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Aislinn Burke, LMFT, CEDS-S, was born and raised in Canada, and gifted a Gaelic name pronounced Ashlyn which she gets to explain to each new client she meets. She graduated with a Master of Science in Marriage and Family Therapy in 2004 and has been working in the field ever since! After working in treatment centers for youth with a variety of mental health issues, she shifted focus into the eating disorder world in 2013 working in an inpatient setting. She is also a Certified Eating Disorder Specialist and Supervisor. Working in an inpatient setting, started her passion for helping people move through the very complex issues that come with eating disorders. She opened her own practice in 2019, and one of her favorite things to do is mentoring and supervising other clinicians. She is passionate about helping clients, fellow therapists, even friends and family unpack our cultures anti-fat bias and pervasive diet culture.

Allison Puryear (she/her): Welcome to Not Boring CEs. I'm here with Aislinn Burke, and we are talking about

Allison Puryear (she/her): eating disorder patterns. We're talking about anti fat bias. We're talking about all sorts of things, myths and facts with eating disorders. I'm excited to have this conversation with actually, because I feel like there's a lot that when you don't specialize in eating disorders you don't know about eating disorders, and they are. There are people in your case load with disordered eating at the very least, and eating disorders. Maybe so. So.

Allison Puryear (she/her): I'm excited to talk to you about this today. Good! I'm excited to talk to you as well. It's nice to also talk to another expert with eating disorder background. So should be good. Yeah, yeah. Well, can we start with kind of some of the underpinnings of disordered eating and eating disorders. Which I see as anti fat bias

Aislinn Burke: and just talk about like what that is where it shows up in our culture and our sessions. All of that. Yeah, I mean, that was actually a lot of my own unlearning, working with eating disorders. I think when I first started working with eating disorders, to be honest, I actually didn't know a lot about anti-fat bias, and in fact, I think even some eating disorder clinicians reinforce anti-fat bias. So my unlearning has really happened over the last couple of years, which I'm really grateful for. There's people out in the community doing really good work like Aubrey Gordon is probably one of my favorites.

Aislinn Burke: But anti fat bias is really this cultural sort of norm about implicit and explicit bias against fat individuals.

even, you know, putting it as a moral failing, or somehow a problem of that individual

Aislinn Burke: when really that it's a cultural problem. And I think we see it everywhere, right that it's still

Aislinn Burke: deemed kind of normal or okay to make thought jokes. Or we see it in our culture, in movies and TV shows. And now so acutely aware of how often that is just steeped in our society. And it just kinda like gives me the "icks" now. But to assume it doesn't show up in our clinic, I think, is really naive, right? Because I think, even as clinicians we have to explore what is my own biases against that individuals. What stereotypes do I hold?

Aislinn Burke: I think, even using the word fat, I think, for a long time was uncomfortable for me until I started unpacking and learning this idea. That fat is actually just a neutral term to describe how somebody looks, and yet it's so loaded with stereotypes. That that I think, even for a clinician it's like, how comfortable are you using the word fat. Do you? Talk to your clients about how do they talk about their own body? Right? Even my own clients that are fat? We talk about. What language are you comfortable with me using

Allison Puryear (she/her): Umhm, because even themselves feel like fat is negative, a pejorative, and so unpacking that I think is so critical and important, absolutely, and every like eating disorder or CE, we've done so far. There is

Allison Puryear (she/her): like a conversation around the word fat, because don't. I don't know that people outside the eating disorder field know that this is a movement.

Allison Puryear (she/her): Yeah, right? That it's like, actually, that fat individuals themselves are saying, we want you to neutralize this term. We don't want this to be negative, right? And I still think, even in the eating disorder community, there's a part of that. I remember being trained to reassure my clients that we weren't going to get them fat. So much better to hear somebody else admit that because I like, I hate that. We would literally say like, Don't worry. We won't let you get fat.

Aislinn Burke: Yeah. And I like, I think about my early clients, and I just wanna go back and apologize right like I'm sorry I didn't know any better like I can still feel that shame when I go back to those sessions? And and so I think, even in our eating disorder community, there's still a handful of clinicians that haven't done the work or understand that or you know that even in treatment centers are still doing body tracing or things like that that are just

Aislinn Burke: like so anti biased stuff. Yeah, absolutely. Yeah. And so I think, even about the things that I even started to have to think about like, does my office accommodate for all individuals and their bodies like things that I had not being, you know, having the privilege of being in a straight size, things I hadn't thought about. And so that was really something. When I went into private practice I had to look at like.

Aislinn Burke: Does my couch accommodate fat bodies do our seats in the lobby accommodate that, you know as clinicians. Are we paying attention to that of accommodations that actually are comfortable and fit for all bodies? You know those are some ways that I think even implicit bias comes into our offices. Absolutely. Yeah. And

Allison Puryear (she/her): if it's in our offices, it's also in our clinical work like if it's not something you've thought through yet. And just the way you decorate it's something you haven't thought through yet in a way that is impacting your clients clinically.

Aislinn Burke: Yeah, right? You know, I thought that was like the one thing in Aubrey Gordon's work where she talked about everybody should do the Harvard implicit bias thing with weight. And I often wonder how many times, as clinicians are we actually doing some of those Harvard tests really see what are my implicit biases that come up right. And even though I've done deep dives on that, when I did the implicit biases like, yeah, I still have biases, and we can't.

Aislinn Burke: I mean, that's something. As clinicians we have to be aware of, like we all have implicit bias, right? Especially because we live in the culture that we do. And so, even if you're not working with eating disorders, have you done that work? Have you explored your own stereotypes around all bodies? Do you have judgments around certain body types or beliefs around that like, do you see that as a laziness or moral failing right? Or do you actually understand the research behind all body sizes, and

Aislinn Burke: how the BMI is kind of bullshit right? Which again, like when you do the work, it's so obvious. But I can't tell you how many times my clients have been like what like the BMI was developed by like a statistician. You know that there's no, the history doesn't show any support that it has any indicators for help. Right? And yet we do that all the time. I can't go to any doctor's appointment without asking to be weighed.

Aislinn Burke: Yeah.

Aislinn Burke: is just so entrenched in our system that people don't even understand that it's like unnecessary and unhelpful right?

Allison Puryear (she/her): And I think about how

Allison Puryear (she/her): we're all swimming in this soup together. Right? Yeah, like.

Allison Puryear (she/her): the the ask is not. get perfectly okay with your body and all bodies, and have, like this, super

Allison Puryear (she/her): beautiful relationship with

Allison Puryear (she/her): fatness, with fitness, with fitness, with all of it like that's not, that's not the ask. The ask is to examine your own biases, the places you get stuck personally, the places like the things you think would certain people walk by, and that can be the fat shaming that might go on in your head. It might be that, but it also might be putting people who look a particular way on a pedestal.

Aislinn Burke: Yeah, right? Yes, like how we elevate fitness. Right? I think that's kind of even part of diet culture that we elevate thin bodies over other bodies right? And we we assume something about them that they must be better than us, or more capable than us when really

Allison Puryear (she/her): a lot of times. It's either genetics or probably disordered behavior. Absolutely. Yeah. And I think about how the genetics piece is something like the the like, the bad fitness industry really wants to pretend isn't so.

