using any of them. My mother was like, what is, what do you mean they're beautiful? I'm like, no, they're not. Like, I was really, really upset. And then I eventually kind of built a bridging that over it and was like, okay, I need to take a step back. But that was my initial gut reaction. So this last time, having that experience where my first reaction was like, wow, that's me.

Speaker 3 00:15:38 And I

Speaker 4 00:15:39 Like, that was,

Speaker 3 00:15:40 That's huge. That, so that is a huge thing. And is it okay if I, if I share a little bit of like, I was thinking about our start and you did not come to me because you had an eating disorder. I just, just like, I just wanna say that like, and I appreciate we're having an eating disorder awareness week conversation and to anybody who is watching this or who does watch this, if you have a lack of trust in your relationship with food or lack of trust in your relationship with your body, I mean, having access to a diagnosis is such a privilege in itself, right? Having someone be able to say, actually this is, this is not, you are, you know, bad at food or bad at resting or bad at exercise or whatever. Like this is actually something that is real and valid.

Speaker 3 00:16:34 Um, I recall being in space with you early and that feeling like even a little bit jarring for you, maybe a little uncomfortable. Um, and I, I hope that everyone who watches this has access to, you know, steadfast community, be it a clinician or otherwise to say, I see you and this is not this, this, all of this, this is not great. You deserve better. Um, and in speaking about like you looking at pictures, fuck yes. Look at pictures. Please, please, please, please, please. Like, I think there's a lot of value in our looking at ourselves. I think there's something about, I have a lot of conversations with clients who have, like, I have a good mirror in my guest bathroom, whatever, but like all of the other mirrors in my house are like, Hmm, these are not, these are not, you know, the good mirrors.

Speaker 3 00:17:41 The, the reflection on that like store is great, but the mirror in that store is fucking awful. Um, and the idea that we are skipping over experiences by not looking at pictures. And I'm psyched that you look at pictures like, damn, look at me. Look at me. Go, that's so cool. And there are going to be times and days and moments where you're gonna look at pictures or I'm gonna look at pictures, or we're all gonna look at picture and be like, Hmm, yeah, no, that doesn't feel like I don't feel awesome about that. And also like, my existence is bigger than my, you know, my reflection or my existence is more significant than what I am experiencing by virtue of interacting with this photograph. And I think it's a really gentle reminder because we are about to see a whole slew of before and after pictures, right?

Speaker 3 00:18:37 That, that, well, your face is right, but it is coming, right? You're going to see a bunch of pictures of people who have healed from eating disorders. And, and this is, I'm not saying this with any sort of judgment, um, because I think there is a difference between healing from an eating disorder in a body that is socially elevated and healing from an eating disorder in a way that does not reflect change. There are some humans for whom recovery doesn't come with a before and after picture because they look really, really similarly. It is just a difference in quality of life. It is just a difference in experience of being embodied or interacting with food. I think the before and afters that are about to drop are really, really, really, really, really damaging and really quite scary becau --

-- se social comparison and theory says that we are all gonna hook into those things.

Speaker 3 00:19:35 So if I look at someone who had a struggle with not getting enough food, I'm speaking to you right now, Theresa, um, or whatever, like, and we expect that that struggle looks like some, some tor sort up something and then look, this person healed and they healed into a body that is socially elevated still, we have to recall, right? Approximately 6% of the humans that experience eating disorders actually live with the stereotypical picture of what we might have in our mind's eye of what an eating disorder looks like. That is not to minimize the significance of that small percentage of humans. And it is to say that most people who struggle with eating disorders don't look any differently from anybody else. There isn't some physical feature that says, oh, that's an eating disorder, or, oh, that's family stress, or, oh, that's an illness, whatever. And so being really, really thoughtful about how we navigate these next days as pictures are going to be shared, are going to be shown.

