

# Redefining Health & Wellness

## #2

**Featured this episode:** Shohreh Davoodi, Ashley M. Seruya

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**Shohreh Davoodi:** Hey, everyone. Welcome to episode number two of the Redefining Health & Wellness podcast. Today, I'm sharing with you an amazing interview I did with Ashley Seruya. Ashley is a virtual assistant, social work intern and content creator specializing in Health At Every Size, eating disorder recovery and weight stigma. She and I had the opportunity to talk about all things Health At Every Size, thin privilege and weight stigma, healthism and more.

This conversation will likely challenge you and that's a good thing. To access the show notes for this episode, head to [shohrehdavoodi.com/2](http://shohrehdavoodi.com/2). That's [shohrehdavoodi.com/2](http://shohrehdavoodi.com/2). Let's get into it.

[music plays]

**Shohreh:** Hey, y'all. Welcome to the Redefining Health & Wellness podcast. I'm your host, Shohreh Davoodi. I'm a certified intuitive eating counselor and certified personal trainer. I help people improve their relationships with exercise, food and their bodies so they can ditch diet culture for good and do what feels right for them.

Through this podcast, I want to give you the tools to redefine what health and wellness mean to you by exposing myths and misconceptions, delving into all the areas of health that often get ignored, and reminding you that health and wellness are not moral obligations. Are you ready? Let's fuck some shit up.

**Shohreh:** I am so excited to have you on the podcast, Ashley. I love your work, and I thought you would be the perfect person to talk about Health At Every Size also known as HAES.

**Ashley M. Seruya:** Thank you so much, first of all for having me and secondly for thinking that I am a perfect person to talk to.

[laughs]

**Ashley:** about HAES. That has sort of been my personal goal in the last, like, year and a half is to be a go-to person for people, so that's really awesome to hear, but yeah. Thanks so much for having me. I'm really excited to just sort of dig in to whatever we're gonna get into.

**Shohreh:** Absolutely. You are definitely a go-to person on HAES now, so I think you can check that off the bucket list.

**Ashley:** [laughs]

**Shohreh:** So before we get into what the heck Health At Every Size is, I thought you could tell us a little bit about your background and what led you to the HAES paradigm.

**Ashley:** Oh my goodness. Okay, so--

[laughs]

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**Ashley:** There's a lot, of course, as there is for most of us. I would say that it's probably best to just start with my own personal history with food and my body. I was probably a-- I mean, looking back, a normal kid growing up, but of course, everyone-- I guess not of course, but in many ways, similar to a lot of other people that I've heard talk about their stories in the sense that, looking back, I really was just not a lanky kid, you know?

That just wasn't how I grew up, but as a kid, I was made fun of and bullied a lot for my size as well as the fact that I had a lot of social anxiety. I experienced a lot of trauma growing up, and I basically took all of the social rejection that I experienced and placed it on my body, which, you know, as a kid, makes a lot of sense because you don't really understand if there's nowhere tangible to put things, it gets very confusing.

I struggled a lot emotionally as a kid, and I did use food to soothe which was fine when it first started, but then of course, my behavior with food was connected to my size, and so then it became a pathological thing. It became a negative thing. And the main way I used to cope with my anxiety was food. And suddenly, that was really off limits. That was really not okay.

And so that sort of began my whole I guess diet cycle. You know, it was very classic in, like, the sense that I did it with my mother and, you know, every Sunday we did, like, meal plans. It was very, like, 90s, typical early 2000s type situation. And it probably stayed within the disordered context for a while. And then there was a convalescing of events. Is that the right word? I think it is. [laughs]

**Shohreh:** I like that word.

**Ashley:** So, I ended up losing a lot of weight because I went on a service trip. And it was basically my first, you know- quote, unquote- successful weight loss because I'd been, you know, to doctors my whole life being told I needed to lose weight, and, you know, coming back every year and just being like, "Nope, didn't happen." I lost a lot of weight, and then simultaneously I experienced a pretty prolonged sexual trauma. I think the combination of those really pushed me over the edge. I went into full-blown restriction. I basically lost my period. I experienced-- What is-- I know there is a technical word for it- when you stand up and everything is moving.

**Shohreh:** Oh. Vertigo?

**Ashley:** No, it's not vertigo. It's something specifically that happens to people who are restricting, and I only just recently learned about the term which is why I of course cannot recall it now.

**Shohreh:** Now, I'm gonna to have to find out.

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**Ashley:** Yeah. I'm trying to think. It was one of those, like, podcasts with Christy Harrison. It was one of her more recent episodes that they talked about it. And I was like, "Oh my God. Yet another thing I could add to the list of symptoms that I just didn't know were symptoms."

**Shohreh:** Yeah. It's kind of amazing when you realize how things are connected in that way. I have ADHD, and I didn't find out until I was older. And now I can look back over my life and be like, "Oh. That's what all of this stuff was."

**Ashley:** Mhmm.

**Shohreh:** And I feel like it's very similar with eating disorders and disordered eating too.

**Ashley:** Absolutely. And I had a very similar experience with my ADHD as well. I only got diagnosed in the last couple of months. And looking back, so much of my social anxiety was related to the fact that I didn't know how to contain myself and not call out, not just sort of follow that impulsiveness that's very often related to ADHD. And so it definitely put a lot of my childhood into perspective.

But in any case, so I was experiencing really extreme restriction. Basically, after about a year/a year-and-a-half, you know, I was about to go to college, things really felt chaotic, and I entered, like, the diet-binge cycle. So, you know, there was a lot of tempting compensatory behaviors, that kind of thing and just very much like, "Okay. Today's gonna be the day. Today's gonna be the day. I'm gonna get it right." Obviously, that didn't work out because it never does. [laughs]

**Shohreh:** So true.

**Ashley:** Yeah. And that sort of was my cycle for the first year of college. And finally, I went home for spring break, and I was an absolute wreck. I remember I turned to my mom, and I was like, "I have an eating disorder. I need help. Like, I can't do this anymore. I'm so exhausted."