Allison Puryear (she/her): That, like some of our bodies are just where our bodies want to be, and the idea of like set point, and, like you have to work extraordinarily hard

Allison Puryear (she/her): to lose weight if your body is where it is healthiest

Aislinn Burke: and then what like? If if you're moving away from where your body is healthiest

Allison Puryear (she/her): like. What's what are you doing like? If you're actively saying, I would rather be less healthy and thinner like it's a good indication to look at

Allison Puryear (she/her): why and

Aislinn Burke: just examine your motivations and your your worth around that, like yourself, worth stories around size.

Aislinn Burke: Yeah. And I mean, because that's what we're inundated with right? I mean wellness, culture, diet culture will tell you if you just do XYZ. You can look like me right when that's just not the reality. For most people, you know. And again, that assumption that that those kind of bodies must be healthier when again the science. The data doesn't support that right. When

Aislinn Burke: I think it was Catherine Flagell. She was a researcher for the CDC when they really did study mortality rates of body size right? There's only a very modest increase for mortality in those in the BMI of.

Aislinn Burke: I don't like to use this word but obese range, right? The that doesn't actually support this idea of like war on obesity, that they're so unhealthy, and that actually underweight individuals had a higher rate of mortality. And again, that's sort of the thing that our culture is like telling us to chase when

Aislinn Burke: actually they're usually more unhealthy than people that just allow their body to stay where their body, like you mentioned, set point. It's sort of where our body naturally resides when we're eating normally, right? Moving our body, that that's actually when we can be the healthiest, you know. But I think that also brings up this even moral idea about healthism, right? That like, do we even owe anybody our health status?

Aislinn Burke: Right? That, even if you quote, have unlike unhealthy markers, that doesn't mean you're actually any less of a person, either. Right?

Aislinn Burke: Yeah, it's it's interesting, cause I'll hear the argument or not hear it. But I'll I'll often see it in the comments in different posts which I try not to read, the comments to get sucked in. I know better. Yeah, but I'll see like, well, you know, you're making our health premiums go up. No, y'all, the people who are making the health premiums go up are the CEOs

Allison Puryear (she/her): of the health insurance companies like they're the ones bringing home record

Allison Puryear (she/her): record incomes and bonuses, and the rest of us are all struggling with like increasing premiums, increasing deductibles.

Aislinn Burke: No, none of none of us are doing that to us.

Aislinn Burke: Yeah, I mean, like that. People don't take a step back and say, this is a for profit industry. You know, I grew up in Canada with like nationalized healthcare. And so coming to the US. I was like

Aislinn Burke: it was just insane to me. And the assumption again, that it's these fat individuals that are causing our premiums to go up when it's actually just capitalism and corporate greed. Right? They are not dying at younger

Aislinn Burke: ages, you know that. And a lot of them have really good health markers. Right? A lot of fat individuals will have nothing actually wrong with them when they go and get their labs done. Strong hearts, strong bodies. And yet we've developed this idea or belief that somehow they are the problem. It's like we're other.

Aislinn Burke: which we do in a lot of other forms of discrimination, right? When it comes to race sexuality, yet with weight and body size, people still aren't like actually acknowledging that this is a form of discrimination.

Aislinn Burke: right? And I think still, what is it? I think 48 States still allow discrimination against fat bodies which is insane to me, you know. Let me talk to them about like what that ends up. Looking like

Aislinn Burke: people can get. Yeah, people can get fired from their jobs for being fat. They can lose homes or different, you know, not be able to rent like they're actively allowed to discriminate against them, I think, even to, statistically speaking, that fat individuals get paid less on average, several \$1,000 a year. And then, when you add fat women, it's even more right, because we already know disparity against men and women so

Aislinn Burke: paid, less less likely to be hired or offer employment. Right? You know that if this is a very real thing.

Aislinn Burke: and if you talk to any individual they will also talk about even just the over discrimination being yelled at on the street. Right? I had a client. Even she enjoyed working out and at the gym unsolicited remarks from others, you know, telling her like good job way to go keep it up, and you know, and she was like, she's like, I don't. Even this gym is no longer even safe for me.

Aislinn Burke: She's not going to the gym for accolades, or even to try to lose weight. And yet people think that they have the right to go and say to her, Hey, good job!

Allison Puryear (she/her): Like, it's just, it's so demeaning. It's and they're well, meaning people, I'm sure like. But I think it's people who haven't examined their own fat bias.

Aislinn Burke: Yeah, to say, like what? I? Yeah. yeah, would I go up to a straight sized individual and be like, way to go like, keep it up right? That that

Aislinn Burke: that is that sort of implicit bias. Again, assuming that the person is at the gym to do something to change their body versus, I just like to work out, because again, the stereotypes that that individuals must not like to work out, and they must eat certain kinds of food or in certain amounts, when

Aislinn Burke: that's just not true.

Allison Puryear (she/her): right? It's it's interesting. How like the science is very clear. But it's not science that gets headlines.

Allison Puryear (she/her): It's not science that everybody knows. I mean, people will like

Aislinn Burke: send around. The thing about how drinking a glass of wine at night is good for your heart, which is also bullshit so they'll like, send this all around. Because it supports what they want to do. Basically but

Allison Puryear (she/her): this kind of thing, like people jump all over you if you post it.

Allison Puryear (she/her): And so people post it, cause they don't wanna have. They don't wanna have to fight people all day.

Aislinn Burke: No, and just, I mean, and you see that, like you were talking about on social media. You see how much the trolls come out, you know, for some of my favorite fat, content creators the amount of hate, and like just disgusting stuff spewed at them for saying doing things that even straight content creators will put out right, even if it's about eating certain kinds of foods, or if they show their body right, that

Aislinn Burke: it is just often really appreciate the work they do, because I can't imagine the total that takes to see that stuff over and over again, and it could be the exact same kind of post as somebody that's straight sized, or what our culture sort of deems those

Aislinn Burke: you know beautiful. And everybody is like all over like way to go like you're awesome keep eating that pizza versus like you're disgusting, you should kill yourself, which is yeah, yeah, and that you're glorifying obesity, and that you're, you know all of that kind of stuff, because there's big money in this this idea of like quote war on obesity, you know. But Katherine Flegal, who I mentioned earlier, she got so much hate over just reporting the data, you know.

Aislinn Burke: and and so even the people that are trying to do the work to dismantle this

Aislinn Burke: get so much hate, you know. So I don't blame people from bowing out and at the same time.

Aislinn Burke: like we're not gonna shift society unless people are willing to speak up.

Allison Puryear (she/her): And it's

Allison Puryear (she/her): it's exhausting.

Allison Puryear (she/her): I'm thinking about like as an eating disorder therapist, particularly when I was doing a lot more clinical work. If you're like my social media life. Slash. Personal life was fighting this fight. My clinical life was fighting this fight.

Allison Puryear (she/her): And I'm a like thin, privileged

Aislinn Burke: Cis-het. White woman like, I'm yeah, I've got it pretty easy. Yeah, got a lot of privilege. Yeah, even having that conversation with you today. I it's so important for me to talk about it. But I'm also, like, should I be the person talking about it? Right? Because I haven't had that lived experience? I think some of the things that have helped me say, like, it's important for me to speak up is that

Aislinn Burke: some of these fat

Aislinn Burke: therapists, even sort of clinicians, are saying, we also need allies right that are willing to support this. But yeah, the amounts of privilege I have, which I think is something. Even when we talk about implicit bias. When I am working with my that clients, I talk to them about like, okay, I know I have privilege right? And I want you to know that I believe your stories, and I want you to to talk to me if that's

Aislinn Burke: coming out right. If my privilege is interfering with our work. Because I think that's another aspect of just being able to name. Our privilege is important when we're working with clients and larger bodies

Allison Puryear (she/her): from the reverse. Oh, go ahead! No, you go ahead. I was, gonna say in reverse. I have an employee that is a fat individual, and then she has. She's had them the reverse like that. Some of her eating sort of clients will then not want to work with her, because again, their own biases against body size. And so we've seen that in reverse, that she's a great clinician. She has great work with eating disorders.

