

TBT 43 transcript

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Sirius: Welcome to the Body Trust Podcast, the podcast that redefines how we occupy and care for our bodies and each other in a world that often targets and commodifies them Here. We believe that body trust is a birthright, a pathway to freedom, and a radical alternative to the conventional narratives around food, body, image, weight, and health.

Dana: Join us as we [00:01:00] explore the intersections of social justice and healing. Diving into what disrupts our body trust and how we can divest from diet and wellness culture. Together we'll confront the challenges posed by patriarchy, capitalism, and white supremacy, and discover what it truly means to embody this liberatory work.

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We are thrilled to be here today. I'm here with Dana.

Sirius: Hello, hello

Hilary: and serious. Hey

Sirius: everyone.

Hilary: And I'm Hilary. Um, and we are so [00:02:00] excited oh overwhelmingly, to have our dear friend and colleague, Meg Bradbury here with us. Today's episodes is all about Orthorexia because. If there's something we

need to be talking about that we're not talking about right now, it is Orthorexia, especially as we live adjacent to the Maha Maha agenda.

So Meg is a person, let's see, how long have we been acquainted, Meg, would you say?

Meg: Um, nine, eight or nine years.

Hilary: Yeah. Yeah. A good long time. And Meg's been,

Meg: yeah.

Hilary: Um, a central and wonderful and, uh, what's the word I'm looking for? I'm not gonna find it anyway. Meg's great. Meg is, [00:03:00] um, we've, Meg's job title. Meg works at Center for Body Trust folks, and Meg's job title is, uh, coordinator, program coordinator.

Uh, Meg organizes the. Um, well, do you organize, what do you say about your job there?

Meg: Mm, I usually call myself, I think working a little bit in the back of the house, um, in terms of social stuff a little bit and whatever. I don't have, I, I have left words than you do about it, but I, I think my central vocation in Center for Body Trust is the kind of den parent of the, uh, certification program.

Hilary: That's

Meg: right. Um, and the go-to person for, you know. Whatever we can, we cannot describe my job.

Dana: Yeah.

Meg: I'm happy to do what I do for all y'all.

Hilary: Yeah. Meg is

Dana: [00:04:00] the coordinator extraordinaire, thus the word coordinator.

Hilary: Exactly. Meg, I think is, is a real, um, it's kind of the beating heart of what it means to engage in the Body Trust community.

And we are always super delighted by how much of yourself you bring to that and how much people get to lean on you, um, as they move through Body Trust certification and beyond. Uh, Meg has also, well, why don't you tell us about your other things you're up to because you do a ton of stuff, including being a damn kindergarten teacher.

I, I just don't wanna leave that part out 'cause it's not, it's not small. But anyway. Tell us what your other projects are right now. Or have

Meg: I, I feel like on paper. Hi everybody. I'm so glad to be here. Um, you're among my favorite people of all time and I can't imagine my life without [00:05:00] you. Um, and without Center for Body Trust.

So that's that. Um, I do do a lot. Um, and I'd say, damn, kindergarten should probably be on my cv. Just that exactly that way. Yeah, exactly. A dance kindergarten teacher. I do that, um, with, with, with Gusto. Um, you too.

And I also, uh, and the coordinator, project coordinator for Center for Body Trust and love that work. And then I'm also in a coaching practice doing body trust coaching, um, one-on-one and group. And then I have, um. Some stuff that I do in the realm of aging and aging and liberatory practice, which is very connected to my body Trust work.

Um, I have a group called Cron in Sage that is a year long cohort, uh, for people, fis and over, um, trying to [00:06:00] reassess and reimagine aging process in ways other than what we normally see in our stupid fucking culture. And then I have, I founded a group called Elder Queer, which I'm currently sort of trying to figure out what the next iteration is, um, which I'm hoping will be maybe some more in-person gatherings.

And that is again, for, um, people 40 or 50 and over, sort of like coming together in community and getting. Be in sacred and beloved community around the aging process in ways that feel, um, both sacred and kind.

Hilary: Mm-hmm.

Meg: This is not something anybody would ever wanna do, would, without that descriptions like that.

Sounds like,

Hilary: and queer,

Meg: well, yeah. Elder queer implies that, and you'd be surprised.

Hilary: I [00:07:00] know.

Meg: You know,

Hilary: I can only imagine.

I

Sirius: I wouldn't be surprised.

Hilary: No, not surprised.

Meg: So, yes. And queer and Elder, I mean, there are young people when Elder queer was in, it's like heyday. During COVID, we had millions of zooms and all over, and there would be like young people sneaking into the zoom, but like, you're not even 20, you know, but wanna

Hilary: Yeah. Yeah.

Meg: Kind. Yeah. Yeah. That's a thing.

Hilary: Yeah. I know.

Meg: So all those things. Yes.

Dana: Yeah, I know too. Like for folks in the trans community, when you reach 35, you are an elder in many ways. Oh yeah. Like IA talks a lot about ia. Parker talks a lot about that. Getting to this place. I'm not sure how old IA is, but that yeah. That they're an elder in the community, even though in, in like the larger context of the general population, they probably skew young.

They're [00:08:00] others. Yeah,

Meg: yeah, yeah. For a lot of problematic reasons. Mm-hmm.

Hilary: Yeah.

Dana: Yeah.

Hilary: So what brought you to Body Trust in the first place?

Meg: Oh, body Trust. Well, Dana, Dana waving, um, when I.

Family rife with body shaming. And as a product of that, I developed many iterations of eating disorders and controlling behaviors and disordered eating patterns, um, of all kinds. Uh, and went into a period of remission, um, just on my own in like maybe the nineties and thought, oh, okay, I feel done with all this.

And no, in fact I wasn't. And um, in my forties I started, um, messing around with [00:09:00] the idea of healthy eating. And of course that's what that sort of.

Inspired decade. And while I was trying to get away from that, I discovered, you know, Googling there was very little, like, if I think about how far the anti diet, um, as we called it back then, kind of movement has come. There was very little to Google back in 2015. Um, but I did find a video of Dana, I dunno if this was like 2016 or so, can't remember, but Dana was railing about an Oprah episode and fuck you all over the place.

And just the, the anger. Was, was something I hadn't attached to my recovery. And when I got to see that righteous anger, I was like, that's it, that [00:10:00] I can connect to this. This is somebody I wanna know more. I wanna know more about their work. I wanna know that it's okay to be angry about this. And so I did a, you know, I, it's like, oh, be nourished.

Oh, whatever. So I started following on the very primitive socials back then, and, um, found out that there was a, uh, certification program, and I started talking to Dan and Hillary around that and became certified. And the rest is history. Um, but that is my, that is my initial, um, initiation to Center for Body Trust.

But I, it, it was like finding home. It was, it was not too academic. It was not too pandering. It was not too straight. It was not too. You know, I hadn't found a lot in terms of recovery talk that I could relate to and with be nourished as we were called at the time, um, I just really found a home there.[00:11:00]

Sirius: We're gonna include that video in the show notes, right?