**Shohreh:** Wow. Yeah, a pivotal moment in your life.

**Ashley:** I mean, I will say that unlike a lot of people, I've been screaming for help for a long time. I was in a household that really would not hear that whether it was, you know, intentionally just ignoring it or being too caught up in other things to be able to really see it, but I was asking for help for a really long time. And it finally got to a point where it was like they couldn't ignore it anymore, and I wouldn't let them. You know, I was an adult at that point. I was in college. Not really an adult, but-

**Shohreh:** [laughs]

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- Ashley:** -enough of an adult that I was just like, "This is--" I went to school across the country as well so, like, I was out in California, you know. I was living my life, and I was just an absolute mess.
- I finally got into therapy. She wasn't an eating disorder specialist by any means. She was just sort of a general psychotherapist, a very humanistic approach very much like, "Oh, let's get behind the reasons why you're doing the things that you're doing" which was a really wonderful approach for me because that's something that-- like, understanding my behavior is a big way that I heal, and that's been a pretty common theme throughout my life.
- So she was really, really helpful. And by the time I was a senior in college, I was really emerging into full, like, intentional recovery. And that's when I found intuitive eating. I found the Intuitive Eating book actually through Kelsey Miller's Anti-Diet Plan which doesn't-- Anti-Diet Project. Excuse me.
- Shohreh:** Yes. I've read her book, and it's so amazing. And she kind of talks about details of that Anti-Diet Project that she did which I didn't have the privilege of enjoying at the time that it was happening, but it seems like it had such a big effect on so many people's lives.
- Ashley:** Yes, absolutely. I think the first one came out my sophomore year of college. And between then and the beginning of my senior year, I finally picked up the book. I also was actively looking for recovery resources, and so I stumbled upon Food Psych. And between those two, I found, like, a weight inclusive approach to health. I remember one of the first episodes that I was just, like, 'mind fucking blown'.
- [laughs]
- Ashley:** It was the Food Psych episode where Christy talks about the Minnesota Starvation Experiment.
- Shohreh:** Yes.
- Ashley:** Oh my God. That. I was like, "Wow. Okay, I'm not crazy. I'm just acting in ways that I need to because my body is like, 'Feed me, God damn it.'"
- [laughs]
- Shohreh:** Yeah, exactly. I learned about that from the Intuitive Eating book was the first time that I had heard about it, and I was like, "Oh my goodness. This makes so much sense. Why do more people not know that this existed?"
- Ashley:** Yep. Yeah. So it was a ride for sure, a long ways getting there, but, you know, I stumbled on Food Psych when Christy was still talking more

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about you needed recovery in relation to Health At Every Size. So where it is now, it was a lot more of a liberation space.

And so I always suggest that if you're Food Psych as a resource, definitely start in seasons two and three if you're, you know, really in your eating disorder because some of the more recent episodes can be a little bit too much if you haven't built up the knowledge base to really understand where everyone's coming from. But in any case, so as a classic-- I was going to say 'as a classic anorexic'. I don't know that I even identify as that, but--

[laughs]

**Ashley:** As a classic person with an eating disorder, I became obsessed with recovery, with Food Psych. It was, like, in my ears all the time. It was definitely not a healthy thing, but it's okay because we're here now.  
[laughs]

**Shohreh:** Yeah. You kind of, like, swung from one direction to the other which is so common before ending up at the middle.

**Ashley:** Definitely. Definitely. Definitely. Yeah. The sort of silver lining, and the part of my own personality, you know, sort of coming through was, like, I wanted something, so I went and got it.

So in January of my senior year, I was like, "All right. I need to get a job. I'm going back home." I knew at that point I wanted to be a social worker and would have to go back to school, but I had gone to school for an English degree. And so I was like, "How do I take a writing degree and apply it to something that's a human services job and also maybe hopefully, you know, envelop all these new concepts into it that I love and that I eventually want to use in my own practice?"

So I reached out to Christy and I was like, "Hey. We both live in New York or will at least when I come back in May, and I need a job. Do you need help, or do you want to be my friend?" Like, it was literally like that.

**Shohreh:** I actually love this. I love that you were like, "Let's just see what happens."

**Ashley:** I was just like, "You know what? I don't know what's going on. I don't know what I'm going home to, but let's just throw it out there." [laughs]

So she wrote me back, and she was like-- It actually was really funny. She never even got the email because it was, like, through the form, and then I ended up-- I was, like, live-tweeting episodes because I really liked to pull the quotes.

**Shohreh:** [laughs]

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**Ashley:** I tell you, I was obsessed. But eventually, we connected via Twitter, and she was like, "Oh, no. I never got it. You know, re-email it here." And then, you know, it finally went through. And she was like, "Oh. This is perfect. I'm working with a dietetic intern right now, but she's leaving at the end of, you know, the semester because it's a school thing, so you can start up in May." [laughs] I was like,-

**Shohreh:** Perfect.

**Ashley:** -"Oh." So suddenly, I was a virtual assistant and social media manager, and I was doing it with, like, my hero. And I still love Christy. We're good friends now. [laughs] But it was this very strange, like, circumstance and happenstance and a little bit of nerve, and I created, like, a job for myself.

**Shohreh:** Yeah. I mean, you went out there and got what you wanted, essentially.

**Ashley:** Yeah. [laughs] It's kind of ridiculous looking back on it, but I think I was just so desperate to find that connection with these ideas that had really and truly saved my life. And so I started working with Christy. I worked with Christy for about six months. And then at that point, I felt comfortable enough to sort of be like, "Okay. Like, this is what I'm doing. I'm a virtual assistant, and I work with Health At Every Size clinicians. And, you know, this is my specialty."

And I went out, you know, with Christy's help because Christy of course has, like, a big pull in our community. I sort of got more clients and have built a business from there. And, you know, simultaneously, I left school for about a year, and then I went back. So I'm currently in an MSW program. And then in the last, I guess, year, I've incorporated some more of my, like, creative predilections.

[laughs]

**Shohreh:** You have great words today.

**Ashley:** I'm just like-- I know there's a simpler word, but for some reason, I can't think of it.

**Shohreh:** It's because you're in grad-school brain right now. You got all those big textbook words on your mind.

**Ashley:** [laughs] You would think, but I can't find the time to actually do the reading, so-- But anyways, so yeah. So I, in the last, like, year have really combined, you know, my HAES work, my mental health work, my social work in with my artistic desires, I guess. That's been so much fun. It really feels like a culmination of, like, all the things that I've been wanting to do my whole life. You know, I've always felt like this person that, like, wants to do every single thing but can't figure out how to bring them together. And I finally feel that I have which is really, really cool.

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But yeah. So that's, like my very long-winded story. I like to give people, like, the full background because it's, like, very strange and not something, I think, most-- It's not really the way most people come to this stuff.

[laughs]

**Shohreh:** I don't know that it's strange so much as it's unique.

**Ashley:** Yes.

**Shohreh:** Like, it's definitely an interesting-- It's a great story. I love hearing it. And I should clarify. For those who don't know about the Food Psych podcast with Christy Harrison because maybe you're new to this space. It is sort of the seminal podcast on intuitive eating that has really developed and grown a lot in the last few years. And Christy Harrison is very well known in the Health At Every Size space. And I will put a link to it in the show notes for those of you who haven't checked out that podcast because it's an amazing resource, and it's also one of the ways that I got started in this work, too.