Speaker 3 00:20:55 Um, I am, many, many years ago, I, at the very beginning of my life on Instagram, there was a picture of a woman who posted her a picture of her body on a beach doing this like ballet pose where she was grabbing the back of her, like one of her legs was over her head and she was grabbing it with her arms. And in retrospect, I could feel badly about this, but I actually made a post. I, like, I, you know, Resha shared or whatever, what, I don't know what what it's called, but I posted it and I, I said like, just so everyone knows this picture of privilege, this person on a beach who clearly has like years of dance under her belt, this is not, this is not what we're covering looks like, right? And she messaged me and said, this is really, really hurtful. I can't believe you've shared this picture of myself. I feel really proud of the work that I have done. So I would never do that in the present moment, except it's just really important to me that everyone here knows that the moment we start thinking eating disorders have a particular look or recovery has a particular look. We are like ignoring the majority of humans who experience eating disorders.

Speaker 4 00:22:19 Yeah. That's really important point. You said a lot of really important points, but Yeah. And, and go. Just going back when we first started working together, I mean, I, I described that time period as um, like my world kind of shattered everything. I thought No, no, but like in such a good way, everything <laugh>.

Speaker 3 00:22:36 Every and not really, I'm not really sorry,

Speaker 4 00:22:39 <laugh>, no. Like everything I thought, like I knew about health and fitness and exercise and body size and fatness and like, you know, I have folks in my family have struggled with weight. Like, so I just had all these things ingrained and generational trauma pass down and all these good things like, and in such a short time that got shattered and I was ready though for that

Speaker 3 00:23:01 Shattering Oh, you were. And

Speaker 4 00:23:03 And I remember like sitting with you and being like, you know, you kind of te telling me, but like, and me recognizing and you holding that space for me to be able to say, yeah, this is exercise bulimia, this is disordered eating and this is anorexia. And even though my body never looked like I was sick, um, in that way, which is just so, cuz I was very sick, but people like nobody would've known. Like, and even though closest to me, um, I was able to hide things because it didn't look that stereotypical way. Right. And I even had recently, um, brag to me, me about their, um, that they just started doing an intentional weight loss program. Like, oh, I was like, oh, I don't, I don't believe in those. And I started to, I think I said a couple other things and they just kind of looked at me quizzically and I said, um, you know, I said, I'm actually in recovery for an eating disorder total, like shock on their face. Well which one? Mm.

Speaker 3 00:24:07 But that

Speaker 4 00:24:08 Matters. And so I did answer them and I said, yeah, well, um, uh, a three of them actually if you'd really wanna know. And so I said exercise, bulimia, disordered eating and anorexia. The anorexia one definitely got like eyes bugged outta the head and I could tell like, you know, they kind o --

-- f looked at my body today and were like, but you don't look like you had anorexia. They didn't say it. They certainly were trying not to be rude. And, um, but I was just kind, I just kind of smiled and I was like, yep. And I like walked away and I'm thinking, I know that person wanted to ask maybe some additional questions. They were very curious. Um, and I could, I could smell the, um, you know, the their own experience and their own advice that they have. They were like, how does

Speaker 3 00:24:55 She add anorexia? Right. <laugh>. And I think that that is like a really important something to say because the, the majority of humans who have eating disorders are not humans who live, as I said before, are not humans who live in small bodies like period. Yeah. We are the majority of humans who live, who live with eating disorders live in normal, I don't even like saying normal, but like normal or higher weight body sizes as a norm. Yeah. And starvation does not have a look. So someone just said something about the diagnosis of atypical anorexia. There is nothing atypical about anorexia in larger body sizes. In fact, it is more common, it's just not pathologized because folks in larger bodies are rewarded for being or for being on like the voyage to consistently be smaller and consistently work to like, with quotations around it, like work to improve their health by virtue of making themselves small.