Dana: I know I wrote it down. I'm like, Dana's rant. Yeah. Where is that rant?

Sirius: Yes,

Dana: I know it was about the whole, it was when the whole 30 was really popular and a couple of mm-hmm. Um, pretty big authors had had mentioned that they were doing Whole 30 and they had these huge followings.

And I remember one of the things I was like, you get to do whatever you want in terms of your eating. You get to have your own personal food philosophy, but when you have millions of followers, just shut the fuck up about it. We don't need to hear about it. It's not helpful. It's actually likely harmful.

Oh, and it was Janine Roth too. That's what

Hilary: it was. Yeah.

Dana: It was also Janine Roth was talking about like restricting carbs or something.

Hilary: Sugar

Dana: her sugar, yeah. Evolution of her work. [00:12:00] And um, I was super pissed off about that too. Yeah. I'd had a colleague who and friend who'd went, gone to a retreat with Janine.

And Janine was like, poo-pooing certain foods in there and was like, wait, what? And yeah, so it was a couple things I think at the moment here. So I don't know when it's, yeah, but I think it was 2016 probably 2017. Yeah. Yeah. I can see if I'll, I can find it

digging deep.

Hilary: So what is, I mean, maybe. Do you mind sharing a little bit more about what Orthorexia was for you? I think folks hear the term and it takes a little while to kind of connect with it. Like I find myself when people are like, what is Orthorexia? I'm like, oh, it's like, uh, people who are more obsessed with the purity of food than maybe even thinness, you know, [00:13:00] or, um, wanting to perfect or, um, optimize health at the, uh, expense of everything else in their lives.

Um mm-hmm. But what was it like for you?

Meg: I think it was in its infancy. I think it was a way to try and feel better, although I don't know what better meant. Um, and I had had in my, in my. History. You know, there's, there was, I was a punk rocker in the late seventies,

early eighties. Um, I was sort of like a political psych in the, in the late eighties, nineties, right?

And those, those[00:14:00]

communities, those movements were very kind of rail against the man, rail against the machine. And, and food came into that, right? You didn't wanna support big farm, you didn't wanna support big Ag. You didn't wanna do harm to the working class, you know, where it's like farm workers rights, farm workers health, um, the environmental impacts of pesticides, et cetera.

Um, labor unions, all that stuff was in play in terms of how we made choices. And I think that. That's not necessarily a problem, but it, for me, it was sort of the beginning of looking at what I ate and how I ate, um, and how to politicize that and how to make it into a movement that sort of informed my later expression of quote unquote health and wellness.

Um, by [00:15:00] remembering like, okay, I don't wanna go back to my, you know, by anorexic behavior or, um, um, binge behavior. Don't wanna do that. I know I've gotten past that. I'm done with that, but I'm gonna try, like, maybe I won't eat meat and maybe I own. Then dairy goes, you know, you just sort of make small changes for health purposes.

At least in my brain, and for some people I know who I work with or talk with about orthorexia, it becomes one thing, begets another thing, begets another thing. So, oh, I feel, I feel like I can do this now. What if I cut out this and I, oh, I cut out that. Now what if I, if I, you know, kind of like masterminded all the things that I eat, all the things that I shop for, what my shopping cart looks like, what my daily meals look like, you know, all of that implies not only internally, but externally that I'm a good person.

So it [00:16:00] became about my health, about my, you know, metabolic health, about my cosmetic health and about my morality and ethos and, um, the way that I was perceived. It was all of that. So that's kind of like where I ended up. Which was probably at the, the, the heyday. I keep saying heyday. I don't, I feel like a peep.

It's like, and the heyday is my time, but it's like when I was at the zenith of, of Orthorexia, I was so scared of so many things. Not just food, but leaving behind so many things, restricting so many things, felt so empowering and so important that it became fear too,

Hilary: because it was so important to who you thought you were.

Meg: That, that as well as, oh, I haven't [00:17:00] had a chemical in my body for so long. If I have one, then I probably will feel sick. Or, you know, I imagined my body to be sort of this, this pure and cleansed thing. Mm-hmm. Because I have been restricting so much and because I was so in control of it all mm-hmm. That any one thing could throw that off.

Dana: Mm-hmm.

Meg: I hadn't thought, in fact, this is new thinking, but I don't think I thought ahead to what would happen. Like what the, if I actually ate something that I considered un-eatable, um, what would happen but something bad would happen, I knew.

Dana: Mm-hmm.

Meg: And so I ended up like at, at, at sort of right before I was like, I can't do this anymore.

This is just. But I was maybe eating seven things. Like I only felt safe around very few things. And, um, and I knew that, okay, this is [00:18:00] not only extremely boring, um, but also it just, that it, it, it couldn't function any further without becoming deadly.

Hilary: Yeah. So you kind of came to that awareness on your own as you were experiencing how small life had become?

Meg: Yes. And, you know, people were saying things, my daughter, as one of them, um, was concerned, um, and would ask me questions like, are you sure you're okay? You know, it's like, it's like, are you doing that? Because of, and she just asked me questions and um, and I could see and hear the concern in her voice.

Dana: Yeah.

Meg: And also there was a, a time when I was, um, I kept getting injured because I was also doing some extreme, um, exercise. And I, I just, my body wasn't feeling well because I was undernourished.

Dana: Mm-hmm.

Meg: And I couldn't, I couldn't heal properly. [00:19:00] I couldn't keep food down. Um, I just, all these things that I thought, I must be eating something wrong.

I must be doing something wrong. And

Dana: oh,

Meg: yeah, it was, it was wrong because I wasn't eating enough and I wasn't eating a diverse array of foods and I was unhappy all the time. All the stuff just sort of like, yeah, yeah,

Dana: yeah.

Meg: It wasn't, it was never enough. It was never enough what I was doing. I always could do harder or do more, or do different, or do, you know, more pure less things.

Yeah.

Dana: Yeah. The acceleration of the, the extremes, I think is, is a, is a characteristic of orthorexia.

Meg: Yeah.

Dana: Um, and for folks listening, it might be helpful to know the history that this is Orthorexia was coined, I think it was 1997, by, uh, physician named Steven Bratman, who, whose story kind of mimics yours, Meg, who, who just wanted to, got [00:20:00] interested in healthy eating, wanted to make some different choices and over time, um.

What he was willing to consume became smaller and smaller, like the, the, the list of things that were okay for him to eat. Like you said, you got down to like seven foods you could have, and it was really confusing to him because it wasn't about body size. He wasn't doing this because of it. And he thought of eating disorders as a preoccupation with the thin ideal.

And, and he's like, but this isn't about thinness. This is like about morality and purity and cleanliness. And um, seemed to be more like, have some qualities of obsessive compulsive disorder. And so he coined this term orthorexia, which I think translates to like the obsession with eating correctly the right way.

