

# Redefining Health & Wellness

## #4

**Featured this episode:** Shohreh Davoodi, Jess Sprengle

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**Shohreh Davoodi:** What is up y'all? You're listening to episode number four of the Redefining Health & Wellness podcast. Today, I'm talking to the lovely Jess Sprengle also known as The Cranky Therapist.

Jess is a licensed professional counselor, cat parent, and polka dot enthusiast in Austin, Texas where she owns and operates a private practice specializing in the care and treatment of folx with eating disorders, disordered eating, and body image disturbances.

She is a champion of freedom, justice, and liberation for all people and all bodies. She likes being a professional pain in the ass, but always with a lot of love and a lot of curse words.

In this episode, Jess and I dive deep into the nitty-gritty of eating disorders, treatments, before and after photos in recovery, and body image.

To access the show notes for this episode, headed to [shohrehdavoodi.com/4](http://shohrehdavoodi.com/4). That is [shohrehdavoodi.com/4](http://shohrehdavoodi.com/4). Let's do this thing.

[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.

Okay. So the first thing I want to do is just give a general trigger content warning for this episode because Jess and I are going to be talking a lot about eating disorders. And for some people, that can send them to a dark place.

So if hearing any talk about eating disorders, eating disorder treatment and recovery is iffy for you, then I would recommend maybe you do not listen to this episode.

But with that out of the way, hello Jess. How are you doing today?

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**Jess Sprengle:** Hello. I am doing very well today. And I'm happy to be here. Thank you for having me.

**Shohreh:** Of course. I'm so excited to have you on. And as I mentioned, we're going to be talking a lot about eating disorders and body image today, but first, I would love if you could just give us some background on how you came to do the work that you're doing right now.

**Jess:** Always a fun question. A lot of what motivated me to be a counselor, and not even necessarily specific to eating disorders, was my own experience with an eating disorder when I was a teenager. And my treatment inspired me to want to help other people.

I had a really awesome dietitian when I was probably around 17, and she was recovered. And I had never, up to that point, encountered a professional that had been so transparent with me about having had that experience and now doing the work that they did.

And it really changed my life. And it made me feel like, "Okay. Just because I had this experience, it doesn't mean I can't help other people. It doesn't mean that I'm so broken that I'm beyond being able to share my experience and help others."

So it was really something interesting that kept me accountable to want to work through all of my shit and get to the other side because I think we all, as therapists, on some level, want to change the world. But I also wanted to give my own experience meaning, which I feel like I've really been able to do.

I gave myself a lot of space, though. I was in the field for several years before deciding to work with eating disorders specifically. I got an opportunity to work at a private practice that specialized, and I was like, "Well, I can't really pass this up. This is pretty good."

And thus, I started. And that was probably around five years ago now, so I've been specializing for about five years.

**Shohreh:** That's really awesome. And I also think it's nice to hear a positive story about eating disorder treatment because there's a lot of, you know, negative stories out there: people who have stories about having a really bad experience in treatment. So it's nice when someone has a great experience, such a great experience in fact that it inspired you to want to start doing this work for yourself.

**Jess:** Yes. And well, I guess I will just share the caveat. Like, that was one experience that was positive. [laughs]

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- Shohreh:** There you go.
- Jess:** I certainly had a number of others that were not that also inspired me because I thought, "Well, I will never treat a client this way, and I will never let someone go home and feel the way that I did."
- And I think that, you know, that is a lot of the field. You know, that sentiment of, "Well, fuck this. I'm going to do better. Like, I'm going to do more for people than this person did for me."
- Shohreh:** Right.
- Jess:** So I think that was definitely a part of it, too. I think being spiteful is a pretty big motivator for me, so that works.
- Shohreh:** It's a fantastic motivation.
- Jess:** [laughs]
- Shohreh:** I love that. That's awesome. Okay. So I feel like eating disorders are a very misunderstood form of mental illness. And I would love if you could briefly tell us maybe about the different kinds of eating disorders that are out there because, again, I feel like people have, like, a very surface-level understanding of this. Maybe they learned it from their health textbook in high school, but they don't really know what's going on.
- Jess:** Okay. Whoa. Big question. I do view it a little differently, you know. I think we have the- quote, unquote- traditional diagnoses that we see in the diagnostic and statistics on the-- I don't even remember what it's called. The DSM. I don't even remember what it stands for.
- Shohreh:** Manual? Is that what the M is for?
- Jess:** Yes. I'm, like, wow, I'm really a shame to the mental health field right now.
- Shohreh:** [laughs]
- Jess:** But in the big book, we have anorexia nervosa, bulimia nervosa, ARFID, which is Avoidant and Restrictive Feeding and Intake Disorder, and that's a newer diagnosis. And then we also have OSFED which is Other Specified Feeding and Eating Disorder. Those are the traditional--
- Shohreh:** The official ones.