Allison Puryear (she/her): and even even clients at times have a hard time with that. Yeah, yeah, probably especially cause they already have so much harsh self judgment and and fear around food and their own fear around fatness. Right? Yeah.

Allison Puryear (she/her): So I think about how like we're all swimming in the soup, we're all

Allison Puryear (she/her): I would like to think all therapists are doing the best they know how. And

Allison Puryear (she/her): whether you're actively working in anti fat bias, or you're

Allison Puryear (she/her): at least educating yourself. Or this is the first time you've ever even heard that term. there are ways that we can kind of protect our clients more in session.

Like. I'm thinking about keeping our own diet culture

Allison Puryear (she/her): garbage that might be in our own heads that, like, I mean, like, it happens to all of us because we all live in this culture. It just hasn't been extracted yet. But had it not at least not reinforce the diet culture messages that our clients are getting day in and day out.

Aislinn Burke: Can you talk? Yeah about what that looks like?

Aislinn Burke: I think it's that the aspect of when clients will come in and say, I'm uncomfortable with my body, and I want to lose weight as a clinician. Do we reinforce that right? Are we? Then saying, Great, let's let's go over your diet, and how can you stay on top of that? Right? There's there's a book that I actually really love around self compassion. And there was a thing in the book that said something about like giving yourself compassion when you fall off your diet.

Aislinn Burke: you know. But again, because that's so normalized, we think that's normal behavior. And so I think clinicians need to be careful that if a client is coming and saying they want to diet, or they're wanting to lose weight.

Aislinn Burke: are they

Aislinn Burke: like reinforcing that and supporting that goal? Or are they actually talking to them about the potential risks or harms of dieting? And what that can do to our body, which again, I realize that most clinicians that are eating disorder clinicians don't understand what actually is happening to the body when they diet right. But instead, I would really hope that clinicians could start to look at sort of more the Health At Every Size principle like, how can we be feel better in our body and our mind. That doesn't have anything to do with weight. Right?

Allison Puryear (she/her): Absolutely. And I

Allison Puryear (she/her): I would love to get into some of like what does happen when we diet to help clarify cause. I think this idea of like calories in calories out is all there is. And it's is. It's so much more complex than that. Like I would I

Allison Puryear (she/her): myself, everyone in the world would love for things in life to be that black and white but like very little in our life. Is that black and white? Certainly not our bodies. It's so intricate. I will see something I've said in pretty much. I think every one of the conversations I've had around eating disorders or disorder eating for CEs.

Allison Puryear (she/her): and that's it. If you are recommending a diet to a client. You were way outside your scope.

Aislinn Burke: And

Allison Puryear (she/her): you could potentially and probably are doing harm.

Allison Puryear (she/her): Which is a strong statement, but having, like any eating disorder, therapists will tell you

Allison Puryear (she/her): we get so many clients that come to see us after seeing non- eating disorder clients, or non-eating disorder therapists where they talked about their diet.

Allison Puryear (she/her): they were encouraged to diet, especially people in larger bodies, like, if if your client is fat, they have.

Allison Puryear (she/her): They have tried all the diets. There is no diet that's going to

Allison Puryear (she/her): magically make them where they want to be. I shouldn't say they have tried, but if they're struggling with their weight, and they say they've had a lifelong issue with their weight. They have probably been encouraged to try every kind of diet, and the diets don't work. It's the diets, it's not the client. So it's not the most insane thing. Sometimes I just feel like

Aislinn Burke: like that. This. Again, speaking of research, there is no research to support the sustained weight loss works right that 96% of people will gain all the weight back. And then

some because biologically, when we are starving our body, which a diet is right. Our body is undergoing physiological changes that is actually increasing our drive to eat. You know, the body doesn't like to be starved. I often say to my clients like

Aislinn Burke: your body doesn't know that you're doing this intentionally right. It's almost as if your body thinks like, gosh, we must be in a famine. So what do we do? Right? It slows down metabolic functioning. All of like your hormonal functioning kinda goes wacky. Metabolism slows down and it will start using your body's resources

Aislinn Burke: to meet its nutritional needs, which I again, I remind my clients all the time. It's not like your body goes like, I'm gonna zap that fat there. It's gonna take energy from your muscle. And and I always say, and guess what else is muscle? Your heart right? That's why we see so many clients that have dieted or restricting, having heart issues, cardiac issues. And so

Aislinn Burke: it becomes this, then very intense drive in your brain to eat, because your body is trying to keep you alive.

Aislinn Burke: which you know. The more work I've done in eating disorders, I can't believe actually all the things our body does to keep us alive and keep going. But that's why we become more obsessed with food, and we want, you know your your brain's, just trying to get you to eat as much as it can, and so hence why people feel like, oh, I have no willpower. Right? I cut out these foods, and then I just go crazy on food at night or on the weekends. But that's because that's what your body is doing to try to protect you and get you back to your baseline. Your body wants to bring you back up

Aislinn Burke: to what your sort of set point resting is, which is why dieting is actually so harmful, and why we see with our clients of like a variety of issues. Right? They could have metabolic issues delayed emptying of their food in their stomach. Heart issues.

Aislinn Burke: over time. People can actually lose gray matter in their brain if they continue to restrict, you know. And so when clinicians are encouraging diets, you know, that's actually going to worsen their mental health, you know, I would say, like fun fact, you're actually going to probably feel more anxious and more depressed. You might lose the weight which sometimes people initially have, like a euphoric like. I feel so good, and they're usually getting compliments by people around them.

Aislinn Burke: But at by end of the day they're usually much more depressed, much more anxious, much more obsessive. I know, like as clinicians were supposed to be helping mental health and dieting as the yeah, which, if you've ever had a conversation with someone on a diet. When you're not interested in a diet you will like. It's

Allison Puryear (she/her): dreadfully boring to hear someone talk about their diet

Aislinn Burke: when like.

Allison Puryear (she/her): but it's all they can think about, because they're that's what their body and brain are doing together to help keep them safe.

Aislinn Burke: Yeah, they're like starving right, which is why you think about food and and all the time, when I tell my clients this actually has nothing to do with willpower. You just kind of watch the shame like

Aislinn Burke: just disappear out of them. They're like what this is not a me problem. I'm like, no, this is a biology problem, you know, and a cultural problem. And I mean, that doesn't mean that suddenly they're satisfied with their body.

Aislinn Burke: But it gives them that the relief that this was never actually about me.

Allison Puryear (she/her): right? Because we're taught to shame ourselves because we see other people being shamed for not being whatever size is deemed appropriate, which that the shape constantly changes over the you know, over the decades, like, I think, about growing up as a teenager in the nineties.

Allison Puryear (she/her): and how like what was attractive then, and how different that was from what was attractive 5 years ago. And what's attractive now and like

Allison Puryear (she/her): all of it's then, don't get me wrong, but the shape of it shifts. It is just trendy, and it's just like people hurting themselves, hurting their mental health, hurting their

Allison Puryear (she/her): like hurting their physical health, for

Allison Puryear (she/her): because they're trying to be good enough.