Right? Yeah,

Meg: yeah, yeah, yeah, yeah. There seems to be a lot of, and this is not my [00:21:00] own personal. Stuff. But for me, um, growing up in the family that I grew up in with the parents that I had, um, I spent my lifetime looking for approval and with Orthorexia, because it's so aspirational, you know, people see you eating in these that feel very like, inspiring, you know, oh, Meg's always eating this or not eating this or doing all these things for their health.

Right? And I found that sense of approval, I found that sense of like kind of power from that. And I think that's also a big piece of this. And I wonder for other people who, who experience that sort of sense of superiority, that one. Tends to, well, I, I can't say this is across the board, but it seems to be a common piece of orthorexia for a lot of us.

And that felt really good too, to finally feel [00:22:00] like, oh, I'm doing something right. You know, it's like, this is, this is it. Yeah.

Dana: The supremacy of it and the pedestal of it. And I think one of the characteristics of, of Orthorexia, which does not have DSM criteria yet diagnostic criteria, but is certainly being researched and will likely have diagnostic criteria.

And those of us who work in the field of eating disorders often see that our, our clients can go through like a clinical presentation of anorexia or binge eating disorder. And on the way to recovery, they kind of go through orthorexia. Mm-hmm. Uh, and it's a, it's a stop along the way for many. And, you know, one of the things, so I think.

Given the society we live in and the way we pedestal people, especially on the West coast. And I think it's important for folks to know that, you know, you were in the land of, you live in the land of Orthorexia, you live in la you were living in LA at this time, right? And so you got so much [00:23:00] accolade for what you were doing and like mad respect and you're so disciplined and I wish I could be more like you.

That kind of stuff. That then it can be really hard for the person who is struggling with the condition to really acknowledge that this is, has a shadow side to it.

Meg: Yeah. Yeah. And it is such a huge shadow side, right? It's like it's, it's almost like it's cloaked in this, in this, I can't say I can't, I'm struggling to find like positive things to say.

It's, it's cloaked in the aspiration, right? It's cloaked in the, the, oh, this is what everybody wants. This is what people are supposed to do. Um, this is, you know, we see this now culturally, um, with, uh, Maha and biohacking and stuff like that. Um, so that is, that is where you're supposed to end up. You're gonna go through shit until you get to this [00:24:00] place where, oh, you can eat, you can, it's, yeah, I dunno where I'm going with that,

Hilary: but I think, um, I think it, one thing I'm thinking about as I'm listening to you, you know, knowing you the last 10 years, like you are such a, like, loving, inclusive, funny, kind, welcoming person who holds so much space for other people's humanity.

Like people are just get to be so much themselves around you. I'm just thinking about this other version of you that I never met, right? Where, um, you were kind of an, a-hole

meaning like, you know, you got really caught up in judgment and like, um, the way things should be done and the right way to do things and

Dana: mm-hmm.

Hilary: The [00:25:00] superior way to do things and I'm, I think with eating disorders, um, we miss talking about this, the, like, what it does to people's personalities and social relationships and hearts, you know?

Dana: Mm-hmm.

Hilary: Um, so I'm joking about the a-hole part, um, because I know you so well and it's so funny to even consider calling you that, but I, I, um, I don't know, wondering what you think about that.

Meg: I, it's so interesting because it does like, like many kinds of eating disorders that isolation is a big piece of it.

Hilary: Yeah.

Meg: I think that is really central to almost everything I went through in terms of disordered eating. Um, where it's like, okay, if I, if I hide somehow or if I, if

I, um, isolate in terms of like, I don't [00:26:00] wanna eat around anybody or I don't want anybody to see what I'm doing, even though that's sort of antithetical to the grandstanding of orthorexia, it still was true.

I remember when I came to, when I was in recovery and I came to our retreat for my certification cohort, and that was 17

Dana: probably. Yeah.

Meg: Um, and I was still, I was still new to recovery. New to recovery, and I. At the perfectly decent food that was offered. And I was like, I can't, and I'm like, I'm here to be certified.

Like I, you know, it's sort of like you, you wanna not be an asshole. You are in spaces where you, you are given permission to like, okay, I can do this. I'm here. And that I, I wouldn't call it, I would because it was more self-inflicted. Right? Yeah. It was all on me.

Hilary: Yeah.

Meg: Um, I [00:27:00] didn't really look so much.

Sometimes I did, but I didn't really look so much or concentrate so much on other people's stuff.

Hilary: Uhhuh as

Meg: much as my own stuff.

Hilary: Yeah.

Meg: Um, but it, it is it that is still as whether it's you're thinking about yourself or you're thinking about others or the culture at large. Right. So I think I could excuse it more if it was self-inflicted.

Hilary: Yes, for sure. I, I can relate to that deeply in my own stuff. Yeah.

Meg: Mm-hmm. Mm-hmm. But it, it was sort of like, I described it years ago and this still holds true. It feels almost like it was a virus of some sort.

Dana: Yeah.

Meg: That if I, that sort of negated my, who I was in the world because it became who I was in the world for this period of time.

And part of recovery was remembering that self that existed [00:28:00] before I thought I was in so much control that I couldn't control anything but that, it's so complicated, right? I say these words that feels like, oh my gosh, what in the world was happening in my brain? And it almost seems like another person at the same time, I am who I am now because of that experience too.

And I Hold, go ahead, serious.

Sirius: No, no, that just, it brings up a, a question for me around, um, aging. Mm-hmm. And, you know, because, and also so much of your work is around aging. I'm, I'm wondering, um, can you reflect on like what age this started? Um, and may, and you don't have to be specific on age. I'm, I'm actually wondering more about like what stage of life this sort of happened mm-hmm.

For you in and like how that relates to it and thinking about other people who experience orthorexia and when it shows up in their lives, like what [00:29:00] else is going on that is sort of feeding into it or being impacted by it? I, I. As I sort of looked at Orthorexia and tried to understand it over the last few years, it seems like mothers into enter into it at a certain stage because of mothering.

It seems like, um, men enter into it at a certain stage, uh, like later in life, but it also seems like something that teenagers and young people can really fall in. So I'm just kinda curious like how, like what, how do you square this around, like aging stuff?

Meg: That's such a good question. And also I, I'm curious to hear from all y'all in this in regard to working with people because it may be similar, like who you're running into, who is talking about this and recovering from it and where they are in their process of aging.

I think that, um, my first, my first dabbles in quote unquote health food were in middle school actually. [00:30:00] Um, and going through kind of rebellion and also, um, being in a. Fat or body. Um, and my parents who didn't like that, you know, I was trying to find ways to please them and also ways to rebel from them.

So it's like seventies health food was like, they hated when I read labels because that meant I would question what they were buying. So I'd read the labels, you know, whatever. So I think that that was part of it. Um, and then, um, like I

mentioned, I wouldn't categorize it as orthorexia, but I would say that that sort of political, um, sort of means to make a statement around food and my food choices.