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**Jess:** Yeah. Those are the official ones. In my mind, I view eating disorders as trans-diagnostic which essentially means, like, if you are locked into having an eating disorder, you have an eating disorder. It doesn't really matter how it presents.

And oftentimes, people's eating disorders evolve over time. So someone might initially present with a restrictive eating disorder, and that may, over time, evolve or, like, mutate to accommodate, like, binge-eating or purging etc.

So the way that I look at it, like, I don't put a lot of stock into how a person is presenting when they arrived at my office so much as what is the history? And how has this shown up for you over time?

So, I mean, for me, if a person has an eating disorder, they have an eating disorder. They have a relationship with food and their body that is distorted. And usually, that is expressed through destructive behavior towards themselves, their body, food. And essentially, it's a coping mechanism and a way for people to organize their world and deal with it, essentially.

**Shohreh:** Yeah. And I really like the way that you just defined that. And I think that it leads to a good question about, kind of, maybe the difference between disordered eating and eating disorders because, obviously, living in the diet and wellness culture that we do, I think it's safe to say that most people don't have a normal relationship with food and probably exhibit some disordered patterns.

So how can someone maybe tell the difference between that and, like, an actual eating disorder?

**Jess:** I think it's a spectrum. We see disordered eating on a continuum or, like, where it's, you know, the very-- What side of my-- I, like, can't tell left from right, right now.

**Shohreh:** [laughs]

**Jess:** Like, on the left side, there's, like, no poor relationship with food, like, no disturbance in eating. And then we have, like, you know, dieting behavior or disordered eating behavior. And, like, obviously then, on the other side of the spectrum, is full-blown eating disorder.

But I would say disordered eating looks-- I think it's hard to tease out because disordered eating essentially looks like a lot of dieting behavior that people engage in very normally. Something like the keto diet which is, like, cutting out, like, a major food group and emphasizing other food groups in a way that is really unnatural arguably is

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disordered eating if the person is putting a lot of energy into it, and it becomes an obsessive part of their life.

I think there's-- certain people have protections against developing an eating disorder or disordered eating in that maybe they start to do something like the keto diet, for example, and realize, like, "Oh, wow. This makes me feel like shit, and I'm noticing myself being a little too obsessive, so I'm not going to do this" whereas other people may really, like, kind of dive deep into that obsessive feeling because, again, it helps organize their world, or perhaps there's more stress in their life at that time. And it just allows for them to, like, have a way to channel energy and cope with what's going on in their life.

But I think the difference even between disordered eating and an eating disorder is, again, there's like some protective element in place where, like, the person does get to a certain point where they're like, "No." Like, there's like some kind of internal alarm bell that is, like, signaling like, "No. This doesn't seem like a good idea. We're going to just keep it in this place, and we're not going to take this further." Versus, like, for an eating disorder, I think, like, that, like, self-trust or, like, just internal barometer, essentially, is the way that I think about it, it just doesn't exist, or it's broken where the person can do things that really cause significant harm to their bodies or themselves, and there's just nothing internally that signals that it's negative. In fact, it signals that it's positive and like it's actually helping them whereas someone with disordered eating, that is not the experience that they may be having.

**Shohreh:** Yeah. That makes a lot of sense. And it also makes me wonder about if there are things that make it more or less likely that someone could develop an eating disorder.

**Jess:** A study actually just finally came out. And I think these are anecdotal things that we know about folks with eating disorders. And I can even speak to this personally. Like, there are a number of genetic markers that indicate that a person may be predisposed for an eating disorder.

So things like temperament, for example. Like, if someone has an anxious temperament, they are way more likely to develop an eating disorder than someone who does not have an anxious temperament. And similarly, someone who trends towards perfectionism very well may develop an eating disorder more than someone who doesn't.

Now, that doesn't mean that people who do have those traits will develop an eating disorder. It just means they may be more likely, especially if they have something in their environment that occurs that

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kind of pushes them in that direction like some sort of family trauma, or trauma in general.

But it's a very difficult thing to fully understand or find common ground because everyone's eating disorder is different and influenced by different things. But I think that, at the end of the day, there are some markers that are similar across the board that indicate, like, "Oh. Yeah. Okay." Like, people do seem to have this common trait or this common experience.

**Shohreh:** Yeah. And I think that's definitely true across the board with mental illness because I think of, you know, myself. I have ADHD. And it's one of those things where there are certain things that sorts of everyone with ADHD may experience, but also it looks wildly different for everybody who has it depending on their life and their experiences.

So that makes a lot of sense to me that that's also true with eating disorders.

**Jess:** Right. And, I don't know. There's also a lot-- in the eating disorder realm, there is a lot of that competitive nature. And I think sometimes that encourages people to think that their eating disorder is different or special in some way. And I don't mean to say that, like, all eating disorders are different in that way because I think that just feeds the competitive element. I mean just in that everyone's is formed and developed and then represented in a different way.

Like, my eating disorder was very different from, like, anyone I was in treatment with just in that, like, they were not me, so they did not have my internal experience. I hope that makes sense.