Allison Puryear (she/her): Which we see all over the place clinically in non eating disorder. Context to like, aren't most of our clients on some level just trying to be good enough

Aislinn Burke: in the different ways in which that manifests for them? And don't we all on some level struggle with that, sometimes ourselves.

Aislinn Burke: And this is the way that culture is like. Yes, you should be good enough this way. This is the right way right? Because we're fed that lie that you can do that right. You know we we're not ever told this lie that we can make our feet smaller, right? So we just have to like radically. Accept that if you don't like your feet size, it is what it is, but we are fed the lie that we can actually somehow change our body right? And I mean, I guess, with plastic surgery and things like that. Yes, we could change certain aspects.

Aislinn Burke: our body. But the size of our body is not actually something that we can change.

Aislinn Burke: And and that's people will tell you that all the time, right? Anyone that's dieted or had a mean sorry. Yo-yo, but your body keeps coming back up

Allison Puryear (she/her): and often a little higher. I mean, that's another. Usually. Yeah, like, if people were looking at the data.

Allison Puryear (she/her): they would never go on a diet. Ever. Because, like, it's like, how much weight do you wanna gain in 2 years this, basically.

Aislinn Burke: not to mention what an incredibly shaming process! Right? You lose all the weight. Everybody gives you compliments. You start gaining the weight. And then you think, Oh, this is a me problem versus. Oh, this is what my body is doing to actually protect me and keep me safe and keep me alive

right, and that

Aislinn Burke: then you go back to like those feelings of despair again about your body, and I think that that is so pervasive in our culture, right? That we can somehow change it. But then, if we, if we can't maintain it, it's a moral failing right?

Aislinn Burke: And and I get, I mean learning to be accepting of all of our flaws, whether that's internal or external right like you were saying, Really, that's a hard thing. And so as clinicians, we need to work with our clients more about what does acceptance look like? What does?

Aislinn Burke: Recognizing that our worth or value doesn't come from our appearance, even though we will be getting lots of messages about that right and holding space, that for our fat clients like that, discrimination is like very real right. And and so, as clinicians that don't necessarily work with even source, how can they support them in that? How can they help them to advocate for themselves, speak up for themselves.

Aislinn Burke: you know. Push back on pressure from doctors or other people in their lives to lose weight.

Allison Puryear (she/her): Those are ways, I think, to not reinforce that diet culture. Yeah, yeah. And I think about like.

Allison Puryear (she/her): just as a parent thinking about it as like seeing how it shows up early on, and kids like how it gets shoved down the throat so early, like, even when my kids were toddlers to be like, oh, you're so pretty you're so little. You're so cute like these things, and

Aislinn Burke: just like, you know, because I've been in this work for so long, I could very quickly be like, she's hilarious, Jim. She's hilarious. Oh, you mean Adair. She is the nicest person I've

ever met in my life. She's like the most sweet, generous kid like. Let's refocus on things that actually matter.

Aislinn Burke: And I know that

Allison Puryear (she/her): like when you see a kid, you don't know. The thing you see is how they look. For some reason you feel like you need to compliment the child.

Allison Puryear (she/her): But I mean.

Allison Puryear (she/her): like you're doing harm. You're just like perpetuating this idea that them being cute and getting attention for being cute is

Allison Puryear (she/her): important.

Aislinn Burke: Yes, really not. No. I mean in my 7 year old. She's she's already started to ask about her body in in ways of like negative, and the first time she asked me about the size of her stomach I just

Aislinn Burke: like internally, was like, Oh, my gosh! What am I doing wrong like this isn't anything I believe or talk about right? And that's that's when you realize how pervasive it is that if the 7 year old is already aware of her body, and it's not even anything in our home that we talk about. How much is she hearing in the outside world right? It was like it broke my heart. Because, you know, sometimes we think well, because I do the work, and we don't talk about bodies at home.

Aislinn Burke: I'm gonna have rare, really like self, assured kids. And I'm like, Oh, yeah, I was like.

Aislinn Burke: No, right, it's it's just. And they come home art, even with worksheets about circle to healthy food circle.

Aislinn Burke: I know, like our school did like no soda challenge for a month. And I'm like, Yeah, no, we're not doing this.

Aislinn Burke: you know. But meanwhile, like my my kids, friends came over and they wouldn't drink the soda. But you know they had no problem, drinking 3 of our juice boxes, which again, I don't care if they have 3 juice boxes. But in my head I was like, this is when we start elevating soda as bad.

Aislinn Burke: The child doesn't actually learn that probably there was just as much sugar in both of those things which, and again, totally fine. But we're creating issues with food that they just don't need to be there

Allison Puryear (she/her): right? Like I think about how much easier everyone's life would be if we all had

Aislinn Burke: like a culture of body neutrality. Yeah.

Aislinn Burke: like, literally, the hours people would get back into their day.

Aislinn Burke: Right? Yeah. Cause we would probably feed ourselves like a variety of foods. We'd probably feel comfortable moving our body in a variety of ways, right? But if we don't mess with it, I think our body knows what to do.

Aislinn Burke: That's the thing. As if there's just one thing one of the things is so mind boggling to me is like, if we, if we just stay at the hell out of the way our bodies are where they're healthiest

Aislinn Burke: like. If our mind or our judgment stay out of the way our, our

Allison Puryear (she/her): our cravings, make sense, and we satisfy them. Our the amount of food is just naturally regulated by our hunger and satiety. And and there's still plenty of space in there for pleasure with food, whereas

Allison Puryear (she/her): the way that we're doing it now that is so often highly controlled.

Aislinn Burke: just as the opposite of what all that control is is aiming for. Umhm. Yeah, you lose trust in self, right? And that's one way that I we've been in with my clients. Is that so much of the work is like, how do you learn to trust yourself again?

Aislinn Burke: And the same goes when it comes to movement, and with food right? And so as clinicians, the way that you keep diet culture out is really getting your clients to go back to trusting themselves right, not encouraging them to restrict foods or keep certain foods out of the home right? Because they're worried about overdoing it, you know I but I think if that stuff starts coming in, that's when probably this client might need somebody more specialized in it. But I do think, for clinicians themselves to unpack like how much my engagement, diet culture, and do my own biases around food and body

Aislinn Burke: come into play with. My clients are talking about their food and body.

Allison Puryear (she/her): Right? I think about how.

Allison Puryear (she/her): despite being a therapist for 20 years now, I still sometimes forget to check in with myself, to see how I'm feeling like, how actually am I? Like days can go by, and I'm like, I have not like, I've just been a robot. I've been going and I don't know how I'm feeling, and I

need to stop and check in. And that's the same thing for so many of us with checking in with hunger and satiety like it is time to eat so I'm eating versus

Allison Puryear (she/her): am I hungry? What am I hungry for?

Allison Puryear (she/her): What sounds good, and we've been diet, like any experience with diet, just takes us further and further away from being able to like hear, because our body tells us we just have to be willing to listen.

Aislinn Burke: And if we just if we just listen, it'll tell us. Yeah, yeah, I use that example of time like, when you're traveling. I get to a certain point where I'm like, God, I need like the biggest salad I can have, right, because my body is telling me you need different nutrients, and that's what diet culture really robs from us. Is that that inner knowing right.