That could be one process that was in my coming of age as a, um, queer kid, um, as a punk rocker. So that was one piece of it. And then later in my forties. When I was, had body image stuff from having a child. And when I was [00:31:00] searching for a way to manage that and manage my feelings about my body without going into my old eating disorder behaviors.

So that was another thing. And as I move into, I'm 63, so I move into my third third, and there's so much conversation about what are you gonna eat for your health? What supplements are you taking? Do you have enough protein? You know, all that conversation about how you should and shouldn't eat when you're aging in order to bone density or, or brain health, or you know, dementia, sort of, all that stuff is in play.

And I can, I can kind of hear myself and falling into like, oh, is that should I, what? How much protein? You know? So I think that you're right, there are stages of entry into various, um, iterations of this kind of thinking. And it seems to be, I, I think you're right. I'm not sure about with, with men, although that is a whole different topic of conversation, that men are [00:32:00] being, men and boys are being drawn into the conversation with different language, with, you know, like, I mean, men are, men and boys are encouraged to become machines.

Sirius: Yep.

Meg: Versus, you know, lack of feelings, lack of, yeah. So duty bound, all that stuff.

Sirius: Yeah. Efficiency. Yeah.

Meg: Biohacking, bio

Sirius: hacking.

Meg: Biohacking and suffering. Right. So it's all about, you know, and I'm not saying this isn't true for, for women, but I think for men and boys, it's like, if you can do the sort stoicism thing or, you know, don't drink water for a day or take cold plunges or breathe in a certain way.

I mean, that's all part of the, the, uh, the mail, blah. You know, it's so marketed that way too. And you know, it's. I think that growing older for every gender is harrowing in terms of like, you're pretty, you're a walk in target for [00:33:00] newish diet culture ish shit.

Dana: Mm-hmm.

Um, yeah. I found myself thinking about like influencer culture and how many, you know, you didn't have access to that, that didn't exist mm-hmm. When you were in your auria and, and thank God. Exactly. Yeah. Yeah. Is, and, you know, would, would you have been making videos and spouting off at that time? Who knows, but certainly your access to that.

Really unhealthy relationship with food. Those thoughts. It, I mean, it's plentiful. It's everywhere. Oh my gosh. On social media right now. I mean, TikTok is, it's a nightmare in terms of nutrition advice and reic thinking that's all about dominance and supremacy and being [00:34:00] better than, and it's, it's more about boosting up how we feel about ourselves than anything health related.

But as you were, as you were talking about men, I, I just flashed to that commercial with Kid Rock and Junior, that's Orthorexia right there.

Hilary: Mm-hmm.

Dana: Mm-hmm.

Hilary: That's lot's. A lot of things. It's a lot of things.

Dana: It's a lot of things including,

Hilary: and one of them is Orthorexia.

Dana: Mm-hmm.

Meg: Do you know what I feel almost like, like proprietary over the word orthorexia.

It's compared. And that's, uh, that's just like, you can't call that orthorexia. That's just bullshit. Yeah. And isn't that a stranger reaction I'm having that's just

Dana: toxic, toxic, like masculinity.

Meg: Mm-hmm. Yeah. Mm-hmm.

Dana: Yeah.

Sirius: Well, I, I think we're in a strange moment where those, those things that might have been in separate buckets before they're running together

Hilary: mm-hmm.

Sirius: Or auryxia and toxic, toxic [00:35:00] masculinity. And, you know, I think we would be remiss in this conversation if we didn't talk about the ways that Orthorexia is deeply connected to white supremacy. Um, and, um. I mean, all of that stuff around like purity and like clean eating is is deeply white supremacist coded.

Uh, it's, it's white supremacist maxing. Is that, is that how the, the kids that

Hilary: it, you did that. So

Sirius: white s

Hilary: That was it. You got it.

Sirius: You heard it here first folks. You heard it here first. Um, and, and I think we were talking a little bit about this before we started recording around how we're, we're in this very challenging moment where problematic, oppressive systems are showing up within progressive conversations, organizations, um, uh, thinking, et cetera, and all, like, all of this weird stuff is getting [00:36:00] weaved together in ways that is, um.

Surprising and annoying and a little bit scary. And I, and I think that Orthorexia is sort of an interesting example of that. The way that it is showing up with Maha and like, and like toxic di culture and all the things like the, the overlap, the, the strange bedfellows like aspect of this, I think is, is hard to ignore right now too.

Mm-hmm.

Dana: Mm-hmm. Yeah. I just sent it to Meg a couple days ago, but it was that article we, when we did our Maha episode a long time ago, there's this amazing Al Jazeera like Epic Al Jazeera article about, um, how white nationalists infiltrated the wellness movement. And there's this rise of white wellness, surging wellness subculture that uses the idea of purity, health and fitness to support and [00:37:00] spread white nationalism, right?

Yeah. So this is absolutely, um, the pipeline with Maha, we see it. I mean, even just hearing about Maha, um, they were talking about hospital food today or yesterday about going after hospital food and what we feed people in hospitals and you know, junior, 'cause I refuse to use his full name. So Junior is getting on hospitals for pe, giving people with diabetes, Coca-Cola.

I was like, you know, like if hospitals are giving people with diabetes Coca-Cola, it's very likely because they're, they've entered with hypo severe hypoglycemia and they're gonna die if we don't get their blood sugar up. And that's what we need to do to get their blood glucose levels up quickly, is to give them something really sweet.

But you know, there's, you know, if there's one thing we know Junior is not good at is fucking nuance and discernment. And I bet you he doesn't even [00:38:00] know that there's such a thing as medical nutrition therapy. And not everyone in the hospital can have protein. Some people are actually on low protein diets,

Hilary: but this is where the conspiracy edge of their stuff enters.

'cause they're like, oh, well that's what you think,

Dana: right?

Hilary: That's what you think cool of a dietician, you, you know what I mean? Yeah. But that's the thing. Like we think that everyone's having this and of one experience and. I think they differ from orthorexia in the sense that their enemy still is fat folks.

Yeah.

Meg: Yeah.

Dana: Mm-hmm. Mm-hmm.

Meg: Yeah.

Hilary: And I, I don't think that's not in Orthorexia, right? Like, I don't think

Meg: No, it definitely

Hilary: is from that at all. But I do think that, you know, we have to hold that connection mm-hmm. That this is about eradicating people. This is about, um, everyone needing to be there, kind of attractive around them, or not [00:39:00] being worthwhile.

Dana: Mm-hmm.

Hilary: And it's about them not really, not knowing what to do with themselves if they're not feeling like they can accomplish something in a gym. Like they have No, I, I don't think they have any identity outside of this.

Dana: Outside of that. Yeah.

Hilary: Yeah. Mm-hmm.

Meg: I think that's really important to name that piece of identity.

Yeah, that goes along with something like Orthorexia because people start getting to know you because of like the habits that are publicly paraded around. I'll say, I'll to speak for myself. Yeah. But everything I worked in a, in a school, so everything I ate and did, you know, became kind of public, you know, scrutiny or not scrutiny.