**Shohreh:** Yes, it did.

**Jess:** I hope that wasn't a completely unnecessary tangent.

**Shohreh:** No. I appreciate you clarifying that. And so of course, one of the biggest issues that is coming up with eating disorders and getting care is that, as a society, when we think about eating disorders, a very specific picture comes to mind which is, of course, the emaciated, teenage, white girl in our heads.

And we know that this is causing a lot of problems because eating disorders do not always, or even the majority of the time, look like that, right?

**Jess:** Oh gosh. If this is not a conversation that I have every day. You know, even in my practice, it's something that I very often have to fight with

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clients about because-- I don't mean fight, but I will get a lot of pushback. Like, "Well, I must not have an eating disorder because I don't look like I have an eating disorder."

And it's like, "Well, what in the name of God does an eating disorder look like?" I didn't know that we had just, like, an established form that all eating disorders adhere to.

**Shohreh:** Thanks to movies and media and all of that which has put this idea into our heads.

**Jess:** Right. And I think this is also an idea that's been promoted by insurance companies because, over time, we have seen that we get the most coverage for clients when the client is significantly underweight, medically compromised, and has a diagnosis of anorexia.

Although the diagnosis is not always important, so long as the other two elements are at the forefront.

So I think that, that again, kind of feeds that competitive nature of the eating disorder where it's like, "Well, like, I have to be the sickest and the thinnest and the most medically compromised, or I will A) not get treatment or B) not be believed that I have an eating disorder and C) not to be taken seriously on any level. Like, no one will look at me and acknowledge that I deserve treatment and should get help."

And that is a problem I have seen for a long time in the field. And I don't see that going away until our insurance system changes. I think we've made a lot of progress but definitely not enough.

**Shohreh:** Because, as you mentioned, like, an eating disorder doesn't have a look, right? There's no weight limit for an eating disorder. Anybody of any weight could present with eating disorder symptoms.

**Jess:** Right. I mean, someone who is, again, significantly underweight. Like, they may not have an eating disorder, or they might. And similarly, like, someone who is in a larger body may have an eating disorder, or they might not.

Like, we can't really make any assessment about someone's behavior just by looking at them. Very much, and just across the board, we can't make any assessment about anyone's behavior, period, without hearing it from them or observing them. People across the board at every weight, at every size, have eating disorders because behavior is the number one indicator, not size.

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**Shohreh:** Absolutely. And, in general, I want to talk to you about what should someone do if they think they might have an eating disorder, and then maybe specifically for people who don't fit into this mold of, like- the quote, unquote- look of an eating disorder, do they need to do things differently to make sure they get the care that they need?

**Jess:** That is an exceptionally good question. And just as a, I guess disclaimer, you know, a lot of eating disorder treatment is something that requires insurance or the person to have access to services/financial privilege.

There are not a lot of services that provide services without that. Although, you know, there are organizations such as Project HEAL/The Alliance that can help folks out who need additional help and don't have the finances for it. So that's just my disclaimer.

**Shohreh:** And I can link to those resources as well to make sure that people have access to them.

**Jess:** Awesome. But yeah. I mean, I think that if a person believes that they are struggling with an eating disorder, and depending on age or resources, seeing a therapist or at least having contact with someone that could link a person with a therapist would be ideal, even if it's just for a consult, and a lot of us do offer free consults. I know that I do.

So, you know, I have had folks call me and just say, like, "Hey. This is my experience. These are my behaviors. Like, does this mean I have an eating disorder?"

And oftentimes, like, I can't really diagnose that over the phone, you know, within 20 minutes. But, you know, I can point people in the right direction or let them know if they're a good fit for my practice.

But I do think that seeing a professional who has experience with eating disorders is the ideal. Although, obviously, there's always going to be some challenges to that just because, again, of the way that our health system works.

But the thing is, yeah, like, unfortunately, a lot of eating disorder specialists are not HAES-informed.

So what I mean by that is, like, there are some folks who treat eating disorders who also promote weight management or weight loss which, as we know, is pretty in counterintuitive, you know?

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I have seen eating disorder specialists advertise that they treat anorexia, bulimia, OSFED, and obesity which is the most, like, horrifying thing I've seen.

**Shohreh:** That's terrible.

**Jess:** And at some point-- it must have been last year. I had a huge fight with someone over Twitter because that's what I'm doing with my life-

**Shohreh:** [laughs]

**Jess:** -about that. You know, you cannot treat a body size. Like, that is not a mental illness. And that also, like, the word obesity, is super pathologizing and not appropriate, especially for folks with eating disorders.

That argument did not go well, but I thought I made a good case.

**Shohreh:** You tried. And sometimes, that's all we can do when we're fighting on Twitter.

**Jess:** Yes. So something, though, that does help people find professionals that are HAES-informed are websites like ASDAH- Association For Size, Diversity And Health. Or, you know, I think Instagram is an amazing tool these days where if you, you know, come across a professional that, like, appears to be in alignment with HAES and intuitive eating etc., like, reach out to them.