**Ashley:** Yeah. It's the way most of us did in a lot of ways, that and the intuitive eating book. And I will also say, for the show notes, definitely put episode 127 which is the one that Christy and I did that's sort of an interview style between myself and Christy going over very basic concepts related to all of this work. It's sort of like a 'start here' episode.

**Shohreh:** Perfect. I will definitely put that in there. Okay. So we've heard your backstory now, and I'm sure there are going to be people listening to this who have maybe never heard of Health At Every Size, or maybe they have heard of it, but they don't have any idea what it is. So can you just tell us, generally, what in the hell is Health At Every Size?

**Ashley:** Yeah. So, I mean, I will say if you are confused about what HAES is, go to the Association for Size Diversity & Health website because they own the trademark, so they're going to sort of be the main body that's responsible for defining what HAES is.

But in terms of how I conceptualize HAES, it's a weight-inclusive approach towards well-being that does not prescribe health but also understands that health can be achieved or sought after by people in all kinds of bodies.

**Shohreh:** Yes. I think that's a perfect way to generally describe it. And I will link as well to the principles on the Size Diversity & Health website. And I'm not gonna go into them in too much detail, but just so those of you are listening know, there are five sort of principles currently that make up the Health At Every Size paradigm, and those are weight-inclusivity,

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health enhancement, respectful care, eating for well-being, and life-enhancing movement. Just to give people a little background on that.

So tell us a little bit about this weight-inclusivity aspect because I think that's such an important part of HAES, and it's very different from the weight-centric paradigm that most of the world is living in.

**Ashley:** Yeah. I actually did a doodle on this, I guess, probably a month ago. It's literally a T-chart, weight-inclusive versus weight-centric. [laughs]

**Shohreh:** Perfect.

**Ashley:** It's a good resource, I think. But basically the idea is that when we seek out healthcare, if we're in a smaller body, we're going to have a very different experience than someone who's in a fat body. And we need to be very conscious of that and cognizant of that because the weight stigma that people in fat bodies experience at the doctor's office is directly impacting their health in a very negative manner.

And it also-- Not only does the stigma impact their health, but very frequently, someone's size will sort of blind medical a professional from actually reviewing symptoms appropriately, diagnosing appropriately. And, you know, instead, they will just blame any negative experiences on the person's size and weight.

That approach to healthcare is really dangerous for a lot of different reasons. So that, I think, is sort of the main reason why it's really important to operate from a weight-inclusive paradigm because you're acknowledging what the impact of weight stigma has had on the medical community and then adjusting appropriately.

The other thing with a weight-inclusive versus a weight-centric is that a weight-centric paradigm focuses on reducing body size in order to alleviate health symptoms.

**Shohreh:** Right.

**Ashley:** That's sort of the main function of it, right? So we know through, like, really good and really extensive research that changing health behaviors such as changing the way you eat, changing the way you move, changing your stress levels, managing your mental health, all of these different things do have a positive impact on your health markers like your blood pressure, other blood work and that kind of thing. But, very often, those positive health changes will be attributed to weight loss in a weight-centric paradigm.

And instead of acknowledging that these behaviors, with or without weight loss, actually, do improve your health and also acknowledging the fact that any weight loss that does occur will often be reversed within five or so years.

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You know, the weight-centric paradigm, in my opinion, it doesn't really help us take control of our health, right? You know, not to say that we really can control our health because there's also the fact that our health is mostly made up of our genetic composition and our environment, right? Like, our behaviors are pretty much-- There a very small percentage of--

**Shohreh:** Yeah. I think it's about 25% is the number-

**Ashley:** Yeah.

**Shohreh:** -that I've usually heard that we have any control over with our health, but the way that people talk about it, you would think that we have control over, like, 80 or 90 percent of our health outcomes.

Exactly. And the other thing too is that 25 percent is-- So it's based on food and movement, right? And the other thing we need to consider is that not everyone has access to groceries. Not everyone has access to safe places for movement. Not everyone has the time or the money or the brain space because they're in the middle of taking care of their kids or experiencing micro-aggressions trying to go to school and better their life, you know, because we live in capitalism, and, you know, we have to monetize everything that we do.

So this idea that we have complete and total control over our health and that all you've gotta do is, you know, make small, simple changes, and you'll be basically unable to die, right? [laughs] It becomes this very sensationalized experience, right? Like, lose weight and your life would be amazing in every which way including health.

**Shohreh:** Right. And I think it's important here to note too that we don't have a known way to lose weight for the long term. And a lot of people still don't realize that we don't have any scientifically proven way for people to lose weight for long term which usually means a two to five year period.

**Ashley:** Right. And that's that sort of the thing that I mentioned in terms of, you know, it'll come back. And that's the other thing too. I think-- Was this Marci Evans? I don't know who said it. We have so many wonderful mentors in our space, but someone said something along the lines of if there was a medication or an intervention that had a 95 percent failure rate, even an 80 percent failure rate, right? Because some people get upset about the 95 percent marker. Even if we go a little bit lower, right? 80 percent failure rate, and there were other interventions available because that's the other thing.

People who are in smaller bodies also get these very same conditions, but they're given very different solutions, right? So there's a medicine that has an 80 percent failure rate of which there is an alternative treatment, would you want to take that medicine?

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**Shohreh:** And if you did, wouldn't you think really long and hard about it first before?

**Ashley:** Right.

**Shohreh:** You wouldn't jump right into it because you thought you were supposed to.

**Ashley:** Exactly. I think the idea of, like, weight-inclusive versus weight-centric is really interrogating. Why we prescribe what we prescribe, you know, why we pathologize what we pathologize, which is normally fatness, and how we need to adjust in order to actually better the health of our collective, right?

Because I think at the end of the day, our goals are the same. Our goals are for people to be healthy, right? I mean, I can sort of-- On a personal level, my goal is not to make everybody healthy because that's just not-- I mean, that's, like, a whole different conversation.

But in any case, most healthcare providers, their goal is to improve people's health, right? And that's why they went into the field. And so we have this very same goal, and yet these two approaches are so very different because on the weight-centric side, in many ways, it is so blinded by diet culture and diet mentality that is masquerading as science-

**Shohreh:** Right.

**Ashley:** -whereas a weight-inclusive approach, you know-- I was talking to my good friend Ameer Severson. We were sort of just talking about-- She just recently released an article that she co-wrote with Linda Bacon which, like, oh my God. So exciting.