Aspiration or not aspiration, but it was just so everything became public and you become known for that. Um, yeah. And, and sort of envisioning [00:40:00] letting that go is really hard. Like, I'd imagine, you know, this is putting Junior in a weird light, but what if one day Junior just wanted to fucking have a coat from, I mean, he, he wouldn't do it because it would be a public image thing.

Hilary: Yeah.

Meg: Yeah, stay in his, stay in his weird fucking bear lane. But,

Dana: but yeah, swimming in polluted water in your jeans is not unhealthy.

Meg: No. And like, I can't

Hilary: also,

Dana: but he wouldn't drink a coke when he was in the water raw.

Meg: No. Draw the line somewhere that

Hilary: your body, do you have to be, to get in water in your jeans?

How outside your body, like

Meg: never nude guy.

Also

Hilary: the,

Meg: the, the cutting the whale and the whale juice coming down off the car. I mean, because that's manly.

Dana: I don't

Meg: wanna and don't know why That's [00:41:00] okay. Ugh.

Dana: It's so funny that,

Meg: oh God,

Dana: you know, it's, it's wild to me. It's not lost on me that like two weeks ago.

Three weeks ago now on Saturday Night Live, they had a sketch called MA Hospital. I'll link to it in the show notes. It was, so it was, and then, so then to have this, this MA hospital skit on SNL, where they're like, give her some spirulina. You know, like it wasn't literally that, but

Hilary: No, it was like, she needs protein,

Dana: she needs protein.

He was so ridiculous and over the top. And then two weeks later we have him going after hospitals and I'm like, oh yeah, he is gonna be like, they don't need that. They need ultra red saunas. And I'm not saying ultra red saunas aren't helpful at times, but there's a time and a place for emergency medicine, and if you think you're all Maha, then take your ass to the MA hospital [00:42:00] when your appendix bursts and see what happens to

Meg: it.

See what happens.

Dana: Yeah. It's not gonna go well.

Mm-hmm.

I do think, I do wanna mention though, that when people are dealing with chronic conditions, chronic health conditions, and they see. Um, holistic healthcare providers, they're likely gonna be given a lot of nutrition advice. And, you know, if you see a naturopath, especially a naturopathic doctor who's like right outta school, you know, you'll, you can tell how long a naturopathic doctor has been in practice by how much dietary advice they give you, because their treatment plans when they're first outta school are like 15 pages of dietary notes.

And then when you're in practice for 10 years, you don't do that because you realize most of your patients don't do any of that shit. And it's, it can be more harmful than helpful. And I'm not, I'm not, I, I see a naturopathic doctor as my primary care. I love my naturopathic [00:43:00] doctor, and there's room for nuance here.

Food is often considered a first line of defense for chronic conditions. And I have seen many people end up in a place of orthorexia and then be so scared of everything because this doctor has recommended this, and then this doctor has recommended something completely different. And now it's the raw food and then it's the, it's the paleo, but no, you should be vegan and, and so then they get scared of food, all in all.

And there is a psychosomatic impact of fearing food that if you're afraid something is going to give you symptoms, it may give you symptoms. And not because you're eating the food, but because you're worried about it. Yes. And teasing that out in my clinical work as a dietician is really hard.

Mm-hmm.

Because we know that some of it is that, and some of it is maybe there are a handful of foods that really bother you. [00:44:00] And yet. You know, we've sworn off all but seven foods because everything feels scary at a certain point.

Hilary: Well, and I remember for, you know, clinical practice days together, Dana, and the, you know, the things that you learn to tease out and say like, you know, people getting, people with eating disorder histories, getting diagnosed with like SIBO or some other gut thing and then, you know, this wave of restriction coming their way and people not getting, 'cause people don't get this, that eating disorders, you know, kill people and SIBO doesn't, you know, restrictive eating disorders.

Like when Meg, when I hear you saying I was eating seven things and not enough. Like that's dangerous, right? Yeah. Like, that's scary. That's a road to. Not good things for most people.

Meg: [00:45:00] Yeah.

Hilary: Um, and we don't say those things enough. We don't talk about the dangers of restriction enough. We don't talk about the lethality of eating disorders or how they impact, uh, you know, regardless of people's size.

They impact every organ in the body when people are malnourished and, and not eating enough, regardless of size of the person. And so, uh, people are able to kind of blow past this, um, with this like kind of weird clinical expertise thing that we do as clinicians. I'm not excluded from that. And, and think they know every fucking thing and have some magical plan for everybody.

Um, and you know, whether it's GLP ones or, um, just health conditions in general, we don't ever consider this. Yeah. Driving me fucking nuts. So I remember learning a lot from Dana when we were in practice together 'cause she was putting these things [00:46:00] together, which sound very obvious, but when we're immersed in diet culture and immersed in, um, natural medicine land like Portland, Oregon and things like that, we have to say these things really plainly and it's not happening.

Dana: Yeah. Mm-hmm.

Hilary: Enough.

Dana: Mm-hmm.

Yeah. Yeah. We used to have that talk. We did helping without harming like

Hilary: we did. Yeah.

Dana: Making food recommendations and not, you know, 'cause when we mess with people's food, we mess with their lives. And it's not to be taken lightly. And like that was one of those things is like I was working with the 16-year-old who ended up in my office because she had small intestinal bacterial overgrowth called sibo and her doctor didn't wanna treat her with antibiotics, preferred to do it the natural way, and gave her a list of 20 foods she could have.

And this kid was binging on grass fed butter because she was so hungry. And then of course, when she could liberalize the diet, she didn't wanna liberal. She was scared to liberalize it. [00:47:00] And you know, the younger someone is, the more susceptible they are to these recommendations. I think so. Um. So, yes, it is absolutely something we're, you know, to, to approach cautiously with folks when we, when we're taking, uh, making nutrition recommendations and, you know, ideally not taking nutrition recommendations from people on the internet on TikTok.

Mm-hmm. Mm-hmm. These are not experts. They are influencers who are likely people who are naturally thin and conventionally attractive. Making money off of your shame, telling you what they eat in a day, like it's gonna make a difference to you. Um,

Meg: all of that, it's like, I think about that, just that like all the things that come into play, like morning routines, you know, I remember like that is a big part.

Ofia [00:48:00] or sort of. Trying to make a statement with the kinds of foods you eat and the things you do. And back in, back in the early days of social media, it feels like the morning routines. I don't know what they're now, because I don't, I'm not on TikTok, but it's sort of like this, you must have at least two or three hours, so you have to wake up at four in the morning, and then there's list of things that you do before you go off to whatever you're supposed to go off to in your everyday life.

And all of that is so performative and serious. You mentioned sort of like white supremacy. It's also culturally biased. It's sort of like. Yeah, it, and when you, when you're stuck there and you think this is the way to go, there's so many

things you don't see. And that's another piece of this stuff is like, now I can look back on some of my own shit with a sense of humor.

