

# Redefining Health & Wellness

## #22

**Featured this episode:** Shohreh Davoodi & Lauren Newman

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**Shohreh Davoodi:** We're kicking off Episode number 22 of the Redefining Health & Wellness podcast with my dear friend, Lauren Newman. Lauren is a registered dietitian in Houston, Texas, who is passionate about helping individuals with diabetes make peace with food and their bodies. Get ready for some major diabetes myth busting. We chatted about what really causes diabetes (hint: it's not sugar and carbs), what a diagnosis of pre-diabetes means, the compatibility of intuitive eating in diabetes, and more.

To access the show notes and a full transcript of this episode, head to [shohrehdavoodi.com/22](http://shohrehdavoodi.com/22). That's [shohrehdavoodi.com/22](http://shohrehdavoodi.com/22).

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Hey y'all, welcome to the Redefining Health & Wellness podcast. I'm your host, Shohreh Davoodi. I'm a certified intuitive eating counselor, and a 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.

All right y'all, so Lauren Newman and I's relationship is pretty much characterized by our shared love of pancakes at this point, but that is a story for another day. Lauren, I'm so glad I'm finally getting to have you on the podcast. Thank you for being here.

**Lauren Newman:** Thanks for having me, [laughs] I'm laughing pretty hard at that. We do eat a lot of pancakes!

**Shohreh:** We do. I mean the saddest thing about you moving from Austin to Houston is that I get to eat less pancakes with you now. [Laughs]

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**Lauren:** I know, but it just makes it that much more exciting when I'm back and we can go eat all of the really good pancakes because honestly, I don't have a go-to pancake place in Houston yet, so.

**Shohreh:** Oh my gosh, it's so true. We go to Kerbey Lane Café, for those of you who live in Austin or know Austin. They have many, many pancake choices! [Laughs] All right, well, before we go down a pancakes rabbit hole [laughs], you are a registered dietitian. You specialize in diabetes. Tell me how all of that came to be?

**Lauren:** It's kind of a long, convoluted story, but when I was about to start my dietetic internship, so that's the process of doing all of your clinical practicum hours before you're actually a dietitian, I decided that I wanted to go back to the summer camp that I had grown up going to. And I just wanted to do something fun, like totally not nutrition related. Like just truly wanted to have fun and have a break, and not do anything at all related to what I was studying, and what I was gonna be intensely doing for the next year.

But I wound up with a girl in my bunk who had type 1 diabetes and it was just a really interesting experience for me. And I learned so much about type 1 diabetes specifically. And especially picked up on how significantly that diagnosis can really affect somebody's relationship with food and with their body. And at that point I was already pretty aware of intuitive eating and Health At Every Size, and it resonated with me, but I didn't specifically think I wanted to work with eating disorders at that point.

And that's where I saw most of the people talking about that kind of stuff working. And it was just interesting to me to piece all of those things together and then realize that that's an important area to be talking about, intuitive eating, and Health At Every Size as well, within the diabetes world.

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So, that kind of like started my interest in that. And then it was mostly an interest in type 1 diabetes, initially. And I think mostly just because a lot of what I had been taught in school about type 2 diabetes and gestational diabetes and all that kind of stuff was pretty confusing given the context of understanding Health At Every Size. I didn't really know what to make of it because it was very contradictory.

So, I just kind of stayed away from that for a while, and was mostly interested in type 1. But as I've started practicing, I work with clients that have all different kinds of diabetes, and I've learned a lot more about how to reconcile all of those differences that didn't make sense to me at the beginning

**Shohreh:** Awesome, and we're going to be talking a whole lot about that today. [Laughter] In general, we're just going to be doing a shit ton of diabetes myth busting, so get excited people! And I think in order to do that, we first have to have a basic biology lesson, and at least discuss some of the main differences between the major types of diabetes. And obviously I know these are very complex diseases, there's a lot going on here, but just imagine if you had to explain the difference between these to a middle schooler, what might you say?

**Lauren:** So, first of all, there's a lot of different kinds of diabetes. I just want to throw that out there as well. I know we hear a lot about type 2, and then some about type 1 and gestational. But there's also a ton of different other kinds as well. So I just want to throw some awareness out there, because we also are recording this during Diabetes Awareness Month.