**Shohreh:** Yeah. That's amazing.

**Ashley:** Yeah. And we were sort of talking about how it kind of blows our mind how much pushback the weight-inclusive paradigm gets when our research is showing us that it's actually a more supportive way or more health-supporting way to intervene with patients, right?

So, like, there's this very clear bias. There's this very clear, you know-- It's sort of like the rose-colored glasses, but it's like the diet-culture-colored glasses.

**Shohreh:** [laughs] Those are like a nasty, poop-colored brown.

**Ashley:** [laughs] But yeah. You know, it really permeates so much of our medical field. And it's destructive is really what it is in terms of health which is why you, and so many of our colleagues, are sort of baffled to some degree as to how much pushback we get when, again, the goal is sort of the same. It's to enhance people's health. As you mentioned,

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there is no-- there are zero effective ways right now that we know of to lose weight and keep it off.

We also know that health behaviors can change our health markers with or without weight loss, so it doesn't really seem like the weight loss is really even necessary. It also-- When we work within diet mentality, we prioritize smaller bodies, and we privilege smaller bodies over fatter bodies which inherently creates stigma which creates negative health consequences.

So really and truly, it doesn't make any sense to me why anyone is not on board with it, but we hate fat people so-- [laughs]

**Shohreh:** Right, exactly. And I think this is a good kind of segue here because-- So for me, obviously, I'm someone-- I have thin privilege, so it was important to me to have someone talk about HAES who has lived experience with being in a larger body. Because I think messages like these about Health At Every Size are seen as much more palatable coming from somebody who is my body size, and that is a perfect example of weight stigma.

So I would like to talk to you about weight stigma and thin privilege and what this looks like in the world because I think when people are first hearing this concept, it is very uncomfortable for them.

**Ashley:** Yes, definitely. People get very upset. And, you know, I get it. I will say I have compassion for it. A couple of years ago, I was more angry than compassionate about it. I'm going to be honest. I've evolved in that way, but it's my social work training.

**Shohreh:** I don't think anyone can blame you.

**Ashley:** [laughs] Well, right. I mean, I think the anger is valid, and I never, ever, ever would suggest that being compassionate is the better approach or that we shouldn't be angry because we're entitled to however we experience our oppression.

But that being said, the way that I've sort of processed through it is, you know, I understand that-- I also think that my education in racial justice has really helped with this. Not to say that size and race are the same marginalizations and they operate the same way, but there are similarities in the sense that when someone who is white or white passing is alerted to the reality of their white privilege, there is a lot of pushback.

**Shohreh:** Yes, absolutely.

**Ashley:** And I get it because no one wants to A) acknowledge that they've hurt somebody else without intention, right? No one wants to B) acknowledge that they have any kind of unearned power that they may have to actually give up. It makes sense, right? Our sense of self is

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threatened which our bodies perceive the same way as a physical threat, right? Like, we become defensive because our safety is being threatened when we are told that the way that we understand the world is not accurate.

**Shohreh:** Yes. And I can actually speak to this because I first heard about the concept of thin privilege many years ago, like, long before I knew anything about Health At Every Size, about intuitive eating, like, long before I even did this work. It was back when I was in law school.

And I found this concept on the internet, started reading about it, and I was just absolutely baffled by it. And I had this horrible, visceral reaction that, now, I look back, and I'm, like, filled with shame, but at the time, it made sense because I had all of this internalized fat phobia that I had been dealing with my whole life.

You know, I had spent so much time dieting and clean eating and doing all these things. And I was someone who believed that fat was a choice, which I now know to be completely not true, but having grown up with that message, hearing the phrase 'thin privilege', you say to yourself, "No, no, no. I earned this body. Like, I worked for this body." Because I didn't know the realities that there is a diversity of different body shapes and sizes, and that genetics have a huge role to play and oppression and all these other things. I was not yet woke to any of that.

And so I had this really horrible reaction where I was like, "That's just utter bullshit." So I also have so much compassion for people who have that reaction because that was me at one point, and you don't know what you don't know. And it takes time to learn that. But that's why I also think it's really important to have these conversations, so that people understand that yes, weight stigma is real, and thin privilege is also real.

**Ashley:** Yeah. And I think that's really important point in terms of how weight stigma deviates from, you know, a racial structure in terms of people will often say like, "Well, fatness is a choice." Like, I will sometimes troll the sort of, like, anti-HAES spaces like on Reddit and stuff, and there's one called fatlogic which-- Don't go to it. It's super disordered. Just don't.

**Shohreh:** I've heard very bad things about that place.

**Ashley:** Yeah, just don't. Just don't. But it's interesting to sort of-- from an intellectual perspective because I'm in a place where I can sort of remove myself from it, and it's okay, and I'm also, like, a very brain kind of person. So I like to sort of see what other people—like, what their arguments are against it, you know? And one of the big things that they'll bring up is fat consequences. It's such an interesting phrase, right?

**Shohreh:** I hate that phrase.

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**Ashley:** Fat consequences. Right? And it really hinges on this belief that fat is a choice. Part of me wants to sort of hammer it home that, like, fat is not a choice and body diversity is a thing that exists, but the other part of me is like, "Who the fuck cares?" We live in a world where there are fat people, right? That has sort of been the reality for the last like what? Millennia? [laughs]

**Shohreh:** Right, exactly. A long time.

**Ashley:** A long time. As far as I'm concerned, we need to be adapting to how our reality is and not insisting that we must change our reality in order to, like-- I don't know. Better society? I don't even understand what their real goal is to be honest.

But it definitely is, I think, a big point of education that needs to occur in the sense that we need to make it very clear that fatness is not always a choice, and that even when it is, right? Because, I mean, there are cases in which it is, and that doesn't mean that that individual is less deserving of respect than anybody else.

**Shohreh:** Exactly.

**Ashley:** I think it's unfortunate that, for most people, they have to sort of come to the, "Oh. Body diversity is a fact of life," and then evolve towards, "Oh, but it doesn't really matter because everyone deserves respect and human dignity," right?

**Shohreh:** Right. And this common argument that you hear against this, specifically in this area of marginalization is, "Oh. Well, I just really care about their health, right?" It's this whole health concern trolling idea which is such bullshit.

**Ashley:** Yeah. Concern trolling is just really, really insidious mostly because it disguises itself as this very sort of like, "I'm doing it for your own good," and it's very-

**Shohreh:** So patronizing.

**Ashley:** -tantalizing. Yeah. It's very like, "You don't understand your body. I understand your body more than you do." You know? Like, how arrogant is that to suggest that someone else understands my body more than I do, you know? I mean, I will say that, like, experiencing stigma does disconnect you from your body and experiencing an eating disorder does distance you from your body, but it doesn't matter, right?