Aislinn Burke: that we do have cues, and it it won't lead us to always just want

Aislinn Burke: the ice cream right? And when we want the ice cream great like we can have it, we don't have to

Aislinn Burke: to be afraid of it. We don't have to like eat so much of it that we feel sick, but you don't get there. If you're still restricting whether it's like physically restricting, or even the the moral restriction. Right? So some of my clients might still be eating a variety of foods. But when they're eating certain foods. They're still having a lot of shame around that, like, I'm so bad I shouldn't eat this right. What's what's this gonna do to my body? And again going back to the science. Your body doesn't know if you're eating ice cream or apples right? It just seems like.

Aislinn Burke: what am I? What am I gonna get from the ice cream that I need great. And then I'm gonna get rid of the rest. And the same with an apple. You know that

Aislinn Burke: I say that all the time, like your body doesn't have morality around food

Aislinn Burke: doesn't like okay. Now you're gonna gain 5 pounds cause he had ice cream like doesn't work that way

Aislinn Burke: absolutely. And yet that's what diet culture tells you right like, this is the perfect way to eat. If you want optimal health.

Aislinn Burke: and I always wanna say, like, Well, show me the science right. Give me the give me the 10 year data on that diet, and then we'll talk.

Aislinn Burke: Yeah, yeah.

Allison Puryear (she/her): I. So we're talking about intuitive eating where we're talking around intuitive eating. Let's talk about it. So the people who aren't familiar with it. Have?

Aislinn Burke: There's more info. Yeah, I think with intuitive eating. How I really just say that is to me is intuitive eating is just eating right. If we didn't mess with our biological queues, it would probably be how we all naturally eat right eating to fullness, noticing when you're hungry and eating when you're hungry, getting rid of the morality around food, good, bad, right? That if we think about babies, infants, they know when to alert us when they're hungry, and they also know when to stop

Aislinn Burke: right and over time, depending on how we have grown up around food, we start to lose those queues, whether we don't have full hunger or fullness queues, or whether we're afraid of certain foods or not. Right? So intuitive eating is a great framework, and I think that at the end of the day it's just

Aislinn Burke: what I would call natural eating.

Allison Puryear (she/her): Yeah, yeah, most of us have, right? Like most people have been like. Oh, well, I shouldn't have that, because it's

Allison Puryear (she/her): high calorie, or whatever or less nutrient dense, or it's I mean, most people say, like it's junk food, or it's unhealthy like that. But like, there's

Allison Puryear (she/her): there's space for that.

Allison Puryear (she/her): you know, like there are times when you're gonna crave French fries. And there are times when you're gonna crave, kale.

Allison Puryear (she/her): and like.

Allison Puryear (she/her): if you're listening, it all balances out.

Allison Puryear (she/her): But if you're like, I cannot have French fries. It is so wrong at some point. You're gonna have French fries, but you're gonna have far more of those French fries.

Aislinn Burke: And if it was just available all the time, like

Allison Puryear (she/her): Halloween candy like in our household. The Halloween candy is left out.

Allison Puryear (she/her): and because it's left out like honestly, after 2 months most of it gets thrown out because it's not like this is my only time.

Allison Puryear (she/her): Yeah, we must always have ice cream in the fridge. It can stay there for months. Sometimes sometimes it's gone in a couple of weeks, but like there's it's all available.

Allison Puryear (she/her): And we all know, like I have a hankering for ice cream. I'm gonna have it. And that's all right, like there's no morality in it.

Aislinn Burke: That's lovely. It's here. Yeah, right? It's that. It's that. And you've probably seen that even with kids that come into your home, I can usually tell the kids that come into my home that might have restrictions around food, because they they certainly like our pantry. They certainly like all the things that they can access, and I noticed they gravitate and eat more of those kind of foods than than my kids right again. No morality around it. I don't think it's good or bad, but you can see how that kind of restriction leads

Aislinn Burke: that obsession around that food or that overindulgence in that food. I don't even know if that's the right word to use, but like overdoing it right and that's sort of the framework of intuitive eating. It's really getting rid of the good, bad, healthy, unhealthy, the morality around it, and sort of seeing all foods as equal, and all foods as valuable right? Because when you talked about French fries it made me think about like, how do we know that?

Aislinn Burke: You know on days that we want French fries. Maybe our our body is actually needing more fats, right? For whatever reason, because the body is complex, right that we need to trust that sometimes there's those moments just like

Allison Puryear (she/her): there's there's days where I can tell like, oh, if I eat fast food, I don't think it's gonna settle well. I don't know why. I know that I just do, and and that's the place that we can get to with food when we really do allow all foods. And like, I said, it's not just allowing ourselves to physically eat it. We have to mentally, really let go of this good, bad.

Aislinn Burke: and really actually see as all foods

Aislinn Burke: being good for us, right? And that actually, I think the thing, too, over the last.

Aislinn Burke: probably 5 years, as an even sort of clinician to also say, it's okay to also have pleasure in food. It's okay to at times have food that is connected to emotion. Right. So, my clients, that sometimes feel guilt or shame about emotional eating, I'm like, there's there's no shame in having something on a day that emotionally you want that. It's also trusting that I have a whole bunch of other skills, too. That's so when I'm in high emotion.

Aislinn Burke: I don't always have to turn to food, but there's also no shame if I want to have food in that moment, too.

Aislinn Burke: pleasure is, you know, I think, about like, if this is the only life we have to live. I don't wanna die not having any pleasure in my life, and so I want to have good food, and I want to enjoy it, regardless of its X amount of calories which

Aislinn Burke: it's just a unit of energy. Anyways, right? It's like we've moralized even that right. We can't go anywhere without seeing Calorie counts. and it's just so absurd. Right?

Allison Puryear (she/her): Yeah, I'll always remember a client told me she'd just gone to visit her grandmother, who was in her eighties and

Allison Puryear (she/her): came back and was like my grandmother wouldn't eat. I think it was like a

Aislinn Burke: a croissant with Brie and ham, or something like it was something that

Allison Puryear (she/her): she was like. Oh, I couldn't! I couldn't possibly eat that. It's too fattening.

Allison Puryear (she/her): And it for my client who had an eating disorder. It was so eye opening. She's like, I don't want to be like in my eighties worried about calories. I don't. Yeah.

Allison Puryear (she/her): that's not the life. I want for myself.

Aislinn Burke: Yeah, right to to sort of be so close to death and still worried about your weight. You're not trying to be a bathing suit model at 85, I mean, like more power to you. But like

Aislinn Burke: you're beyond whatever it is you're trying to reach, like it's not. It's just

Allison Puryear (she/her): yeah, like you're not going to be young again. You're not going to be any of these things, and it's that striving that so many of our clients and so many of us in different ways do I guess the striving away from yourself as you are.

Aislinn Burke: That causes so much strife, and so much obsession and

Allison Puryear (she/her): and lack of connection like that could have been a connection point between my client who was working on food challenges and her grandmother, who basically rejected it?

Aislinn Burke: yeah, right? How much even just culturally, we have connection to; they like with food, right? And so often, diet culture or eating disorders rob us of that of not being able to have permission to eat something that you loved growing up right, or being able to bake

Aislinn Burke: with your kids, you know, or if you do bake, not being able to eat that, and I think that that is such a connecting part of our culture, right? That we that is really robbed from us

Aislinn Burke: with this whole pervasive anti-fat bias and diet culture

Allison Puryear (she/her): absolutely and and it honestly feels

Allison Puryear (she/her): it ends up being anti pleasure as well.