Speaker 3 00:26:00 Yeah. And the risks of anorexia nervosa are unilateral across the board. It doesn't matter if this is a small person or a person that is large. Yeah. The risks are exactly the same. And I'm super psyched that you had the ability to say that you are a person that is in recovery from an eating disorder and you're not, you're probably not wrong. That there might be a little bit of like, hmm, you're like a strange creature in the museum. Help me understand what is it, what is it about you who told you that Theresa? Um, and like one fuck that. Um, and two, I'm so psyched that you're in a place that you're able to, you know, speak to your realities and it's not the, I think the really hard thing, right? Because diet culture is so loud and inundates everything. So when people are talking about their desire to, you know, intentionally lose weight, leading with compassion first, like yeah, you makes that, that makes sense.

Speaker 3 00:27:09 I don't want you to have a hard, a harder time on this planet. I imagine I don't know what it is like to experience oppression by virtue of my body size, my multi-generational thin privilege. Not what I eat or my level of fitness or whatever has anything to do with anything except like, except for the fact that I have thin people in my family. Right? Like I come from a line of people in thin bodies. The fact that I am not particularly active doesn't like it. I have never been shamed for my body in the chronic, in the context of being chronically ill. And there are people who have my same illness, who are shamed for being in larger bodies because they also have, it's just like, it's so fucked. And so thinking about like minimizing eating disorder struggle by virtue of body size. These are conversations that happen one at a time, right? Like shattering the stereotype that eating disorders have a look. This will be my mission, you know, forever.

Speaker 4 00:28:22 Hmm. Yeah, no, for sure. And you know what got me to you? And, and finally realizing that I, I knew I like needed help, but what I actually thought in, in finding you mm-hmm. <affirmative> was that you just like, give me the secret. I thought you had the secret and you were gonna just tell me like, okay, like that you need to eat like X, Y, and Z and you're gonna be fine. Like, that's actually what I was, <laugh> was hoping for <laugh>. Well cause I didn't, I didn't, like I didn't know. And I had some really fortunate experiences in the medical field, um, shortly before coming to see you. Cause you needed the, I needed a referral for my primary care and I changed primary care cuz of my job. And I ended up at this new practice and I think back to that woman, she was a nurse practitioner and my goodness, I went to her and you know, I went to see the doctor cuz I wanted the referral to work with you specifically.

Speaker 4 00:29:16 And they, this i, I disclosed to this woman all what I had been doing. Mm-hmm. <affirmative> everything, every detail, every restrictive bad practice tha --

-- t I was doing, which was, you know, in pretty graphic detail. I was like, you know what I tell somebody I need to tell a medical professional cuz I feel like I need help. I was, it was spiraled outta control. I had tried new fad diets that I was, you know, I had tried, keto was one of my last ones where I'm like frying cheese and like eating bacon. And I'm like, this is, and putting butter in my coffee. I'm like, this cannot be like a thing. Like I, I don't even know what this is now at this point, <laugh> and like had lost all control over just managing everything. And the medical professional, the nurse practitioner, she was like, after I told her all these things, she looked at me and she goes, wow.

Speaker 4 00:30:02 And you still can't lose the weight because I still was at that point, you know, at a, at a, at a weight that I guess, I don't know, she felt was not appropriate. I should have been thinner even at that. And I was like, uh, yeah. And then she says to me, too bad there's not a fact bill or something you could take. I almost fell off the chair at that point. I was like, this person is this, am I being punked right now? Mm-hmm. <affirmative> and thank God I had the ability and, and the wherewithal and the strength to be like, are you kidding me right now? <laugh> And I, I didn't listen to her because if I had listened to that woman, God knows where that would've spiraled me off to or what I would've attempted to at that point in terms of modifying my body or anything like that. I knew she was wrong, thank God in that moment. And I was like, listen, like I just need this referral. And then if you remember she was like, oh, well we have a, I don't know, some sort of in