It's like, I cannot believe that I either did or believed or [00:49:00] ascribed to or wanted to be this, all this stuff. And to me, again, I, I was angry at myself for a while, for, gosh, I was duped. And look what I was sending, the messages I was sending to my daughter or my friends or people I worked with, you know, it was, it was, I was sending messages regardless of whether or not I was saying anything I at, I was sending messages.

And so that anger in the earlier part of my recovery has become a softer space for myself in the process because.

That person who wanted to believe all those things, who struggled to find a sense of belonging and a sense of self in those behaviors and in those choices that person was hurting. And so I'm, I'm, I'm sort of past being angry and sort of [00:50:00] in a, in a place of compassion for who I was at the time who needed something to hang onto.

Dana: Mm-hmm.

Meg: So coping mechanisms, um, we say it at at Center for Body Trust all the time. Coping mechanisms are rooted in wisdom. This applies here too. And some of that shit is fucking funny. Like when I tried to give my daughter a sweet potato instead birthday cake, or I mean, just like what?

There's so many instances where it's like, you what? And so it is, you know, if you can approach it with humor and compassion, I think that that's pretty cool. Like we've, we've mentioned Oria the musical

Hilary: Yeah.

Meg: A couple

Hilary: times. Not enough. Not enough.

Meg: I, it was an idea that I had. I'm not a, not, I'm not only not a musical theater person.

I have no musical background whatsoever, and I have no acting background whatsoever. But I do think the [00:51:00] idea of people on a stage, um, performing art behaviors would be fantastic. And there's a couple things that I

will say really helped and inspire the humor. Part of my recovery is throwing my Vitamix, like destroying it, running over my Garmin watch with my car.

That, that tracked calories and steps and paces and all sorts of things. Just things that sort of like, all right, I can see this for ridiculousness. I can try and destroy things about it. Like people smash their scales, you know? It's part of their thing, but it, it, it is a complicated place to be. When you think about why did I do that when you, like, was I dumb?

Was what was, what was I duped and all of that. Yes. And also approaching it with a tender, compassionate [00:52:00] hand is also really, has been really important.

Dana: It makes me think of intent versus impact, right?

Meg: Mm-hmm.

Dana: Like what your intention was when you gave your daughter a sweet potato for her birthday instead of giving her a piece of cake, like your intention.

Meg: However, winters I was like, I was like, okay, this is just like apple pie and I had a piece of apple, how, and a, so a soaked walnut had to be soaked. Soaked for a certain amount of time. Walnut, raw walnut, and then some, some, I forget what a Vietnamese cinnamon, there was some specific cinnamon that was better than all other

Sirius: Cinnamons.

Meg: Oh, the cian

Sirius: cinnamon. I was like

Meg: that. This what? Yeah, something I can't remember, which is actually kind of cool. So it's like, here's apple pie, or you know, or putting frozen bananas in a blender and it's like, who needs ice cream? [00:53:00] It's like, oh no. What the hell

Hilary: would you, if it's okay with Carson, who your daughter, uh.

Meg: I don't, I honestly don't remember. Although she did tell me at one point, I think I thought sweet potatoes were it, you know, it's like that is like candy. I

probably wouldn't eat them myself. There there's that. That's like okay. With a, with a kid. Yeah, because there was a thing also, and I forget where I heard this, but there was a thing like, don't roast your sweet potatoes.

You cube it and boil it because those were superior. So it just gets filtered down to like these things, not just sweet potato, it's how you cook the sweet potato. I think there's something with how the sugars caramelize. So sugar.

Dana: Yeah, the caramel

Meg: because

Dana: it tastes better and obviously it tastes better.

It must be bad for you. So, well, Vic Caramel, what your orthorexia make and just steam. You're fucking sweet, right? [00:54:00]

Meg: With your chicken and your

Sirius: broccoli. Just throw it in with the chicken and broccoli.

Meg: Not chicken serious.

Sirius: Oh, sorry. Oh shit. I fucked up. No chicken. No chicken. Okay.

Meg: Broccoli organic. Like nearly raw.

Well

Hilary: you also told us that you thought eggs were like a, why do you eat like a chicken's period.

Meg: Oh, a chicken period. Yeah. Why do you eat a chicken period? Yeah.

Dana: And then you fell in love with the jammy egg

Meg: and I fell in love with the jammy. Also, like milk. There's something about the pus and the utters and there, you know, all sorts of things.

Like you can, you can find whatever you want to to make an argument for all of this stuff.

Dana: I

Meg: think, and I'm not saying it's not true, but it's like if it becomes this sort of like, this is how you virtue signal, it's, it's such a problem and it's so like, go again. I really wanna go back to this like white shit because it's like, I remember thinking.

I'd be going home [00:55:00] probably thinking about if I was gonna eat a shiitake mushroom that day or not. And the, you know, I'd buy, I remember driving past big birthday parties and it would be all in the front yard and everybody, jumpy house, whatever, whatever. And I'm like, everybody having a great time? And there would be on the tables, bottles of soda on each table.

Every table got their own soda. And I remember they just dunno. They just dunno. And you know, I'd feel sorry and say in the meantime, they're having a party, woo jumpy house. Everybody's great. Everybody said, I'm driving home like I'm gonna have my shiitake mushroom. It's like, who doesn't know? It's like all and all that stuff is so real and all that stuff is so shrouded and privilege just outrageously so.

Dana: Mm-hmm.

Meg: It's a huge piece of it.

Dana: Yeah. I mean, I'm sitting here just as in this episode, just think [00:56:00] thinking about serious, just like the inter, like what people that would maybe be the first, uh, song in Orthorexia the musical is mm-hmm. What people. Mm-hmm. Yeah.

Meg: It's like

Dana: a can. It's totally whiteness.

Hilary: Mm-hmm.

Meg: What the, Cassidy,

Hilary: are there

Meg: any,

Dana: what The Cassidy? Mm-hmm.

Hilary: What, are there any other numbers that you're excited about in the musical?

Meg: Well, there was like, um, I remember thinking that it would be here on Vitamix aisle. Um, there was like, there is like, uh, I think my morning routine was one of them.

Dana: Sure.

Meg: I think, is it pudding or is it chia?

Um, mm-hmm. You know,

Dana: the Bristol, what was the poop test one? There was [00:57:00] one, the poop test,

Meg: the Bristol poop chart. It's like, yeah, the bristle poop chart was a poster and I don't know. Anyway, I was obsessed with like, my poop has to look like the perfect poop on the Bristol poop.

Dana: Wow.

Meg: And I got, I would get mad at myself in the same way that quote unquote, sleep hygiene, all of this is orthorexia sleep.

Sleep bullshit is dysuria. It's all diet culture based. Right. So it's like, if my poop didn't look right, I would get mad at myself. My poop never looked right when I was sick because

Dana: you know why

Meg: it was. Right. Exactly. And I would feel panicked if, actually, anyway, I'm not gonna get into too much a little tmi, but there's a certain, certain way your poop is supposed to look.