Allison Puryear (she/her): And I mean, I think capitalism plays into that, too. But I think if

Allison Puryear (she/her): if everybody listening right now took a moment to think about like

Allison Puryear (she/her): the top pleasurable experiences they've had in the last week.

Allison Puryear (she/her): It might be fewer than you might expect for somebody who has a full life, and hopefully we all have full lives, but like pleasure is not prioritized in our culture. And this is one of many ways in which it's we're told. It's not important.

Aislinn Burke: or that it's indulgent. Or yeah, it's it's just not

Aislinn Burke: our birthright right? But it's like it's somehow wrong. If we want to enjoy pleasure, right or even with pleasure, with food, and that that's where I like, I said. I keep going back to like that is just I don't want to be there on my death bed, seeing all the ways that I restricted or controlled myself. I mean, like, for what purpose? Where did it get you?

Allison Puryear (she/her): Yeah. Several years ago I was watching an interview with someone, and the interviewer was like, what's one of your guilty pleasures?

Allison Puryear (she/her): And the woman being interviewed was like, Oh, I don't so associate guilt with any of my pleasures

Allison Puryear (she/her): blew my mind, cause I never thought of just the pairing of those 2 words, and how awful that was!

Allison Puryear (she/her): And it's been kind of like a

Allison Puryear (she/her): a way that I think about pleasure from now on or from then on, of like how much

Allison Puryear (she/her): fuller life is when there's no guilt associated with it. And why in the world would there be guilt

Allison Puryear (she/her): associated with pleasure?

Aislinn Burke: You're not hurting anybody, you know, like as long as you're not hurting anyone, I should say, yeah, right? But if we really explored that, we'd probably see it was rooted in things that maybe we don't actually value or believe in right sort of like that old sort of puritanical like control thing. That probably most of us don't ascribe to anymore, anyway.

Aislinn Burke: But we just sort of hold that as part of our culture, right? Even

Aislinn Burke: even anti fat bias being rooted in like racism and sexism and classism. But if most people actually explore. It's like, are those even values that I believe in, that you know.

Aislinn Burke: part of, like, the whole change for white women was like during enslavement, not wanting to look like black, enslaved individuals, right? Which was a big push to like get smaller.

Aislinn Burke: And yet that's not even anything that is talked about, I mean, outside of I mean fat activists it certainly talked about. But I don't think people know the roots of where all this stuff came from which is really ugly parts of our history.

Aislinn Burke: Yeah, what's the book? Is it "Fearing the Black Body?"

Allison Puryear (she/her): Yeah, by Sabrina Strings.
Wonderful tangents, I love them all

Aislinn Burke: I get so like, on my little pedestal with it. Same.

Aislinn Burke: I'm thinking about people who do not specialize in eating disorders, and how these behaviors may present in clients. They're not there for a meeting sort of they're for

Allison Puryear (she/her): probably anxiety. But anxiety, depression, I mean a number of different things. But they're not presenting for eating disorder help. What are some of the patterns that people can be on the lookout for? So that we're really clear?

Aislinn Burke: We don't make things worse as therapists. Yeah, I think oftentimes what you'll start to hear is probably them discussing body image issues like being uncomfortable in their body, like we talked about earlier with diet culture even desires to lose weight or wanting to lose weight. Those are things that ping for me pretty quickly, obviously as an even sort of clinician. If you don't work with eating disorders, if you hear people start to kind of bring up some of those things or guilt around food

Aislinn Burke: kind of going a bit deeper. Tell me a bit more about that. What is your relationship like to food? Have you cut out any food recently? What are ways that you're trying to actively lose weight. Right? People might start talking about disordered exercise, you know, hours at the gym, and again recognizing that that is actually not normative, even though in our culture it is right. That idea of this is probably wellness culture, diet culture makes those things normal but identifying

Aislinn Burke: how often is your client exercising. What happens if they miss a workout? Do they work out when they're injured, or when they're sick?

Aislinn Burke: Then, starting to even go deeper, you know. I think clients often will be finding other ways to purge calories that clinicians may not be aware of, and that are often very shameful. So even my clients with eating disorders very rarely will outright tell me if they're purging through vomiting

Aislinn Burke: or using diuretics or laxatives, those are all. And exercise. You know, exercise is sort of our culturally sanctioned way to purge calories. But those are things to kind of start exploring and asking them a bit more about food. How often are they eating? Are they cutting out certain kinds of foods?

Aislinn Burke: And kind of going deeper in that? To understand really, is this actually a full blown eating disorder? Are they on their way to an eating disorder? Because there's lots of disordered behavior in our society that is like normalized that that might not ping sort clinician

Allison Puryear (she/her): body image issues are probably normative in our culture.

Aislinn Burke: Yeah. But the the behaviors

Allison Puryear (she/her): that they associate with those with those issues might not. But like, there, there's a line of normative to

Allison Puryear (she/her): disordered to like full blown disorder. They're different. It's a continuum.

Yeah.

Allison Puryear (she/her): And I think,

too, like asking questions about like injectables and plastic surgery. Also.

Allison Puryear (she/her): cause. Those injectables are getting more and more popular.

Aislinn Burke: like Ozempic. And is that what you're referring to? Yeah, right? Because some people will say, Yeah, I've had clients that that sometimes are seeing me, not for eating disorders, and so they're sort of openly talking. But I'm like, wait what you know like. Oh, I've been losing weight, taking these shots, or you know, and exploring that and talking through them. Or sometimes I have clients that will come to see me because they're wanting to get gastric bypass surgery, and they need to have that signed off by clinician. And so that provides me with an opportunity to explore.

Aislinn Burke: Do they actually have an eating disorder? And I would say a lot of

Aislinn Burke: a lot of clients do right, which is then even more dangerous to go get gastric bypass. When you have an active eating disorder. I mean.

Aislinn Burke: the the surgery itself is dangerous, and I don't recommend it. But I also

Aislinn Burke: tell my clients I support body autonomy, and I'm not gonna tell them what to do. But I am gonna talk to them about risks. And so I think

Aislinn Burke: for clinicians to kind of when they talk about body image issues. That is an opportunity to ask a little bit more questions about, are they actively doing anything to try to change the shape of their body. And that's when you would want to get more information. I think even things like weighing themselves right? I think again, that's something very normal that people think like you weigh yourself. If you talk to some clients, they're weighing themselves like 10 to 12 times a day, which is

Aislinn Burke: not normal, and I mean, I don't.

Aislinn Burke: I don't think anyone should weigh themselves. However, that's again one of those things in our culture that people think is just normal to know your weight to weigh yourself on a regular basis, right to

Aislinn Burke: keep you in line or keep you in check. Right? Right? Yeah.

Allison Puryear (she/her): I think that this kind of speaks to like the difficulty between what's normal in our culture and what we know to be disordered

Allison Puryear (she/her): because there is an overlap

Allison Puryear (she/her): that's pretty hefty and

Allison Puryear (she/her): I think that sometimes

Allison Puryear (she/her): those can be bolstered by some of the myths around eating disorders like we can miss things as clinicians.

Allison Puryear (she/her): Like the idea that

Allison Puryear (she/her): people aren't really restricting unless they're at a scary low weight

Allison Puryear (she/her): or that their health isn't at risk if they're not at either a scary low weight or a scary high weight like these kinds of myths. Can we talk about some of the myths and the facts that

Allison Puryear (she/her): can help guide clinicians in the right way.