**Shohreh:** That doesn't mean a stranger knows anything about you.

**Ashley:** Exactly. And, like, at the same time, we might not know who we are, or why we are the size that we are. We might not know the answers to

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that question, but, like, it doesn't fucking matter. It's not anyone else's business. And, like, the other thing I believe very strongly is, like, my body is my business. Some people, again, in these sort of, like, really anti-HAES spaces will say shit like, "Oh. Well--" I'm sorry. I'm cursing a lot. Is that okay?

**Shohreh:** Oh, absolutely. This is a curse-friendly podcast.

**Ashley:** [laughs] I've, like, laid down. I'm reclining. And so the cursing is coming out.

**Shohreh:** Excellent.

**Ashley:** But one of the other things that people will often bring up in terms of, like, trying to justify weight stigma and, like, shaming people for their bodies and a weight-centric paradigm is that the healthcare costs—quote, unquote—of fatness, right?

So there's this idea that people in larger bodies because they have more healthcare issues which, again, like, whether we can actually justify that statement with any kind of fact is a bit up in the air, but because they have more health conditions and then therefore cost more in the healthcare sector, they are responsible for, like, the national debt. [laughs]

**Shohreh:** Such a stretch.

**Ashley:** Right? Like that was a bit of a hyperbole, but still, like, that's sort of how it comes across is this idea that, like, our medical system is falling apart because there are fat people. Right?

**Shohreh:** Right, which completely ignores, you know, all the other things that people do that are risky or whatever. Which-- I'm not saying that being fat is risky, but, you know, we don't, like, tell people, "You cannot go skydiving because, like, if you get hurt, you will spend thousands of dollars in the medical system." Like, you know, we don't treat other people in that same way. We reserved this specifically in our society for fat people.

**Ashley:** Correct. And in the skydiving example, that is someone's active personal choice, you know.

**Shohreh:** Right.

**Ashley:** Like, there are better statistics showing that you have a choice to go skydiving.

**Shohreh:** Scuba diving, like, so many things that you could do that are just, like, you know-- Every time I go hiking along a cliff edge, like, if I fall off of there, nobody cares. No one is screaming at me like, "Don't do it. You're hurting our healthcare system."

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**Ashley:** Right. Exactly. And it just really goes to the point that we dehumanize people because we've just decided that their decisions aren't worthy, or their existence isn't worthy, right? Like, when you talk about the skydiving person, we're like, "Oh. You can go skydiving. Why not? Like, it's cool." And yet, when someone is fat, their decisions are up to, like, public judgments.

When you see a fat person, say, at the dining hall-- Let's pretend we're in college. At the dining hall getting a cheeseburger, and like all of a sudden, their body and their food choices are up for conversation. Like, as far as I'm concerned, no one's body is up for conversation.

**Shohreh:** Exactly. And I think too that, not only are these bodies up for conversation, but we are accepting of worse treatments of people in larger bodies too.

And I want to talk about that a little bit and talk about how the experience of someone in a larger body is different, for instance, from my experience in the world as someone in a smaller body, to just kind of get to explain to people, like, what does weight stigma look like in the world for people who have had the privilege of never having had to think about this. Like, what are the differences for someone who is in a larger body in their life than someone who is in a smaller body?

**Ashley:** Yeah. I will definitely list those, but I also just want to highlight what you just said. You said "something that you've never had to think about before", and I think that's a really important point when we're talking about privilege to make very, very clear, right?

It's not that like you see something, and you're a terrible person, and you just turned your back on it and, it's like, "Oh. Fuck this other person." No. It's that this is something you've never had to consider.

Like, I, for example, went to go get my sternum tattoo. And I was super excited. I was about to spend beaucoups of money on it, and I go. And I, like, have my design. And I'm talking to the artist, and she's sort of like poopooing me. And I'm showing her pictures of other people's that looks basically exactly like what I want, and, you know, the composition is fine. Like, there's nothing wrong with it from what I can tell, and I have an artistic eye.

So like I don't think I'm, like, being an idiot about it. And she's really resistant. She wants to put it on my arm, and, you know, part of me is like, "Okay. You know, she's the artist. Maybe she's right." And then the other part of me is like, "Well, shit. Maybe it's because I'm fat."

Like, maybe she doesn't want to tattoo my sternum because she thinks it's gonna look like crap because I'm fat, right? So, like, that question, even just the fact that I had to ask that question. That is what privilege is. If you're in a smaller body that would never occur to you.

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**Shohreh:** Yeah. I mean, I'm someone who's full of tattoos, and I have never once had to think about that in relation to tattoo placement. So there you go.

**Ashley:** Exactly. So, you know, that's the other thing about privilege. It's something that you've never had to stress over, right? That's what makes it a microaggression. It's this question, this constant question of like, "Is this just because I'm fat?" Or, "Is this just because I'm black?" "Is this just because I'm presenting as queer?" Right? It's this constant question of like, "Am I being treated this way because of how I present in the world?"

**Shohreh:** Yeah. That's such an important point for people to understand.

**Ashley:** So in any case. Yeah. So the tattoo one is a good example. I'm on the sort of smaller end of the fat spectrum, so I don't experience as much overt size discrimination as someone who's on the larger end of the spectrum.

But people who can't sit in chairs that have arms, for example, or people who can't sit in, like, rickety chairs, or who, when they go to a restaurant, are concerned whether or not they can fit in the chair, that the chair can support them, that it's not going to break in the middle and be extremely embarrassing because I think every fat person has always been terrified that something is going to break underneath them.

Actually, my partner, when we first started dating, I remember he tried to pick me up. And I, like, freaked out, like, completely flipped out because there's this idea that, like, you're going to break somebody if they lift you or if you lay on them. You know, like, I remember when I was younger, even just, like, laying on somebody, you know, like an embrace, sort of like a snuggle, I would, like, be holding my body in such a way that I would make sure my weight, my full weight, was not on them.

**Shohreh:** I think a lot of that comes from pop culture too and like movies and things like that that like put that horrible idea out into the world.

**Ashley:** Absolutely. I definitely feel like a lot of that came from, you know, like, Degraasi and all that bullshit. Someone breaking a chair and everyone laughing. The more serious ones like going to the doctor and not being believed. I think Ragen Chastain has this blog post about how she went to the doctor with strep throat which, like, you need antibiotics for. That does not go away on its own, and they told her, "Lose weight." [laughs] Like, it's just--

**Shohreh:** Yeah. I've heard so many horror stories about, you know, an earache or any number of things that are completely unrelated on body size, but the doctors just get so hung up on weight.