Otherwise, it signified dire health. Consequences. And you were a bad person. Yeah. So it even came down to that. It came down to, you know, not only, [00:58:00] you know, cleaning supplies and

Hilary: mm-hmm. Mm-hmm.

Meg: Car cleaning. You know what, where you went to the car wash, I would be like, oh yeah.

Dana: Mm-hmm.

Hilary: Um, I was also thinking, and this is back to the musical, which I will always come back to, um, we have no Broadway songs about poop, so I really feel like you'd be making a, you know, a contribution to the cannon.

I'm assuming we, maybe

Sirius: there's an Avenue Q song about poop. I, I haven't.

Hilary: Oh, okay.

Sirius: My fave musicals. But I wonder,

Hilary: I love that. I

Meg: found,

Hilary: well, I think about

Meg: You're in town.

Sirius: Yeah. Yeah.

Hilary: Oh, you're in town.

Meg: Does that have a poop?

Hilary: I dunno. I mean, I said this boldly and I didn't know what the fuck I was talking about.

Like, I don't, there could be, and I'm so glad Sirius is able to kind of. Scroll through the canon in her head and check me on this.

Meg: The poop, the poop canon

Sirius: about it. I mean, the [00:59:00] modern musical landscape is so different than what, what we might have experienced in the past, and there's probably something in the, the New World, but, um.

My, my, the song that I would like to see in Arthrex Seal the Musical is a, um, Sondheim inspired patter song about all the things that we've stopped eating. First, I got rid of this, and then I got rid of that, and then I got rid of this, and then I got rid of that, and then I got rid of this, and then you got rid of that, and we got rid of this, and we're all done like that sort of,

Hilary: oh

Sirius: my

Hilary: God, I

Meg: can see it.

Sirius: That would be sad for me. Yes.

Meg: I love that so much. It's like almost like Cole Porter, you know?

Sirius: Yes, yes.

Meg: Oh my goodness. Yeah.

Dana: Mm-hmm. Mm-hmm. But I also see it in the vein of like. Waiting for Guffman, like Christopher Guest, where it's, it's arty, the musical done by people who think they're really good actors.

They're like, [01:00:00] just, you know, they have the thing where they do the Stu Stews, they're like, work in the town where stools were made. Like, not stools. Like poop. Pardon? In the,

Meg: well, I think that they're

Dana: you

working and playing and harder.

Meg: So yes. Fermenting. Mm-hmm.

Dana: Fermenting and,

Meg: and you can high kick, you know, sugar bags.

Hilary: Oh wow.

Sirius: Yeah.

Hilary: Yes.

Meg: You know, there's so many things. Right. You have to. Go ahead.

Hilary: I was just thinking about the GoFundMe. We should probably be starting for this musical.

Meg: Who, this is a loaded question, who would star Inia of the musical?

Hilary: I've always seen you, but

Meg: No.

Dana: Well, we have Body. I'm too old now. Provider, Amanda Soden, who would gladly take up a role. [01:01:00] I nominate her. There may

Hilary: others under your entities. I mean, we don't know all of your interests in drama and your experience on the stage, so please reach out.

Sirius: No, I mean this a bit of a, um, uh, go with me on this.

Mm-hmm. I wonder if this is a reteam of Cynthia and Ariana, uh, to come together to star in, and perhaps it is. What, what the plot is, is sort of the back end of what was happening around the Wicked movie. Ooh. And out their weird codependent thing that was happening then Yes. Might have been influenced or impacted by Orthorexia.

Seriously, we come to learn. They, they looked at each other's poop.[01:02:00]

Meg: Well, come see, come see what I did today.

Sirius: Mm-hmm. Mm-hmm. Mm-hmm.

Hilary: Mm-hmm.

Sirius: Mm-hmm.

Hilary: S.

Dana: Oh. So yes, moving forward, we'll report back on Orx and the musical when it's going, when it's gonna debut.

Sirius: I ask a question context, Cynthia and Ariana, that I'll take, I'll take that on. That's, yeah, I'll do that. Yeah.

Meg: Thank

Sirius: you. Serious.

Meg: Let us know.

Sirius: No problem.

Meg: Tell them about the sweet potato and they'll

Sirius: Oh yeah.

Meg: Talk to me.

Sirius: They might wanna share one. Um, maybe, maybe. I think there are

Dana: also

Hilary: some like Maha Parenting podcast we could get you on too.

Sirius: Ooh, get the word out.

Meg: Oh fuck. Wait, are there Maha Parenting podcasts?

Dana: They're not, I dunno. But there are Maha moms, so, yes. I imagine there are, are people doing Maha Mom podcasts is my guess.[01:03:00]

Sirius: You know what, I

Dana: dunno where the Maha dad are, but sorry.

Sirius: That's what we shoulda done on April Fools Days. Had a Maha Moms. Episode. Episode where like, it, like we Welcome to moms

Hilary: podcast. Oh God. We missed a huge oport.

Dana: Okay. Note to self for next year, we have, we're on the calendar now, kind of April Fools joke.

Well, we've joked that we would to say, so we, we would say we have an exciting announcement. Uh oh. What

Meg: was it?

Dana: We're offering a geo GLP one track.

Hilary: Yeah.

Dana: Mm-hmm.

Hilary: It's the Body Trust. Novo Nordic, Nortis. Let's go with Nordic. Um, yeah. Collab. Exactly.

Dana: Mm-hmm. Mm-hmm.

We have an exciting partnership to announce, oh my God.

Serious. We have to do that next year. And it can be, we just [01:04:00] already, I think we just ruined the joke.

Meg: If nothing has changed, dang. Cut this out From this year to next year. Ugh. Listen, I heard, I heard this weird thing, um, from a colleague, not a colleague in Body Trust, but they're, um, and I think that these things, they're so much more extreme than because I think of Maha because of the general accessibility of this conversation.

They, they are concerned that their child who is interested in sugar and they're interested in them not having sugar, um, actually has some sort of, they called it a cancer or something evil residing in their body that is asking for the sugar and

that is why they want sugar. And this is so much more beyond what I, [01:05:00] my, my wildest thoughts.

Inic thinking, if I can call it that, that is just sort of like, we know that the conversation like often goes to black and white, good and evil, the morality thing, that's not a surprise, but that that thing lives in their child's body that might take them over. And that, that was just like a, a comment that was just like, that's what I think.

Oh, and I think this is very, that kind of thinking is very Maha driven. Um, or feels like Maha driven thinking to me.

Dana: Mm-hmm.

Meg: Mm-hmm. And, and that it's more mainstream. I mean, even in 2000 14, 15, 16, um, some of this stuff was fringy. It's not really fringy anymore.

Hilary: Yeah. That's important to say. Yeah.

Meg: Yeah. Yeah.