Aislinn Burke: Yeah, and that I'm glad you brought that up because I think that's actually probably the biggest myth out there, right? That eating disorders have a look right? You can tell

somebody has an eating disorder. And I think the statistics say, are like 6% of people with an eating disorder are underweight.

Aislinn Burke: right? So that means the the vast majority of our clients with eating disorders might be in a normal size or straight sized body or in a fat body right? And again, that we assume that if that only underweight people can be at risk for death when really eating disorders are the second leading cause of death

Allison Puryear (she/her): of all mental health issues. Right? I think, find not. I shouldn't say finally, because it's terrible. But opioid addiction surpassed eating disorders. Probably in the last 5 years. Number one, opioid epidemic.

Allison Puryear (she/her): Yeah, yeah, which is also terrible, right? But to say like this is the the second most deadly

Aislinn Burke: mental health disorder, right, that they either die from complications of their eating disorder or suicide. And so these are the facts that all of us, as clinicians need to know is that if a client is actively engaged in an eating disorder.

Aislinn Burke: their heart is at risk. If they are purging right potassium levels can get dangerously low, and they can. Their heart can stop which is the part that scares me the most, because I think that's another sort of myth out there that if they get labs drawn and they're fine, then they're fine, but really with an eating disorder client. One day they can be fine, and the next day they can be at major risk of death.

Aislinn Burke: And so, regardless of somebody's weight, they can be very sick on the inside right, which I think the the book "Sick Enough" does a really good job of talking through all of the medical complications that happen when you are restricting right, which is sort of another.

Aislinn Burke: even, clinically speaking, in the DSM. I really hate that they have 2 diagnostic criteria for anorexia, and both and atypical anorexia, which really the only difference for atypical is that you're not in an underweight body which really even speaks to like our anti fat bias and the DSM. Because I mean my it like you couldn't

Allison Puryear (she/her): be fat and have anorexia, you know. So it's like, Yeah, there's some improvement. But like, we got a while ago. Yeah, well, and they didn't even have binge eating disorder as like an official diagnosis when that's actually again, one of the facts is that that's one of the most common eating disorders in our country right? And so that really any body size can be very

Aislinn Burke: sick and at risk of dying. Because restriction is restriction. Right? Oftentimes most people's bodies will fight the restriction. Anyways, that's I think. Why, probably only 6% of people might be underweight is that, biologically speaking.

Aislinn Burke: not not everybody's body will

Aislinn Burke: force you into that underweight part. It will try to actually maintain weight to keep you alive.

Aislinn Burke: And so I think those are kind of big myths out there that, as all clinicians, we need to be aware of that. They don't have a look. They're also not just sort of the the white, rich girl

Aislinn Burke: diagnosis, right? That bipop community is actually probably under reported doesn't actually get the kind of help or care that they typically need right? So it's not that those rates don't exist amongst all races, ethnicities. And even the LGBT

Aislinn Burke: Population is at higher risk of a development of an eating disorder of that they actually have higher rates of eating disorders than their heterosexual peers. You know, these are all things that we need to be aware of.

Allison Puryear (she/her): Yeah. And I think if you're if you're looking through the lens of the myths as as if they were the truth.

Aislinn Burke: they're probably a lot of clients that you're not asking a lot of questions.

Aislinn Burke: Yeah, that could make a difference for for their well being and for their health. Yeah, yeah. Cause I think they say about 9% of the population of the US population will have an eating disorder in their lifetime. Right? So for 9%,

Aislinn Burke: you you've got clients in your office with an eating disorder they might be not be endorsing it right. But they're there.

Aislinn Burke: Yeah, I'm

Allison Puryear (she/her): I'm thinking about the lab thing, too, and how I know. particularly in the the olden days of eating disorder treatment. When I was earlier on in my career.

Allison Puryear (she/her): It was always such a frustrating part, because often

Allison Puryear (she/her): my clients would get written off by the doctors. They were like, no, their labs are good, and so it made my clients feel like, well, what I'm doing is not so bad, and it would almost

Allison Puryear (she/her): encourage it, or the parents, if they were teenagers would be like. She's fine, I mean, like, look, her labs are good. She isn't that serious? I think we we know a little bit more about eating disorders now 20 years on

Allison Puryear (she/her): I do remember working at a I was at a residential treatment program, and we were due to have a new patient come in.

Allison Puryear (she/her): who was my exact height and weight, and she died the day before she was gonna come, not suicide, but like her body, just gave out, and she was at what was deemed like a healthy weight for her size, you know, like

Allison Puryear (she/her): it's it's not what we imagine. And you know I'd been working there for a while, but I still

Aislinn Burke: it like it was almost like it wasn't possible until I saw it, you know. Yeah, yeah. Well, and and I mean, that's even where the the insurance companies discriminate. Right? I have worked at a higher level of care and clients in straight sized fat bodies usually got less time and treatment. They sometimes weren't even accepted into treatment because insurance companies didn't deem them as quote sick enough right? That there's even that bias with getting support and help.

Aislinn Burke: That that then leads them to be sicker for longer, right?

Aislinn Burke: And again, I even remember, too, even cardiologists. I think outpatient cardiologists have a much higher threshold like Oh, their heart is fine, and I remember an impatient like they didn't just look at, you know. They looked at the QT. QTC. Intervals, and like their threshold

Aislinn Burke: for an eating disorder client, heart is much different from a person in the normal population. So I think that's where even those kind of things like, I've had clients and their cardiologists like, Oh, yeah, they're fine. But if I were to talk to an eating disorder clinic, like a medical doctor, they'd be like. This is not a good EKG, right? Because they know they do the nuances, that of what's happening when you're restricting right?

Aislinn Burke: And I think going back to facts, a recent fact that I read that actually surprised me because I think of the work that I do is, they say, only 8 out of 10 people won't even seek treatment for an eating disorder.

Aislinn Burke: So if that means. Only 2 of those 10 people are in my office right? There's 8 more people out in the community that aren't. And so even for me, that as an eating disorder clinician. That was surprising that, like how few people even actually seek out treatment. And then those that do.

Aislinn Burke: are they then still discriminated against because they're not underweight, right? Or their labs are fine.

Allison Puryear (she/her): Yeah?

Allison Puryear (she/her): And and told essentially

Allison Puryear (she/her): like, you're fine. Stop complaining, you know, by by some of the people around them.

Aislinn Burke: right. You don't look sick. I mean that the amount of times my clients have been told they don't look sick is

Aislinn Burke: so invalidating right? Because, again, sick doesn't have a look just like healthy doesn't have a look.

Aislinn Burke: And so if we don't know what's happening internally in their bodies, even if they're even if their body is still functioning. Because, again, our body has like very adaptive functions to keep us alive. That doesn't mean that their brain

Aislinn Burke: is healthy when they're so consumed with the obsessive thoughts about food and body.

Aislinn Burke: That is not something that probably feels healthy. Right?

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): So the 9% of people with an eating disorder

Allison Puryear (she/her): are seeking help like the 9% that will have an eating disorder during their lifetime is that are those people who have sought help?

Allison Puryear (she/her): Or is that yeah? Or if they have actually just self disclose, I don't know right. The statistics say that 9% of people will have an eating disorder. So yeah.