But essentially the main types that we talk about and that we hear about are type 1, type 2, and gestational diabetes. So, I mean basic biology, they all look a little bit different. The way that I like to explain it is there's kind of like two main parts of biology that you need to understand, to know what's going on with any kind of diabetes.

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One is you need to understand what the pancreas is, and two, you need to understand how our cells work, but on a very basic level. So, essentially our pancreas is an organ that's part of our digestive tract and it has a lot of functions. But there's one particular type of cell in our pancreas called the beta cell and part of its job is to make insulin.

So, that's kind of a word that's thrown around a lot. And with diabetes, this word of 'insulin' right, because we talk about insulin resistance or all these other terms that kind of go along with it. But insulin is a hormone that's made by the beta cells in our pancreas. And with type 1 diabetes, the issue is that there's some kind of autoimmune response that happens where the body attacks the pancreas and kills off those beta cells.

So in somebody who has type 1 diabetes, their body just doesn't make insulin anymore, so that's kind of where that comes from. So, that's really what's going on there.

With type 2 diabetes, the pancreas is still kind of involved, but we're looking at it from a different perspective. So, the other part of biology to understand is how insulin works within our body, and how our cells function. So, whenever we eat food, our body is going to break it down and absorb it into our system, and that's how we wind up with glucose in our bloodstream, right?

Because glucose is broken down sugar, broken down carbs, and our body needs that for energy. And the only way for our body to actually utilize that as energy is for it to get from our bloodstream into our cells. And so in order for that to happen, it needs to physically get inside of our cells. And insulin is kind of the key that unlocks the door to our cells, to allow that glucose to move in.

And so that's how our body can use it for energy. So you need that insulin to kind of connect with the cell in the right way to unlock that door so that

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way the glucose can move in and our body can have energy to do all the things it needs to do.

So, with type 2 diabetes, it's initially less of an issue with the pancreas because there's still insulin, but the insulin isn't connecting with the cells very well. And so that's kind of, that term of 'insulin resistance' that we talk about. So, we're having this issue where the insulin isn't connecting to the wall of the cells, which makes it hard for the glucose to get inside, and makes it hard for our body to utilize it. Which is why we wind up with those high blood sugars, which is something you probably also heard of, if you've heard about diabetes.

So, that's kind of what's going on with type 2. So it looks a little bit different than type 1 diabetes. And then with gestational diabetes, it's kind of similar to type 2, but it's something that happens when a woman is pregnant.

**Shohreh:** So, I have heard that type 1 is typically diagnosed in childhood, but that's not necessarily always the case, right?

**Lauren:** Yeah, that's not the case. Initially that's what it was thought to be and for a long time it was called 'juvenile diabetes,' for that reason. And the really big organization related to type 1 is called JDRF. It's the Juvenile Diabetes Research Foundation, but it actually; you can be diagnosed with type 1 at any age.

**Shohreh:** Okay, so there you go, another myth that we just busted that I didn't even know about, awesome.

**Lauren:** Yeah.

**Shohreh:** So, let's just dive right into causes of diabetes, shall we? Because I think this is where so many of the myths lie and in particular there are, of course, a lot of myths around type 2. And there seems to be a pervasive

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belief that you can eat yourself into diabetes or cause your diabetes with sugar. Can you speak to that?

**Lauren:**

Yeah, for sure. So, this is probably one of the most frustrating myths for me, especially because I feel like this is a very over-simplified way of explaining something and not super accurate, and it's also kind of what's taught as the basic foundation of any health education, whether that's in high schools and elementary schools, and whatever, all the way up to medical school and dietetics education, and all of that kind of stuff. So, it really frustrates me because there are so many factors that play into somebody developing type 2 diabetes, and sugar is not what's going to cause you to get diabetes.

There's nothing that you could eat that is going to be like the sole reason that you get diabetes. So, it's incredibly frustrating because there are so many other factors that play into it. And I mean we could talk about some of those as well, but I think it's important to understand where this myth stems from, because it helps to explain why people don't have a great understanding of what's going on.