I know for myself, like, I do sometimes get messages from folks like, "Hey. Like, I'm looking for a professional in my area. Like, do you have any recommendations?"

And I'm always happy to hear because I know it's really fucking hard to find somebody that you trust. And especially if you have any intersecting identity that is marginalized, you are going to have a little bit more difficulty finding a professional that you trust, and I completely understand that and want to always provide the best resources for people.

So I never have a problem if people reach out to me. Other people might have different boundaries around that, and that's totally fine.

But I think, of course, like, asking folks in the community that maybe can vouch for a professional that would be HAES-aligned or at least willing to work to learn more about HAES and provide you care that is trauma-informed, and HAES-informed, and social justice-informed.

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- Shohreh:** Yeah. And, like you said, so your work is HAES (Health At Every Size)-informed, and it's also weight-inclusive.
- Can you maybe talk about, for people who don't know, the difference between how you would work with someone with an eating disorder versus a clinician who isn't working from that lens?
- Jess:** Really good question. So I think someone who is not working from a HAES-informed perspective, and when I was talking about bad experiences with professionals before. You know, these are things also that have happened to me.
- When I was in treatment as a teenager, I had a dietitian who said to me, "Don't worry. We're not going to make you fat."
- Shohreh:** Wow.
- Jess:** You know? And mind you, there were fat folx who were in treatment with me at the time. And I very distinctly remember being really put off by that.
- And at the time, I was 17 years old. So I was not fully developed as a human, but, like, knew somewhere in my core that that wasn't right. Like, there was something about you that. Like, they were selling me something I did not want to buy.
- Shohreh:** Yeah. That's heartbreaking.
- Jess:** Yeah. And I would never, ever in a million years say that to a client because I know how damaging that is to hear, and how just, like, off-putting that is, and also that doesn't align with my values at all so far as being a counselor is concerned.
- So, you know, I'd rather just have a conversation about fatphobia and what would be so bad about getting to a weight that a person deems as fat versus, like, "Oh. Don't worry. Like, you're not going to be fat." But that I think is still a pretty common sentiment in the field.
- Shohreh:** Which is ridiculous because, also, that's not something you can promise to people.
- Jess:** Right. It's like, "Oh. Okay. Like, I have a magic crystal ball and can tell you what your body is going to look like in two months." Okay, great.
- Shohreh:** Yeah.

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**Jess:**

Which-- That is false. But yeah. So I think that that is something that happens for some eating disorder professionals, especially those working with binge eating disorders and, you know, folks that come in and say that they have binge eating disorder and are in a larger body, like, professionals might tend towards prescribing weight loss or encouraging weight loss.

Or, you know, even if the person comes in with a restrictive eating disorder but lives in a larger body, the person may prescribe weight loss.

Which again, these are really confusing things to me as an eating disorder professional, but I think, like, especially with binge eating disorder, like, that was the prevailing treatment for a long time was for weight loss to be the prescribed treatments which is just very confusing.

But I think, fortunately, we are, as a field, moving more towards this weight-inclusive, Health-At-Every-Size-informed treatment where, you know, every client that comes into your office, if you assess them and they have an eating disorder, you're going to adhere to the same type of treatment, which is, you know, making sure that you're working towards helping them establish a healthy relationship with food, whether that's through encouraging them to work with a dietitian, exploring their relationship with food from a distortion perspective, but also, like, just assessing, "Do they need a higher level of care regardless of their size?" just because they might be malnourished etc.

Like, I think there are a lot of ways to assess and work with clients regardless of body size that has nothing to do with their bodies but has everything to do with their behaviors.

So I always emphasize behaviors first and working towards, you know, how do we moderate and manage behaviors versus how do we change your body? Like, obviously, that is not the point.

But I mean, I think, unfortunately, a lot of folks still do that work, and that is very harmful to our field.

**Shohreh:**

Yeah. And, to me, it's just so confusing when you just think about the core of what eating disorders are to confuse it with promises about what your body should and shouldn't look like at the end of, you know, your treatment.

You know, I feel that's just a diversion from the real work that needs to happen. I don't understand why that is the norm. Well, I do. There's many societal reasons why it's the norm. But especially in eating

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disorder treatment, I'm like, "Man. It just, like, baffles me that this is still happening."

**Jess:** Oh, same. You know, I think too, like, eating disorders are like the red-headed stepchild of the mental health field. Like, I can't tell you how often I find it, like, impossible to place a client if they do need a higher level of care, if they have any sort of coexisting condition.

So, you know, if they're a client that has a substance use disorder and an eating disorder, it is significantly harder to place them even though those two things coincide very often. But it's even harder if they have any sort of trauma background or personality disorder.

Like, fill in the blank. If they have any coexisting mental health disorder and an eating disorder, it's like pulling teeth trying to find them the appropriate treatment even though eating disorders are part of the mental health world.