Speaker 3 00:31:00 House stuff. Mm-hmm. <affirmative>,

Speaker 4 00:31:01 They wanted me to do some other program mm-hmm. <affirmative>. And I was like, I remember sending, I remember telling you the program being like, oh, I don't know, they're recommending this thing. Like, I still haven't gotten the referral yet. Cuz we were kind of in those early stages of trying to get everything in order so we could actually start meeting. And you were like, um, I have never heard, um, of this place that they're talking about. Mm-hmm. <affirmative>, like no <laugh>. And then I kept pushing and I actually think I switched PCPs. I like you did, went then went to somebody else who I, and like luckily that person, although they did give me some incredibly bad advice, it wasn't as bad. And he wrote the referral mm-hmm. <affirmative>. So we were able to move forward. But if I hadn't been able to do that, I think back to that and I'm like, what God no knows what that woman, what those comments would've sent me on.

Speaker 3 00:31:48 And I, I mean you, you were ready to receive that input and say this is fucked to like back the back up. This is inappropriate. I'm not comfortable with this. And no. Um, and that is not the reality for everybody, which I think is so important to just say out loud, you might not be in a place where you are ready or able to advocate for yourself in that sort of way with medical professionals. And I think us medical professionals, like I take myself seriously, but I also, I've learned so much about the importance of taking myself down off of like the expert pedestal because my clients are the experts of their, of their bodies and their body experiences. And there is so much medical gaslighting that happens because I mean, doctors and nurse practitioners and all of us are trained in very, very fat phobic systems and fat body oppressive system systems. That's, I mean, it's like white supremacist, racist bullshit that is all, you know, rolls together into fat body hate. And then we stop seeing people for like, things beyond body size. It would be it. Mm. My life's goal is to put myself out of a job <laugh>, the American Academy of Pediatrics saying that bariatric surgery and weight loss for babies is a great idea. So I'll, I will always have a job, but I would really love to not have a job sometimes

Speaker 4 00:33:28 <laugh>. Yeah. I guess I'm trying to put myself out of a job too.

Mm-hmm. <affirmative>, I want everybody to care themselves and advocate and put their needs first push back like against the suppressive society. That is just bull bullshit. It's all bullshit.

Speaker 3 00:33:41 Yes.

Speaker 4 00:33:43 <laugh>

Speaker 3 00:33:43 Yes, it's, yes. It's,

Speaker --

-- 4 00:33:45 I'll swear on Instagram <laugh>

Speaker 3 00:33:48 If, uh, well, no, you can, you can, it won't. I, I have tested that many, many times over the years. You can swear on Instagram. Um, and I think probably this will close caption and it will, um, bleep out the words, but maybe not whatever. Um, this is a really important conversation to be having. And I now I need to confirm if, um, eating disorder awareness week in the States is in fact this week. I think that it is. Um, I know that there's eating disorder awareness a week that happens in Europe and is kind of celebrated at a different time. I need to find out,

Speaker 4 00:34:38 We're gonna have to confirm that. Yeah, for sure. <laugh>. But like I said again, it every day should be eating disorder awareness because it's so important and so many people struggle and, and thinking about the journey too. You know, my mom lives in a larger body and I'm, I have a very close relationship to my mom and sometimes I think she feels bad because she thinks back to like the behaviors I was doing and she thought those were normal. Like, what the hell did she know? She, so, you know, to then now talk about it. And it's funny. So a couple of years ago, what I'm getting at is, so her experience is very different than mine. She always was in a larger body. I did have thin privilege for many years up until I was about 17 when all of a sudden my body started to change and then that's when the, the cycle really began.