So, I think that part of the place where this myth comes from is just from a lack of understanding of what's really going on with type 2 diabetes. So, like I said before, with type 2 diabetes, there's this disconnect between our insulin and our cells, and so they're not communicating together effectively, and then we wind up with this thing called 'insulin resistance.'

So, over time that can become a really big problem because you need insulin to get the glucose into your cells so it can function. And if our body is not able to do that effectively, then our blood sugar is going to start to rise and get higher, right? Because the glucose is kind of sitting, the glucose is our blood sugar, right, it's like sitting in our bloodstream, it's not moving into our cells. And it's building up because our insulin isn't

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working as effectively. And so in order for the insulin to work more effectively, our body is going to need some more of it.

So it's going to start sending more signals to our pancreas, that we talked about before, to put more insulin into our bloodstream, to handle the glucose. And that works for a while, right? There's enough insulin there that there's enough communication between insulin and our cells for everything to work relatively normal. And when people start talking about sugar causing diabetes or something like that, it just really shows their lack of understanding that this is a process that is really happening at the beginning of the development of diabetes.

Because it doesn't matter what you eat, that's not what's going to cause that disconnect between our insulin and our cells. With that being said, when that disconnect is happening and our blood sugar is getting higher, and our body is having a harder time keeping up with the higher levels of glucose, if you are eating a lot more sugar, it can continue to rise your blood sugar, right? Because then you're having more there and then it means that your body needs that much more insulin to compensate for it, and to move it into your cells.

And that's not a negative thing, like there are ways that we can help our bodies to actually do that. But when somebody is saying that sugar is what causes high blood sugar, and sugar is what causes diabetes, that's a really strong lack of understanding [laughs] of how diabetes develops.

**Shohreh:** Right, because there's many factors, as you said, that contribute to diabetes, including a genetic factor, for a lot of people right?

**Lauren:** Yeah, I mean genetics is a huge factor in diabetes, and also, it's not a myth, but another fun fact, I guess, is that there's a stronger genetic component between type 2 diabetes than with type 1 diabetes. And I think a lot of times people try to talk about type 1 as being like, I mean the type 1 is very genetic, but they try to be like, oh, it's type 1 is the genetic one,

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it's the one that's autoimmune, it's not somebody's fault that that happens, they have no control over it. But type 2, it is somebody's fault. Which is totally false, Type 2 actually has a larger genetic component than type 1 does.

**Shohreh:** There's this idea that oh, if all these people with type 2 diabetes had just been living like a low carb, no sugar diet, they never would have gotten the disease, and that's just not true.

**Lauren:** Right, that's just not true. I mean the analogy that I like to use is, you take somebody that has poor eyesight, right, and they need to wear glasses to see, or they need glasses to read. Sure, they can just say, "Okay, cool, I'm going to not wear my glasses and I'm just going to not read anything." Does that mean that they've cured their eyesight? No, but they could totally walk around and just be like, yeah, I don't need glasses anymore, I have perfect vision. [Laughter] It's just because they're not actually reading anything, right?

**Shohreh:** Right.

**Lauren:** I mean the same thing applies to diabetes, right? In that previous example we didn't cure somebody's eyesight, they're just not wearing glasses because they're not reading anything. And so yeah, you could go the rest of your life without reading anything and then sure, you have 'perfect eyesight.' And it's kind of the same thing with diabetes, right? We could take somebody who has that insulin resistance or has diabetes and they could just say, "Cool, I'm not going to eat sugar, I'm not going to eat carbs," and then their blood sugar stays relatively normal.

And so then they're like cool, I've cured my diabetes. Well, no, you haven't, you still have that issue with your insulin and your cells not connecting, but because you're not eating carbs, it's the same thing as if you just weren't wearing glasses, and not reading anything.

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**Shohreh:** You often hear this idea that with certain diets you can ‘reverse diabetes.’ Is that an accurate description of what’s going on then? Is it more like what you just described, that they still have it, but they’re just not triggering it essentially?

**Lauren:** Kind of, yeah. I mean first of all, there’s no set definition of what it means to cure diabetes or reverse diabetes. And some people would define that as you’re no longer needing to take medication. Some people would define that as a certain blood sugar number. There’s no real set definition to that. So I think that’s important to understand as well in this conversation.