Like, it's not just a physical illness. And I think that gets lost a lot too. We have a lot of work to do there.

**Shohreh:** Yeah. Just a general misunderstanding about maybe what they are and how they function and then how that affects insurance and everything else. So definitely sounds like there's some work to do in the field.

But you are one of the people working to make changes there, which is awesome.

**Jess:** Oh, I'm trying. [laughs]

**Shohreh:** I know you are. I know you are. Yeah, for sure. So one of the things that I find really interesting about the eating disorder recovery community is that now, with social media, I feel like there's some really positive effects of that where you can find communities of people who have gone through similar things to you.

Whereas as I think, before, social media was really prevalent, I think having an eating disorder could be, and still is but could be more isolating in a lot of ways because maybe you didn't know anybody else who was going through something similar to you. You didn't have ideas of what recovery could look like.

So I see all of these really positive, exciting possibilities for eating disorder recovery communities.

And then at the same time, there's some negative, questionable stuff going on. One of those things I know that you feel strongly about is the

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use of before and after photos in eating disorder recovery communities.

**Jess:** Oh, boy. Yes.

**Shohreh:** I know I'm opening up Pandora's box here. [laughs]

**Jess:** No. No. Like, I feel like it is the hill I will die on to talk about this. But, you know, I will say you're right. Like, I think that the eating disorder community in general has improved tenfold when it comes to social media, and just access people have to each other, and what the idea of recovery looks like because I think that there have been eating disorder communities online for, oh boy, a long time.

You know, when I was a teenager, it was mostly, like, Xanga and LiveJournal, and things like that, but it was really not recovery-focused. It was way more of that, like, pro-eating-disorder stuff or just, like, talking to people that also had eating disorders, but it wasn't a supportive environment.

It was more of a, "Oh. Like, we all struggle with this. So let's just be in a community and talk about it" whereas, like, I think that that's very different now. And there's a lot more supportiveness and just kindness across the board.

But one thing, for whatever reason, something that folks really get bent out of shape about and really struggle to understand is why before and after photos are harmful. So what I mean by before and after photos, we tend to see that mostly with folks who were historically in an emaciated state.

Like, in their eating disorder, they lost a lot of weight or, you know, were able to- quote, unquote- achieve what we envision as the eating disorder ideal, you know? And the photo might include them having a tube or being in the hospital or something like that.

And then, you know, usually, like, the right photo or the other side or the healthy side is them, like, having gained weight, like, physically having gained weight, and it's usually evident.

Sometimes, those photos are them having gained weight, but it's, like, them in the gym or, you know, having gained weight through exercise, which is a whole different can of worms which I will not get into.

But essentially, the reasons that this is problematic is because this, again, reinforces this idea that eating disorders only look a particular way and that then recovery only looks a particular way, which is that

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eating disorders mean that you lose a bunch of weight and may need medical intervention, and recovery only means weight gain and you look happy and healthier.

So that really reduces eating disorders to physical symptoms which we really do not need more of that happening because that's happening already too much.

And also, it just stigmatizes folks who do not fit that narrative because most people don't. Most people cannot create a before-and-after photo set that have eating disorders, because their weight may have stayed the same. Their weight may have gone up, but they did not exist in an emaciated body at any point.

So I think it also just reinforces fatphobia that, you know, we want to see the worst of the worst, and, like, we also want to see people that recover into- quote, unquote- socially acceptable bodies because so rarely in these before and after photo sets, and especially the ones that gain the most notoriety, did the person recover into a body that is not socially acceptable. Which, yeah. It just opens up a whole ugly can of worms.

**Shohreh:** Yeah. But, Jess, what if my caption is amazing?

**Jess:** Oh. I hear that so often.

**Shohreh:** [chuckles] I know you do.

**Jess:** Like, yes. The captions can exist and be great, and damn, I encourage people to write their hearts out. If you are posting content like that, the photo is what people look at, you know? And I can say that even for myself.

Like, you know, when I'm strolling through Instagram, I don't always read people's captions as much as I would like to. I'm sure people don't always read my captions. I think it's just the way social media works. So the thing that catches the eye is the photo.

**Shohreh:** Especially on Instagram which is photo-heavy.

**Jess:** Right. And it's triggering as hell. Like, someone with an eating disorder that sees a photo of someone at a very low weight with a feeding tube. That is going to be triggering and also put them in the headspace of, "Oh. Like, that's what an eating disorder looks like?"

And that's what's important. That's what people pay attention to. And, you know, it's not very thoughtful to post photos like that on the

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internet because it isn't considering people in your community, and especially, like, there are a lot of people in this world with an eating disorder.

Like, if you post a photo like that, chances are someone's going to see that and be triggered by it.

**Shohreh:** Yeah. I totally agree with you. And, you know, obviously, I have compassion for people who are doing this because they feel like it's helping them in their recovery.

So maybe, do you have some ideas of some other things that they might be able to do that could be a less triggering way to talk about, you know, their story and their recovery?