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**Ashley:** Yeah. And, you know, I have my own experience with that. As I mentioned, I was a very anxious kid, and a lot of that resulted in a lot of psychosomatic nausea. My stomach hurt a lot. And so I was, like, labelled, like, a sick kid. And so we'd be at the doctor's a lot.

And, again, in hindsight, it was really all anxieties. It's not that there wasn't anything wrong with me, but there wasn't anything physically wrong with me. But, you know, I'd go to the doctors, and they'd take all my blood and check all my tests, and everything would be fine except that I was fat. So it's clearly because I was fat. Like, everything, all the problems were because I was fat.

When I got older, I actually-- I guess, maybe it's two years ago now. I experienced a pelvic pain flare up which is not really talked about very much and something I'm very passionate about. But I struggled with it for about a year before I finally a specialist who didn't tell me how to lose, like, either A) crazy, 'cause it was all in my head, or B) that it was related to my size or my food and movement practice.

**Shohreh:** Yeah. And in that time, you're experiencing pain, and you don't know what's going on, and you just want someone to freaking help you.

**Ashley:** Oh my God. It was awful. I remember I called my mom, and I was hysterical. And I was like, "They just won't listen to me. You know? Like, I know something's wrong. I know something's wrong." And then I finally found the specialist, and like, I needed medication. I need PT— like, I needed all these things, and now I'm so much better, you know? But they were just blinded by my size. And it happens constantly.

And, you know, I think it was-- Who was it recently? Someone in our professional space recently got diagnosed with a heart condition and, like, could have died. And she had gone to the doctor multiple times for, like, months on end, and they were like, "You're just fat. You're just fat. You're just fat." And finally, she was like, "No. you need to test this." And they'd found, like, a blockage, and she could have had a heart attack.

**Shohreh:** Yeah. And I think it's important to mention that people have died or people have suffered horrible medical harms because of fatphobia. Like, this is a real thing that's happening, like weight stigma at its extreme, is dangerous for the health of people.

I mean, we're talking about health and Health At Every Size, so I think it's important to mention that we have a medical establishment that thinks that what they're doing is in the interest of the health of its patients, but when blinded by weight stigma is actually causing more harm to health instead of helping.

**Ashley:** Exactly. Which, again, sort of goes back to I guess the very beginning of when we switched to really talking about HAES which is that, like, it really boggles the mind that people who are so apparently dedicated

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to supporting people's health refuse to accept what we are seeing is a very clear detriment to somebody's health.

Yeah. And I think that one of the reasons that is is that people get really hung up on like the name Health At Every Size and just some of the myths and things about it, so I'd love if you could talk about some of the biggest myths that you've seen about HAES so we can kind of dispel those for people out there who seem to be confused.

**Ashley:** Yeah. Oh my God. It is so many. I was joking the other day. As soon as someone writes 'Healthy At Every Size' or 'Health At Any Size', I'm like, "Okay. You don't know what you're talking about. You clearly don't know what you're talking about because you can't even get the acronym correct."

**Shohreh:** Exactly. That's someone who's literally never looked up what is actually means.

**Ashley:** Yeah. And I've had a lot of arguments with people over just like the-quote, unquote- branding of HAES, right? Like, this idea that, like, because it's called Health At Every Size that it's misleading and that we need to change the title because we'd do so much better if we were clearer about what it was about.

And I'm just over here laughing because, like, you are assuming-- you being a person who's put this argument up-- assuming that people are listening with, like, open-hearts and open-minds and want to be convinced and want to be challenged. No. These people are actively telling us we're wrong and that the misunderstanding or the understanding is our fault because we named it something misleading.

**Shohreh:** Yeah. A catchier name is certainly not going to fix those problems.

**Ashley:** It's not. And yeah, that's definitely, like, a big misconception and one that generally goes along with this idea that like, "Oh. You can be healthy at any size. That's bullshit. What about someone who's 600 pounds," right? Which, like, we can talk about the fact that, like, even someone who's 600 pounds is a human being and deserves, like, dignity and respect, but okay. Clearly, we're not on the same page there.

**Shohreh:** But yeah. The point being that's, like, it's not healthy at every size. No one is making the arguments here that, like, anybody can be healthy at any size. The argument is that regardless of your size that you can, if you want to, work on health promoting behaviors and you deserve to do so without being stigmatized for your size.

**Ashley:** Exactly. And, like, the other thing too, it isn't just about size, it's also like let's talk about disability, right? So not everyone has bodies that function in a- quote, unquote- normal, and I use that word very loosely, way, you know? There are bodies that will never be able to do certain

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things. And, like, that's okay. That doesn't mean their body is defective. Like this idea that because whether it's fatness or ability or what have you, that if it doesn't adhere to some norm that it's wrong. Like it is such an inaccurate conceptualization of what it means to be a human as far as I'm concerned.

**Shohreh:** Yeah. And I think too that's where healthism really comes in which is inherently ableist because, as much as this is a podcast about health and wellness, one of the other things that's really important for me to talk about here is where health and wellness fall short and the inaccessibilities of health and wellness. And I think that a lot of times people think that because it's named Health At Every Size that it actually has this health bend, but they specifically say in the principles that, "No. That's not what we're getting at here."

**Ashley:** Yeah. And that's such an important point and a very good misconception to bring up because I do think that it's really interesting because as HAES and, like, weight-inclusive practice and gets more momentum in terms of mainstream momentum, you know, we're going to see this more and more and more, this sort of complete misrepresentation and misunderstanding of what this is about.

And I think that the healthism thing goes out the door so fast for people who really don't understand what HAES is about or haven't really done their homework in terms of, like, the roots of HAES which are fat activism. And the healthism issue, it comes up so quickly, and it becomes this 'healthy is the new skinny' whole thing, you know? We've had this big shift.

It's something that Christy talks about a lot, the wellness diet. You know, this big shift and this idea that like, "Oh. It's okay. like, it's not about weight, but it's about health." This idea that, like, again we can A) control our health, right? We talked about that in the beginning. And B) that, like, it's our responsibility to do so and that we're not good human beings if we don't.

**Shohreh:** Right. It's this moralistic idea that we put on health where it's like, "Okay. we're going to let you be, you know, whatever size you want now, but you also have to be working on your health to be worthy.

**Ashley:** Well, the other thing too is it's not actually that we're going to let you be whatever size you want because we say that, but we also have this assumption that if you are eating- quote, unquote- well and moving your body in the appropriate- quote, unquote- way that you will just naturally lose weight.

**Shohreh:** Yes, so true. That's a really good point.

**Ashley:** You know, there's this idea that's, like, if you're not losing weight, then you're just doing it wrong because that's just, you know, calories in, calories out. It works. It's so reductive, and it's so shame inducing.