It's very normalized and in many places. [01:06:00]

Dana: Before we wrap up, I wonder for listeners who are like, okay, I can relate to some of this extreme thinking, what were some things in, in terms of your work with Body Trust and your recovery, what are some things that helped you get to a better place?

Meg: Mm-hmm.

Dana: Folks are like, how do I, where do I start?

How do I start to unpack this? What would you recommend?

Meg: Um, first thing talking about it, finding places and people that feel safe and, um, compassionate and good listeners. I would say my helpers in recovery, um, of all sorts, helpers of all sorts, um, both professional and personal. I needed to talk about it.

I needed to talk about how scared I was to have bread for the first time in a long time, or what it felt like to cry after eating a bite of a donut. Cry, cry, cry for

[01:07:00] hours, you know, and not have somebody say, I can't believe you. It's just a donut. You know? So it's like finding a place where you can talk about it.

Um, I think that's true with all this work, with all this divestment work from diet culture and fat phobia and having the community and the conversation. And it can be hard to find somebody or somebody to have this conversation with. Um, but that I think is the most important thing. And then, you know, knowing that back fighting or relapse or, um, or feeling sad about leaving behaviors behind is totally normal.

That whole recovery speak of one day at a time, it is so important. I call it sun comes up and we start again. You know, it's a line from a song that I love and it comes back and back and back and it still is [01:08:00] important. You know, it's sort of like, oh, I am dipping back in and I didn't even realize it. And okay not to take it further, not to be really mad at myself and sort of come to a place of self-loathing about it, but more like, okay, let's talk about it.

Let's move on from here. Permission and community and patience, I think are the three things that I would use because this is really, if you are living in a place of fear and a place of, um, self-loathing about the food you eat or you don't eat, um, and so it's a really hard road back and so those three things to me are the most important things.

Hilary: I am feeling as we kind of near the end today, like how much, I almost wanna have that conversation with you at some point of like, how did that, what did that actually look like for you? Mm-hmm. Um, kind of in a step by step [01:09:00] way or whatev, I mean, however it went for you, because I don't think people get to hear that part.

Meg: No, I agree. And um, yeah, the more conversation about it, the better. Yeah, absolutely.

Hilary: Yeah.

Meg: Because y'all feel like a freak, you know? And it's like

Hilary: mm-hmm.

Meg: What, like when you're, when you're sort of compartmentalizing, yes, I, I do wanna heal from this. Yes. There is a different way to be and that who was I, why did I do that?

You know, there's all the things that are involved in the recovery from that and the healing from that.

Dana: Mm-hmm.

Meg: And for me, I just wanna name that the word recovery is really sometimes hard. Do I think that I'm fully recovered from anything? I don't know. No. And also, um, I'm okay with that. And the word healing has become a choice for me.

Dana: Yeah.

Meg: Yeah. It's, it's, it's, it's not a linear path and it's not a destination. It's, it's just a place to be. [01:10:00]

Dana: Yes.

Thank you Meg. I like the idea of having you back to talk more about this a part two electric boogaloo.

Meg: There's gotta be, there's gotta be a, an artia rhyme there. Part two? Uh, I don't know. Come on now. Serious. I see you thinking,

Sirius: uh, uh, uh, uh,

Meg: part two, what's in my shampoo? Because you know that

Sirius: it's true. I mean, you know, it, it's, we mentioned it, but this has a way of moving beyond the food and what we consume.

Meg: Oh, yeah.

Sirius: In our mouth. Like it starts to show up in other places for sure. So, yeah.

Meg: Yeah. Taking the water filter from your shower to the hotel. There we go.

Hilary: Wow. No one for me.

Meg: Come on.

Everybody deserves it. What about those [01:11:00] \$35 ice cubes at That's good.

Dana: Oh my

Meg: God. I think it was like a bag of eight. Anyway,

Dana: we could have a whole episode just on that store.

Meg: I know. Seriously. But there are some social media feeds that do that for us, which is great.

Dana: That's right. That's right. Yes.

Meg: And I will say, you know, I, we poo poo social media and there is, there is some strong voice in in, in sort of like tearing it down, tearing the machine down, which is really cool too.

Yeah,

Dana: yeah. I recently saw somebody who's a therapist, like posting about how some people give them shit for being a therapist on social media and they're like, there are so many people on social media acting as therapists giving horrible advice. Oh yeah. You think it's bad for me to be on here actually giving good clinical advice.

Hilary: Yeah. Fuck off.

Dana: You know, when you've got all these people out there spewing nonsense. [01:12:00] Yeah. We need people talking, speaking truth to bullshit.

Hilary: Yes. Yeah.

Meg: And that is such a part of the conversation too, is just handing over our agency to mm-hmm. Whatever, whoever, because they sound like they either or it's, they sound like they know what they're talking about, number one.

Number two, they look a certain way.

Hilary: Yeah.

Meg: They look, they have the big hat or they have the, you know, whatever. Absolutely. That's what it's really about.

Dana: Mm-hmm. Mm-hmm.

Mm-hmm.

Meg: Yep.

Dana: Yeah.

Meg: Mm-hmm.

Dana: Well,

Meg: I wanna, well, thank you.

Dana: Yes. I will mention, um, that Meg is available for coaching and sells some coaching packages. If you find some one-on-one time might be helpful, I'll make sure to put a link to that in the show notes. Um, as well as to the info about your elder queer and cron and sage groups. Um mm-hmm.

Meg: Yeah. Sage coming up.

Dana: Yeah.

Meg: Third cohort. [01:13:00] Yep.

Dana: Cohort three.

Meg: Yeah. What

Dana: the smooth Fuck no.

Meg: What? The smooth poop.

Dana: What? The smooth poop.

Oh my gosh. Oh my God.

Meg: So good.

Dana: Well, it might be the first episode we've talked about poop on. So you

Hilary: broke up. We broke through. Good.

Meg: Congratulations. Yeah. Amazing. Thanks y'all.

Dana: Yeah.

Thank you for listening. Uh, and if you, you are thinking about someone as we, as you've listened to this podcast, uh, if you live on the West Coast, you find, probably have someone in your life that you're like, oh yeah.

Is this what they're struggling with? Um, share this episode with them. Offer it as a resource and a gentle like, oh, I thought of you while I was listening to this, and I [01:14:00] thought it could be helpful. Yeah, take or leave it.

Meg: Yeah.

Hilary: Yeah. And the reminder that we have a, a list of body trust specialists that we'll link to here.

So if you need or want a conversation with someone about this, they are great folks to do that with.

Meg: Yeah. Yeah. Can't recommend that more. We have a wonderful community.

Dana: Yes. Well, we'll see you next time. Take care everyone.

Meg: Be well not wellness.

Dana: Be well not wellness.

Hilary: Bye everyone.

Sirius: Bye everybody.

Meg: Bye.

Sirius: Thank you so much for tuning into the Body Trust Podcast.

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Hilary: from you too. Thanks for tuning in.