**Jess:** I think anything that decenters a person's body is really ideal so far as eating disorders are concerned, especially because, like, your body is not what it's about.

You know, body image is smoke and mirrors. It's just a really convenient and concrete channel through which to channel your distress, and that's not what it's about.

So, you know, I always encourage clients to talk more about, what are the emotions underneath? What is this experience really like? And victories are not always going to be things like weight gain, or weight loss, or "Oh, I ate this food, and this was something I was previously afraid of."

Like, it doesn't always have to be that. It can be just something like, "I connected with someone around something other than my eating disorder."

And, you know, so far as Instagram is concerned, like, I think those victories are worth sharing too.

You know, it doesn't just have to be those physical things. It doesn't have to be pictures of your body. It doesn't have to be pictures of you in the gym.

Like, it could just be a picture of-- I don't know. It could be a picture of your fucking cat, and the caption could be completely unrelated.

**Shohreh:** I think you mean your cats. Plural, Jess.

**Jess:** Yes. I mean, I just love to use my cats as Instagram-fodder.

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**Shohreh:** [laughs]

**Jess:** But, you know, I don't always think that the photo is important. You know, sometimes if you're really trying to get support or feel heard, it's more about what you're saying.

**Shohreh:** Yeah. I definitely agree with that. And, speaking of body image in general here, not necessarily specific to eating disorders, but, to me, and especially in my work, it seems like it's getting harder and harder to be a human who doesn't have body image issues. Would you agree with that?

**Jess:** Yes. I would 110 percent agree with that.

**Shohreh:** And I just think, you know, there's a lot of reasons for this, of course. A lot of it is the diet and wellness culture that we're living in. And I actually just finished Sonya Renee Taylor's book *The Body Is Not An Apology*, and I know you have been re-reading it lately. And I was just, like, floored by it so much that I literally posted a picture of it to Instagram.

And it must have ended up on the explore page or something because it's, like, my most liked picture ever, and I'm not even mad about it because, I'm like, the book is so good. Like, it's just such a great resource.

**Jess:** So when I did a stint of working at a higher level of care-- So I was just a therapist that did groups and meal support at a local treatment center. And a lot of my groups, I ended up using exercises from that book.

So that was like my first go-around of reading it, and I just loved it. And the clients really enjoyed it, too. I think they got a lot out of it even though, you know, I think it is more for folks at a little bit more of a-- I don't know, like a later stage of recovery. But I try to adapt it to be appropriate for the clients.

And, you know, I think there are a lot of elements of that book that people really need to be exposed to even at that level of care. And, like, looking back, I wish that I would have been exposed to.

But yeah. I mean, the book is truly something that, like, we need in today's world. Like, I think it's beautiful.

And, like, I recently did the audiobook. That was how I was re-reading it. It was like nothing else. Like, I felt so soothed.

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**Shohreh:** I bet that's lovely. Yeah.

**Jess:** I love her voice. And also, she kept in any mistakes that she made in reading. So if she, like, stumbled over words or, like, needed to re-read something, she kept it in.

And I think that is, like, truly the most amazing part of it. There's no pretense to it. It is so authentic, and I love that. I love it so much.

**Shohreh:** Yeah. I just think her concept of, you know, this radical self-love, like, scares the crap out of people when they first hear this idea. They're like, "Excuse me. You want me to do what?"

But when you're reading this book, and I'll link to it in the show notes so that people can access it, and I'll also link to her website and organization in general which is also called The Body Is Not An Apology, it just becomes such an empowering thing and this, like, really fueling idea to be like, "Wait. I can experience this. Anybody can experience this."

And she gives you the tools how to do it. So it's just a great book for anybody with a body, literally.

**Jess:** Right. It is very concrete, a lot of the skills, and different things that she offers, but I think too-- I mean, some of the concepts of course are going to be a little heady because we're just not accustomed to the idea that you can love yourself radically or love others radically.

But, I mean, there are so many things even I took away from it. So that's, like, concepts that I know but just, like, hearing her read it made it somehow different.

Like, for example that, like, you are not your thoughts and, like, where do the thoughts that you have come from? And she was very transparent about, like, having racist thoughts at some point when she was on a plane. And, you know, she really questioned herself without judgment, like, "Where do these thoughts come from? And why am I having them?" And a lot of it is like, "Where do we get so many of our conditioned thoughts?"

And a lot of it is from our world, and our society, and media, and, like, exposure to certain things is going to increase the likelihood that you think about things in a particular way.

And that was so comforting to hear. Like, "Oh. If I have this potential negative thought about another person, it's not mine. Like, even if it's in my head, like, this is not my thought. Like, I didn't put this here."

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And I think that was just-- that resonated with me a lot the second time I read it.

**Shohreh:** Yeah. I really love that passage too, especially because she just kind of took the shame out of that experience because it's an experience that we have all had many, many times.