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Again, it's, like, this idea that, like, if you don't adhere to some ideal of what's supposed to happen when you eat a certain way and move your body in a certain way that you've failed despite the fact that you're improving your health and that you feel good and that, you know, you not only feel good physically, but mentally, you know?

Like, why aren't we considering those things? But again, it's this idea that, like, I look at you and I can assume X, Y and Z about your health and your life experience.

**Shohreh:** Right. And let's just throw out there right now into the universe that you cannot tell anything about somebody and their health and their life just by looking at their body. And if you think that you can, you're going to need to unpack that.

**Ashley:** Right. Yeah and, you know, I think that's a really good point too in the sense that, going back to the compassionate point of view, you know, we grew up learning all of this. We have been steeped in it from birth. This is how we've been socialized.

So it is understandable that this is where we. It is understandable that there is this confusion, but I think that the main thing, and I guess this sort of goes back to the fact that, like, you asked me to do this podcast,, like, you need to talk to people that are experiencing it because you're not going to know if it's not your life.

And, you know, it's really-- Again, back to this whole arrogance thing. It's really arrogant to think that, you know, exactly what's going on in another person's reality because you don't. We barely know what's going on in our own, quite honestly.

**Shohreh:** Ain't that the truth.

**Ashley:** You know, like, I'm thinking about, like, you know, in therapy, we'll talk about how I project sometimes my own sort of social anxiety onto people, and I'm like, "Oh my God. My boss hates me." Like, no, they don't. But I just made that up in my head, and, like, it felt super real. It's really important.

This goes to something else that I say a lot. Our reality is completely constructed, you know? There is nothing inherently true. And that's not sort of, like, the whole, like, Trumpism fake-news thing, but in the sense that, like, our reality is constructed. Our understanding of our self is constructed. And we do not make decisions or conceptualize our self and others in a vacuum. It is always influenced by our cultural surroundings and our cultural norms and how our world is structured by social conditioning.

**Shohreh:** Yeah. And if it's constructed, that means that it can be deconstructed-

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- Ashley:** Deconstructed, yeah.
- Shohreh:** -and rearranged and rebuilt which is, like, what so much of this work is about.
- Ashley:** Absolutely. I remember, that is such a more positive spin on the whole thing, right?
- Shohreh:** We sometimes need those in our work.
- Ashley:** For sure. For sure. Because sometimes you get stuck, and it's like, "Oh my God. Nothing is real, and we're all in the Matrix." And obviously, that's a bit of hyperbole, but, you know, nothing is real. Oh my God. We're stuck, and it's, like, "Well, wait. If nothing is real, then that means we can fix it, or we can change it. We can adjust. We can create. Just how we created shit that didn't work, we can create things that do work," and that's the beauty of it.
- Shohreh:** Yeah. And, you know, speaking of creativity and beauty, I really want to talk about this incredible Instagram that you have with all of this amazing fat positive, HAES-friendly art on their which is starting to get some awesome recognition. So I'm really excited for you for that, but tell me about what inspired you to start making that art and your principles.
- Ashley:** Yeah. Thank you. That was such an elegant segue, first of all.
- Shohreh:** I try. I try.
- Ashley:** About, I want to say it was this time last year, I was really looking for-- I just felt this very intense creative energy that I felt like I didn't know where to put it. I wanted to make something, and I didn't really know, like, what I wanted to make or why I wanted to make it, but it was just like-- I don't know if you've ever experienced that but it's just, like, this creative buzz that you're just like, "Oh my God. Like, I need to get things out onto something."
- Shohreh:** So I think this is very familiar to people that have ADHD because I've definitely experienced that. And I think, in some ways, it's unique to us as well,, like, that all-encompassing brain thing where you're like, "I must create."
- Ashley:** That is fascinating. Okay, I'll have to think about that more.
- [laughs]
- In any case, so I was like, "You know, what? I want to draw again. I want to--" I don't know. I decided I was going to, like, draw on pictures that I had taken. So I bought myself, like, an intro tablet, and just started messing around. And it was a lot of fun. And then suddenly, I was like,

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"Why can't I just, like, make things that are related to HAES? Like, that would be smart. Like, why don't I do that?"

**Shohreh:** That's pretty cool.

**Ashley:** Yeah. I really don't know what the-- Oh. You know what it was? I'm literally looking at it right now. So my first one that I did, it was called *Unlearning Internalized Fat Phobia*. And what I had wanted to do was I wanted to draw a body. I wanted to draw a fat body, and I had this sort of poem/writing thing that I sort of had in my head about-- I remember, I had looked in the mirror, and I sort of thought it to myself, and I was like, "Wow. That's profound." It was sort of this process of really embracing what my body looked like. And you can go to my website and see the piece, but it's basically, like, my middle roll in my back.

**Shohreh:** I've seen this one.

**Ashley:** Yes. [laughs]

**Shohreh:** It's beautiful.

**Ashley:** Thank you. My middle roll in my back was sort of, like, cradling the rest of my body, and I was like, that is so-- Like, it was, like, my body was taking care of me. And it just felt, like, such a different way to conceptualize how my body held itself. And it just felt, like, such an unlearning of the hatred that I used to have for that very same roll. That I was like, "Oh. I hate this, and it's, like, not a part of me." And now, it's like, "No. It's this thing that protects you and holds you," and it sort of I guess took off from there.

I posted it. I was really nervous when I posted it, and it got a lot of attention. And I was like, "Shit. Maybe I'm good at this. I don't know." [laughs] So it kind of took off from there. And I just sort of-- You know, when a thought strikes me, I, like, write it down in my notepad, and then I doodle it later. And they're not super artistically driven. They're more, like, stylized and educational. And, like, people have been using them for client handouts and presentations. And, you know, they are pretty, so people use them for artwork in their offices and stuff, like, that.

But yeah. I think it was just I wanted to-- to really go back and answer your question in terms of what inspired it now that I remember what my first one was. I think I just really was driven to communicate this feeling that I had about relearning and re-relating to my body in a way that I just haven't been able to before.

Like, I remember I was writing down the caption that became, like, the poem that's on the piece. And I was just like, "This doesn't work by itself. Like, it needs the visual," you know? Like, because of the way I was thinking about it. Like, it needed-- Almost, like, the same way that

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that roll was, like, holding me, like, it needed to be held by something and, like, visually underpinned by something.