Speaker 4 00:35:21 But, um, the, uh, so my mom, you know, she's always been larger mm-hmm. <affirmative>. So she's had that really, and she had some really unfortunate circumstances as a child. I was telling her about the pediatric association recently and she goes, you know, if that, if bariatric surgery had been recommended to her mother for her as a kid, she might have had it. And um, you know, certainly grew up in a different time period. And, and there are, you know, more advocacy and things happening now, whatever. Anyway, so a couple summers ago I remember sitting with my mom and she was, you know, I was kind of further along in my healing journey and she was talking about kind of where she was. And I finally, I turned around to her and I said, you are now ready for intuitive eating. Like you're now ready to start embodying these practices. And I remember that being like such an important moment, like in, even in our relationship. And she just kind of looked at me and I was like, yep. Like you weren't ready before, now you're ready. And and she'll even say it now that like, you know, it's still a journey and, and she's still on learning things, you know, and she's in her sixties and, and she's kind of figuring it out too. But like, she had to get to that place where she could be now ready to hear this <laugh> what

Speaker 3 00:36:33 A cool gift to be able to give to your

Speaker 4 00:36:35 Mom. It was, was cool. And like I tell her all the time that like, you know, by us doing the work, we're helping to heal that generational trauma. Amen. My grandmother and my amen. And even, you know, my dad and everybody in my family who has struggled cuz this has been certainly generational for sure, my family.

Speaker 3 00:36:56 That is a huge, that is huge. That is huge. Pass it on to

Speaker 4 00:37:02 Everyone. <laugh>. That's the hope. That's what we're gonna mm-hmm. <affirmative>. Yeah. Yeah. Yeah. And a lot of my work, although I'm not a dietician or, um, but I share my experience always. I always tell people, and you know, nutrition and hydration is part of, uh, self-care. Like, you have to eat, you have to function, um mm-hmm. <affirmative>. So, but I always put that extra spin on it. And, um, one more, I'll tell you a funny story. I was given a presentation on self-care one time to a, a group of teachers and it was virtual. And, um, somebody <laugh>, some woman, I did the like, um, no bad foods, um, kind of thing talking about that. And somebody accidentally unmuted themselves. And so now I had a group of people and the woman was like, I heard her and she goes, oh, un no bad foods.

Speaker 4 00:37:53 Like, what is this? I gotta listen to this woman who like, I was like, whoops. So in that moment, whoop, I was for the choice. I was like, like, do I pretend I didn't hear that? Or do I, I take the opportunity to educate. I'll let you take a, and now what you did as to which one I chose m --

-- m-hmm. <affirmative>. But I went at it and I was like, oops, I think somebody accidentally unmuted themselves. But since I heard that comment, allow me to pause and let's go back for just a moment. Let's rewind. So I kind of went into like the whole thing. By the end of it, people were in the chat, like, we have a superintendent position opened. I work in a, in a school, I'm an educational administrator. People were like, they were offering me jobs by the, the end of the <laugh> mm-hmm. <affirmative>. And that woman actually did apologize at the end, but I was like, oh man. And, and you know, in that moment, like I felt the, the anxiety and I was like, like, oh my God, do I just let this go? No, we don't, we don't just let that go.

Speaker 3 00:38:51 What a beautiful thing that is so frigging awesome. You're not surprising.

Speaker 4 00:38:57 Like I was like, you know, and I, I can still even like feel my body, that reaction in that moment of being like, uhoh <laugh>. Mm-hmm. <affirmative>. But no, we, we went for it. And I'll never ever not share my story if it's gonna, it's gonna help people. Yeah. I mean that's, I asked you if we could jump on today. I'm like, I want to, to help people, you know, to let's share this. Let's amplify the story. Let's really promote self-care cuz it is so important.

Speaker 3 00:39:27 Absolutely. And it's part of it. Absolutely it is. Thanks so much Theresa for sharing of yourself. I'm so grateful that we were able to have this brief chat. I would love to keep this like an open dialogue. Yeah,

Speaker 4 00:39:43 Absolutely.

Speaker 3 00:39:44 Does that feel okay? Yeah.