So hearing this author saying not only is this normal, but also, like, there are ways you can get curious about this and think through it to help you, you know, have less of these thoughts in the future to kind of meet those with better thoughts was just, again, really empowering to hear and be like, "Oh. Wow. Like, you don't have to just sit with these and be afraid of them. Like, there are things you can actually do to feel more comfortable with this happening to you." Which, I love books that give me, like, concrete steps.

**Jess:** Right. No. I really enjoyed that too. But the, like, piece about body image that I thought was really powerful-- and it's so interesting. Like, I've thought about it so much since I read it. That's-- She talks, like, throughout the book, and you know, this, just about, like, body image stories and these, like, negative body image narratives that people absorb and maintain over time.

So the one that sticks out to me is, like, she talks about a little girl who has, like, bald spots, and, like, the kids tease her about them.

But then she has this particular, like, skill that she offers in the last chapter about, like, writing your own story and writing a new and different body image story.

And the story that was offered was about a woman that had a lot of body hair and was struggling to try and look at it in a different and more beautiful way.

And, like, the story she came up with was just so lovely. And I think it's also very realistic. Like, we all have aspects of our body that we're not thrilled about whether it's because, like, we've been conditioned to feel that way or just because of any other reason.

And I think we do need to write our own stories around these things. And it's, like, a very whimsical story, and I think that's really important too.

Like, incorporating play into your life and especially into your mental health is essential because mental health does not have to be serious

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all the time. And when it is serious all the time, that's how it doesn't get better.

And, I mean, I see that every day with clients. It's like, "If you're not laughing at least a little bit of the time, like, what are we doing?"

**Shohreh:** Absolutely. And yeah. Actually, it's so funny that you mention that whimsical element of the rewritten story because I felt the same way reading it. That's not what I was expecting there when she was giving an example of rewriting a body story.

And then when I read it, I was like, "Oh. That's really beautiful and totally unexpected." And I actually just used that exercise in a presentation I was giving earlier this week. So I agree with you.

**Jess:** That's amazing.

**Shohreh:** Yeah. It's a really amazing kind of body image idea. And I love that concept in general that we have all these stories that we learned about ourselves throughout our lives, but because they are stories, they of course can be re-written and reworked which is so cool.

**Jess:** Right. I think we're all editing all the time. Like, no person is a final draft. And I say that to clients all the time.

So I think that's just another element of it. Like, you can rewrite every story that you've ever being told and every story you have written for yourself.

**Shohreh:** Yeah. I totally agree. And speaking about writing, I want to talk about your Instagram a little bit where there are captions and there is writing.

So first of all, your Instagram handle is @thecrankytherapist, which I adore. And I feel like I have to ask, is there anything in particular lately that has been making you extra cranky?

**Jess:** Oh. That's a good question. You know, it's so interesting. I feel like I'm a little less cranky more recently.

You know, I think there's, like, the usual things that make me cranky, like just diet culture and all the bullshit in the eating disorder world, but I think in my personal life, I've been significantly less cranky which is nice.

[laughs]

**Shohreh:** I'm sure it's helps to get through the day.

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**Jess:** It does. It does help. But I think too, it helps, too-- I have talked about this on my Instagram. It's like, I moved to Austin about two years ago now almost which is crazy.

And, you know, I think before that, I was feeling pretty unsettled in my life, and I lived far away from my now husband. And I think, you know, things were just in that weird transitional period which I think just makes any person a little bit more cranky.

So I think now that I live in the same place as my significant other, and, like, have, you know-- I really have roots here, and I think that that's helped a lot.

But yeah. I mean, there's always something I'm feeling, like, salty about or cranky about just in terms of, like, my work. And god, Instagram is excellent fodder for being cranky about something.

**Shohreh:** Oh, yeah. It is.

**Jess:** So sometimes, I like to take a break. And I guess this week, I have not had a lot of opportunity to look through Instagram, so I guess I'm less cranky than usual. You've caught me on a good day.

**Shohreh:** [laughs] Look at me go. The Cranky Therapist not being cranky.

**Jess:** [laughs]

**Shohreh:** And, you know, recently on your Instagram, you've been doing this magical thing called Meme Monday filled with mental health memes.

And I can't let you go away without talking about that because I for one look forward to those, and I know I'm not the only one.

So what was your inspiration for starting up Meme Monday, which has gotten a great reaction?

**Jess:** It's so funny because, I don't know, like, I had never really thought about it. Like, and I wasn't someone who was, like, very into memes because I just-- I don't know. Like, I wasn't really looking out for them or anything.

But I had, like, at one point just-- I was having a rough week. And I had just, like, been looking a lot at Reddit and, like, different groups that I'm in on Facebook which seemed to be pretty meme-heavy.

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And I was like, "Wow. This makes me feel so much better to look at this stuff even though it's just like ridiculous shit." I mean, some of the ones I find and post--

**Shohreh:** Seriously hilarious shit.

**Jess:** Yes. I mean, but some of the ones I find and post, I'm like, "Who-- What depraved brain came up with this?" I don't know because I wish that I could come up with some of this stuff. But yeah. It cracks me up.