So that's sort of where it started, and I kind of just threw things out there. And the other thing too is creativity is, like, a big part of my self-care. It's definitely the most effortful self-care that I engage in, but it's the most rewarding, I would say. And so, you know, when I come home after a long day, like, my favorite thing to do is sit and doodle, you know? So it's really a decompressing thing for me as well, and that's part of the reason why I keep doing it as well as the fact that, like, I've gotten so much support and so much encouragement, you know?

Like, as a kid, I really doubted my creativity a lot. I compared myself to others a lot which of course is a very common thing for people who struggle with food and their body. I never felt, like, I sort of could find my voice, and I feel, like, in the last six months or so, I really have, and I owe a lot of that to my iPad.

[laughs]

**Shohreh:** Which is so exciting. Yeah. I mean, also, your art is available for purchase on your websites.

**Ashley:** Yes.

**Shohreh:** And I'm going to link to it in the show notes. You guys definitely need to check it out. It's beautiful, and I personally want to get some of it to use in PowerPoints and stuff like that when I'm giving presentations because I do think that it's this really gorgeous way to relay important information in these topics.

So it's kind of nice when your work is that. It's both an educational piece, and it's an artistic piece. And then, for you, as you said, it's this self-care and enjoyable thing for you to do. So it's really serving a lot of different people in that way.

**Ashley:** Yeah, absolutely. And it's also, you know-- Every time I post and I get a really positive response-- And when I say positive, I don't necessarily mean, like, people 100 percent agree with what I'm saying, but more so, like, people feel seen. They feel heard. They feel provoked. They feel, like, they reflect-- Like, I can't tell you how many times people will comment and be like, "This is such a wonderful reminder."

I think one of your comments, actually, was something like that. Like, "This is such a wonderful reminder that I need to sort of reflect on these things." And it's so encouraging to see people responded to your work, not necessarily in a way that's, like, "Oh. It's beautiful," but, like, is changing. You know? Like, it changes the way people see things. And that has being so powerful to me because my biggest goal, and the reason why I am working to be a social worker is because I have

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wanted to be the person that I needed as a kid which I think most of us sort of want to be that.

**Shohreh:** Totally.

**Ashley:** And I want to help people be seen and be heard. And seeing that my doodles which just sort of, like, came out of my brain [laughs] help do that for people is so rewarding. And so it's just being a really awesome six/seven months of, you know, my Instagram space developing. I'm going to be launching a podcast soon that's more just like, oh, people submitted questions and want to hear my thoughts. And I really like creating sort of, like, a community, and, like, you know, I run a bunch of Facebook groups too. And I feel like I'm doing a lot, but I'm doing a lot that fills up my cup which is really nice.

**Shohreh:** Yeah you're doing so much cool stuff right now. And I'm really excited to see all the things you're going to do in the future particularly when you finish your degree. And honestly, I could talk to you forever, but sadly I can't.

So I want to ask you one final question which is how I like to end all my shows. Because this is a podcast about learning to redefine health and wellness for yourself, I want to ask you, how do you define health and wellness for yourself at this moment in your life?

So that's actually a really great question specifically in terms of in this moment of my life. So as I mentioned, I juggle a lot. I'm in school. I work full-time. I do all these doodles and this activism on my own time. And honestly, I cannot take care of myself in the way that I'd like to right now because I simply just don't have the time.

I order out a lot. That's not something that's great for my IBS or my wallet, but it is necessary because I don't have the time or brain space to cook. And I think that in terms of defining health and wellness, I think it's really important that we be flexible with it and we be realistic with it. And my conceptualization of, like, my own health and well-being very much focuses on mental health and very much focus on being kind to myself and being compassionate to myself.

And, you know, like, the other night, my healthy decision was eating lemon pound cake for dinner because it's all I could stomach because my ADHD medication really fucks with my appetite.

And I think that being flexible, being really open to just what health means today for you is really key which, I guess, is more my answer than-- Like, my answer is flexibility more so than a specific answer I guess.

**Shohreh:** That's perfect. I like to just hear how people kind of take that and what it means to them. And I think you're exactly right. The key here is to be flexible. People think that, you know, one, that we should only define

# Redefining Health & Wellness

## #2

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health and wellness in one single way, and then two, it should be that way for our entire lives. I'm like, that's just not realistic because we are people, and we grow and change, so our definitions of things and how they fit into our lives is going to grow and change too.

**Ashley:** Oh my God. Yes. Absolutely.

**Shohreh:** Awesome. Well, thank you so much for being here. Tell us, how can people find you?

Yeah. So my website, ashleymseruya.com. I'm sure you'll put that in there, so I won't spell it out for you. And you can find all of my graphics available for purchase at ashleymseruya.com/shop. My Instagram is at cozibae, and I post they're pretty frequently. That's where, like, most of my creative work goes.

I will be launching a podcast soon, as I mentioned. I also run a number of community Facebook groups. I have a HAES Instagram task force that we use to sort of alert one another to the co-opting of intuitive eating in HAES, specifically for weight loss and such.

I also run a Health At Every Size Therapist's group. There is a really wonderful Health At Every Size Clinician's group, but that's mostly dominated by dietitians. I really wanted a space for therapists, so I made that. And then there's also a fatposi NYC group/NYC metro area. We have some people from, like, Pennsylvania in there too.

So those are some really awesome ways to sort of connect with other HAES people. And we have a lot of fun in those spaces and really good resources and stuff too. Yeah. That's basically where you can find me.

And as I mentioned, I'm a virtual assistant. If you're interested and need help with managing your private practice stuff, I do that. I also do-- If you're new to the HAES space, and you're interested in any kind of consulting work, need some help making sure your message is HAES-aligned, I do that work as well.

And I also do commissions. So if you're interested in sort of getting your own. I actually just did a commission for someone for a welcome message for their office. They wanted something that, you know, was very clear about, oh, this is a, you know, weight-inclusive space, and they wanted it to be, you know, their colors, they're branding. So if you're interested in either a doodle or something, you know, that you want for your office, I also do that as well.

**Shohreh:** That's awesome. I actually didn't know that you did commissions, and now my brain is like, "Oh. What can I commission from Ashley?" So I'm going to have to think about that. But thank you so much for being on here today. This has been a fantastic conversation. I'm really excited to share this with everybody. Thank you again.

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**Ashley:** Yeah. Thank you.

[outro music]

**Shohreh:** And that's our show for today. I appreciate you listening to and supporting the Redefining Health & Wellness podcast. If you enjoyed this episode, it would mean so much to me if you would subscribe and leave a review with your podcast provider of choice. It would really help other people who might benefit from the podcast to find it more easily.

And if you're looking for more information on intuitive eating, joyful movement or body respect, or you want to learn how to work with me, head on over to [shohrehdavoodi.com](http://shohrehdavoodi.com). Hope to see you for the next episode.