Aislinn Burke: but whether or not that's people that's actually self disclosure, self reported it, or have actually sought help. Because then that might mean we're missing. And I mean it makes sense like

Allison Puryear (she/her): eating disorders

Aislinn Burke: work for what they're used for. For a time. They worked in they work to bring attention to something that's

Allison Puryear (she/her): less painful than maybe the things going on inside

Aislinn Burke: they

Aislinn Burke: or to control things that fell out of your control right? Or even going back to diets. Right? I think that's one of the strongest predictors for the development of an eating disorder is dieting. And yet it's something that's so normalized and encouraged in our society.

Aislinn Burke: you know, I think, obviously, development and eating disorder is multi faceted. We. We've got to let go of those old beliefs that it's only a result of trauma or a cold mother. Right? But I think we're starting to find that there is biological components as well as the like psychological and social components that develop an eating disorder.

Allison Puryear (she/her): There's absolutely heritability there, which

Allison Puryear (she/her): it's an interesting thing. I read a statistic a few years ago about how eating disorder

Allison Puryear (she/her): providers like therapists, dieticians, MDs are more likely to have kids

Allison Puryear (she/her): with eating disorders. And I was like, I know, I can also see those so many of us are our niche right? Like it's a younger version of us, or it's a thing that we've been through. So I can. I'm I'm curious how much heritability has to do with that. That we can't protect like your daughter talking about her stomach like we can't protect our kids. We could do everything right in the household, but we can't protect them from the culture that they're within

Aislinn Burke: right? Because that's where it, eating disorders touch all forms. Right? Obviously, if you grew up in a home that does talk more about body or restrict food, that's gonna increase your risk. But then kids can grow up in homes where intuitive eating is the norm right? And we accept all bodies. And they can still develop that right. And I think they've even if they've been doing some of the gene mapping. And with anorexia they're starting to know, to to find, I think, that their hormone around sort of

Aislinn Burke: hunger is more muted right, which is likely. Why, individuals that are more restrictive.

Aislinn Burke: I don't like more able to do that right without the compensatory behaviors with the you know, the bingeing or the different things. If it's a pure, restrictive type, right? That there's so much about that biology that we're still uncovering, and I'm learning right, but that we've got to look at the whole.

Aislinn Burke: the whole aspect right. The facts are that that eating disorders are multi faceted. And as clinicians, we need to recognize that and actually explore all the different facets that might be the development of their eating disorder and not just assume. It's one thing or the other, right? It's not just because of social media. Certainly that plays a role. But that's

Aislinn Burke: that's not the only reason they've, you know, even stores existed long before social media and television. Yeah, I love the drive to externalize it for sure. But it's definitely not

the ideology of an eating disorder. Yeah. And I think that's one of the things we need to do is take a step back and say, what do we think? We're all the aspects that developed.

Aislinn Burke: You know this in your life so that we can help them overcome it and not just assume it's one thing or the other right. Those myths out there.

Allison Puryear (she/her): Yeah, absolutely.

Allison Puryear (she/her): maybe something else.

Oh, you were talking about I just wanna say, like, kind of maybe end on one more diet thing of you know, you were saying, like, 96% of people quote unquote fail at diets meaning the diets don't like whenever like.

Allison Puryear (she/her): I don't know. 96% of people failed at driving their car on this road. This one road, you know. Like, if 96 out of every 100 people crashed a car. We would think there was something wrong with the car. And

Allison Puryear (she/her): that's how it happened. Right? Drivers. Yeah. But there's also, is it? Is it still 25% of people who go on diets develop disordered eating or eating disorders

Allison Puryear (she/her): that, like some high number.

Aislinn Burke: it is a high number. And I wish I'd like actually logged that statistic. But the fact that they say it's like one of the biggest risk factors I don't know. I mean just speaking myself. I think it's more than 25%

Aislinn Burke: because I would say, if all of my clients they're at the heart of their eating disorder restrictive patterns of behavior. Right, however, it comes out, is different. Whether or not they just purely restrict, or whether then they go on to binge or purge it in different ways.

Aislinn Burke: But I would say almost all of my clients have historically asked them. It started with some form of restriction. Right? I cut out sugar, or I cut out carbs, or my health class talked about the dangers of this, so I stopped doing that right. So, whether in their minds. They thought it was a formal diet. There was some aspect of restriction

Aislinn Burke: that developed them. It didn't just like one day they woke up and they're like, Hey, I'm gonna eat my food. This way

Allison Puryear (she/her): and thinking about like okay, so there's a 4% chance of success and then there's a, 25% chance of getting the thing that has the second mortality rate in all of mental health.

Allison Puryear (she/her): Let's do. We can, if you're listening, and you're on a diet right now

Allison Puryear (she/her): to like easier way back into listening to your body, because it will tell you. I promise. I know it's scary to learn to trust your body again, but it will tell you what you're hungry for when you're hungry, when you're satisfied, if you remember to check in and listen, and it gets more intuitive. The more you do it, it gets easier.

Aislinn Burke: Yeah, yeah. I mean, because I mean, don't you really think if you actually broke down what somebody's doing in a diet and then cross-reference the DSM.

Aislinn Burke: That would be an eating disorder, right? Whether or not it's for 3 months or a year, right? Even in the osted category, like bulimia, binge eating and anorexia can all be sort of for short periods of time. Right? That's why it hasn't hit the full diagnostic criteria right? But really, if you broke down somebody's diet.

Allison Puryear (she/her): it's all eating disorder

Aislinn Burke: according to the DSM, so is it really a diet? Or are we just encouraging low, level eating disorders, and then the pendulum swift with like shifts, and they maybe go back to normal eating. But they're still

Aislinn Burke: still feel that pull around the food or the you know the shame around that. Umhm. Yeah. The guilt is.

Allison Puryear (she/her): it's really intense guilt people feel when they feel like they are eating something they should not be eating.

Allison Puryear (she/her): That's it. Like when you take it out of the context of our culture.

Aislinn Burke: And I say, eating something you shouldn't be eating you think about like something disgusting, or something with mold on it, or some poop, or I don't know, but like it's the same level of intense shame that

Allison Puryear (she/her): he's like eating an ice cream, which is, which could be really pleasurable.

Aislinn Burke: And it's it takes away from their life to feel so bad about it. And and it's all consuming for so many of our clients, too.

Aislinn Burke: Yeah, or that they ate a full sandwich at lunch right? And they feel guilty about that, because I had too much carbs, or I shouldn't have eaten the whole thing right, that if you really start talking to clients when they start normalizing their eating patterns. Even how how off their perception is about normal portion sizes, because the diet has been so restrictive. Right? And I and I mean in our society now they just like to call it like wellness, which is, you know.

Aislinn Burke: So I think my bias is that all diets to me are just actually eating disorders in disguises. You know. I know that people aren't thinking. That's what it is. But really I have yet to see a diet that actually is normal eating patterns, right? Variety of food. They're never that.

Allison Puryear (she/her): Thank you for talking with me about this. Actually, I think I hope that therapists feel more prepared and what to look for in session, and that they're also challenging some of their own

Allison Puryear (she/her): biases or ways of managing food and body themselves based on the conversation.

Aislinn Burke: I hope so, too. I think that's the best we can all do is just try to unpack that a little bit more and recognize that we're all part of the culture that we live in? And can we start exploring how that might actually be unhealthy for us or maladaptive for us. Absolutely

Aislinn Burke: awesome. Thank you so much. Okay, thanks for having me sure.

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