Like, one day, and it happened to have been a Monday, I posted a bunch, and it just stuck. And I was like, "Well, I should do this every Monday." People seem to really like it and enjoy the collection of memes that I collate, and I'm cool with that.

Like, I like making people laugh. It's certainly part of therapy is using humor, and that's a big part of my therapeutic approach is having fun and using humor.

So, I mean, it's just another way for me to be a therapist out in the world and bring some joy to people because I think we all need a little bit more of that. The world's too serious.

**Shohreh:** Yeah. And I think too what's nice now is that people think of you as the Meme Monday person.

**Jess:** Yes. [laughs]

**Shohreh:** So I'm sure people send you memes all the time, so you probably don't even have to put that much effort into curating the list anymore.

**Jess:** Yeah. It's funny. A lot of people do send me ones, but oftentimes, they'll send me ones that I've already posted which I think is even funnier because I'm like, "Oh. Like, I've posted so many at this point that people don't even realize that I've posted this already," but that's totally fine.

**Shohreh:** I'm surprised you can remember?

**Jess:** I think I'm a little anal retentive when it comes to that stuff, and I don't want to regenerate content. So I'm always like, "Okay. Gotta find the newest memes."

**Shohreh:** Best memes on the internet for mental health.

**Jess:** Yes. I mean, Reddit is an excellent black hole, sometimes. So I do find a lot of memes there. So thank you. Thank you, Reddit, I guess.

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**Shohreh:** [laughs] There's very few things that I would thank Reddit for, but this is one of them.

**Jess:** Yeah. I can't say I would thank Reddit for very many things.

**Shohreh:** Awesome. Well, this has been fantastic to talk to you today. So I want to ask you my wrap-up question which is how do you define health and wellness for yourself at this moment in your life?

**Jess:** I love this question. And I think it's an important one. And especially, I like the caveat, like "at this point in your life" because there are ways that-- I don't know. There are ways that I would have described health when I was like, I don't know, 21, that looked very different at my age now.

I think, for me, at this point, like, health and taking care of myself look like going to therapy every week and making sure that my mental health is in an ideal place so that I can do the best work with my clients, because I see a lot of really perceptive and wonderful folks.

They can sense if I'm having a bad day, which, you know, you never want clients to know that, but I really value...I value that a lot of my clients are perceptive. So I want to be my best me to be my best therapist for them.

But also, you know, a big elements of health for me is making sure I'm socially connected because I am a social butterfly, and I am pumped to be around people.

So, you know, being social and making sure I'm keeping up with my connections whether that means, like, making a trip to go home to see my family or to see my best friends.

And, you know, I think health and wellness can, for a lot of people, be very specific to, like, oh, food and exercise and, you know. I don't know. There's those, like, domains of wellness that seem very particular.

But, I mean, for me, it does not really include those things. Like, for me, as long as my mental health is in a good place, and I feel like I am experiencing a lot of joy in my day-to-day, whether that's through social connections or being with my cats or sitting outside and reading a book. Like, those things are way more important to me than those, like, domains of wellness and health functioning that we seem to prioritize as a culture.

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- Shohreh:** Yeah. And I love that you specifically called that out because that's literally one of the reasons I created this podcast, was to show people that health and wellness can really look different for every person, and not just every person, but each person at different points in their life. I mean, hell, it's changes for me weekly, monthly, depending on what's going on.
- So it's so, I think, fascinating for me and for other people to get to hear how others define that for themselves, and that there isn't a one-size-fits-all approach here, and it doesn't have to look one way despite what diet and wellness culture might tell you.
- So thank you for sharing that, and thank you for being here in general. How can people find you and work with you?
- Jess:** Thank you for having me, first of all.
- Shohreh:** Of course.
- Jess:** So I'm a pretty easy person to find. So I'm on Instagram - @thecrankytherapist. No spaces or anything. I'm also on Twitter, though I'm not, like, super active on there, and my handle is @JessSprengleLPC.
- I mean, those are the two primary ways you can find me. I also have a website, and it's just jessicasprengleLPC.com, and I sometimes make tweaks to that, but again, most of the time, like, where you'll find me is Instagram, and I try to keep that pretty updated because I do think that that's, you know-- that is the most accessible platform right now for a lot of folx to find me and just find people in general.
- Shohreh:** Yeah. I would agree. And I will include all of those links in the show notes as well so it's very easy for people to find you.
- And again, thank you for being here. This was an awesome conversation. Got to talk a lot about eating disorders and body image. It's always fun even when you're not cranky.
- Jess:** [laughs] I think it's better to have some of these conversations when I'm not too cranky, but I'm glad I got to be here.
- Shohreh:** Awesome. Thanks Jess.
- [music plays]
- Shohreh:** And that's our show for today. I appreciate you listening to and supporting the Redefining Health & Wellness podcast. If you enjoyed

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