Speaker 4 00:39:45 Okay. I appreciate you and all the work you're doing and just continuing to help people and we need more people talking about these things and, and if people wanna follow me as a result and

Speaker 3 00:39:55 Yes. Follow follow. Dr. Mk. Dr. Mc doc. Sorry. Sorry. I I actually had a mm, Dr. Mc. Okay. No, I know your, I know your last names

Speaker 4 00:40:07 Mili O'Connor. So, but I have my PhD in educational leadership and my main area of study was helping people practice self-care and piece of it being okay in your body, practicing self-compassion, figuring out just how you function as a human and, and how you show up in the world is such a huge piece of it. And we need more of this because society sucks and we need to make it better

Speaker 3 00:40:31 <laugh> and we can,

Speaker 4 00:40:33 We can

Speaker 3 00:40:33 One baby conversation at a time. Yeah,

Speaker 4 00:40:37 For sure. And

Speaker 3 00:40:39 Mk, so briefly, MK was actually one of my graduate professors and Dr. And doctor. So yeah, she had a PhD. It was an mk, like she went by, that's how I referred to her. Oh my God. And, and you, you know, you were on your adventure to getting a PhD the entire time that we have known each other and now you have a PhD Yeah. And you're doing all of the stuff. Yeah. So

Speaker 4 00:41:02 I'm saying to you too, when I started that journey, I was afraid I was gonna gain more weight. Mm-hmm. <affirmative>. And I remember like, okay, so now you have to help me like make sure I don't gain weight. And you were like, huh. That's not, that's not really, these were the early, early conversations. <laugh>,

Speaker 3 00:41:18 The evolution of healing,

Speaker 4 00:41:20 The evolution of it has been a journey. And I think it's important though to honor that and to recognize that and to share it. Like I don't want people being like, oh, like, you know, look at her like she's got it all together. Everything's great. Like not by a long shot. Like this was a journey and that journey is important.

Speaker 3 00:41:37 Totally. And I don't think, I don't, I think we need to get away from kind of destination anything, right? Like everything, may everything be a journey. May everything be an opportunity for continued learning and increased self knowing. Um, the world is gonna always be screwed up right around food and around body stuff. And self self care is a privilege and not, not a privilege afforded to everybody. And I think we can get away from the idea of self-care being about like manicures and pedicures are really nice and if you're not getting like your Maslow's hierarchy of needs, like bottom line food, fluid, some degree of community reproductive, like safety, those things are not in --

-- place. Asking yourself to um, you know, excel as a human, not to suggest that people don't excel as a human when they're not, not meeting those basic needs. And oftentimes, I mean I'm literally talking to a person who was meeting none of those basic needs and was excelling at the same time. <laugh>. Um, like you can excel more like the, the point is not always being excellent and if you are not meeting basic needs, you could do better and you could feel better.

Speaker 4 00:43:02 Yeah. Oh, a hundred. I feel so much better than when I so much better. Like I'm not obsessed. Oh my God, I don't know how many times do anything else like to even think, cuz I was so obsessed about every calorie and every movement, what I was gonna burn and like, oh my God. Like no, it's, life is so much better now.

Speaker 3 00:43:23 Yay. You don't talk. Yay. Don't talk. And Jeff agrees. So this is perfect

Speaker 4 00:43:28 And my mom agrees. Perfect. Manny pet probably talk about it, the self self care cabaret because that is not the real definition of self-care. Can we Gru

Speaker 3 00:43:36 No. Amen.

Speaker 4 00:43:37 Any petties, but that's not the real definition of

Speaker 3 00:43:40 Self-care. Correct. Muno. <laugh>. Perfect. Okay. Thanks so much Teresa. Have a lovely, lovely rest of your weekend. I don't know if you're taking, actually you're at school, so do you have this week off? I

Speaker 4 00:43:52 Have school vacation. Woo

Speaker 3 00:43:55 <laugh>. I do not, but enjoy yourself. Thank you. Okay. I'll talk to you very soon. Bye. Thanks Theresa. Bye everybody.

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