But yeah, I mean essentially it’s that. You’re not really changing the function of what’s going on in your body. There are things that we can do as part of diabetes management to help increase insulin sensitivity. So, decreasing that insulin resistance and helping our insulin and our cells communicate better, so that way we can manage blood sugars. And that’s kind of the foundation of diabetes management.

But it’s not turning back time or reprogramming your cells to work in the same way that they did before. So, in the same way that like, it wouldn’t be like doing Lasik and then somebody can see again. There’s nothing that does that with diabetes.

**Shohreh:** Mmm, okay, interesting. Yeah, I think this idea that can reverse or cure diabetes, along with all of these myths about causation, what they do is they lead to so much guilt and shame for those who have been diagnosed. Can you talk about how you’ve seen this cultural stigma around diabetes affect your clients, and the people you work with?

**Lauren:** I mean in so many ways. It affects everybody. Like you said, there’s so much guilt and shame around diabetes. So many myths out there about what it means to have diabetes and somebody’s personal responsibility for that disease development and all of that kind of stuff, which just

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creates this culture that we live in where if you have type 2 diabetes, you feel really shitty about it. A lot of my clients have that guilt and shame and stress and anxiety and everything around that diagnosis.

A lot of my clients that have type 1 diabetes know that that's the perception that people have of diabetes in general because there's much less awareness of what type 1 actually is. And so it leads to people with type 1 kind of responding in a certain way where somebody will say that they have diabetes, and people assume it's type 2. And then they're told, "You should do all these things," and they get frustrated that people don't understand. And then they try to say, "Oh no, I didn't cause it, I have the other kind that you don't cause," which then further perpetuates that stigma-

**Shohreh:** Yeah.

**Lauren:** -that you do cause your type 2, right, so there's that messiness in there. And then in general, I've worked with other clients that don't have diabetes, but they're so terrified of getting it. And there's just all of this fear around what that would mean if that were to happen, and this just general sense of that's not okay. And that would be like the worst possible thing in the world. And so this plays out in a lot of different ways.

There's a lot of shame and stigma and judgment around it. There's a lot of fatphobia tied up in there, a lot of healthism. There's just a lot of layers to that.

**Shohreh:** I was going to say, definitely there's a huge root of fatphobia in this diabetes stigma. I often think about how, as a society, we use diabetes as the butt of jokes that are essentially fat jokes and are like completely inappropriate, and offensive. But it's seen as a totally normal and okay thing to do. Something I've been seeing a lot lately is people getting diagnosed with 'pre-diabetes.' What does that mean and is it a useful diagnosis?

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**Lauren:**

I wish I remember the exact numbers that surround this. But a while back, it was just called 'insulin resistance,' which is kind of that phenomenon that I was describing earlier, where your insulin and your cells are just not connecting super well. And initially that's what this was, and at some point, I can't remember, relatively recently, that name was changed to 'pre-diabetes.'

And the reason for that essentially stemmed from, at least as far as I can tell from reading about it and the discussion around that time period with this diagnosis, it was essentially to try and scare people into 'caring more.' Because they said, okay, well, if we call it insulin resistance, that sounds different than calling it pre-diabetes. But in reality, most people that are diagnosed with pre-diabetes are not going to develop diabetes. It's a pretty low percentage within like 5-10 years of getting that diagnosis that you actually develop diabetes.

And so essentially what this pre-diabetes diagnosis means is that there's some kind of insulin resistance going on that is increasing your blood sugar a little bit. It's not to the point where it's going to be diagnosed with diabetes. There's a number and it's like if it's below this number then it's 'normal.' If it's between these two numbers, then it's 'pre-diabetes,' or if it's above a certain number, then it's diabetes.

However, I think we need to also understand that there are so many different factors that can increase our blood sugar, and then potentially show up as pre-diabetes. There's also just the fact that that's just how some people's bodies function.

I think another important layer to that conversation is the idea of PCOS, which I mean I'm not an expert on that per se, but that PCOS also, it's very common, and it leads to insulin resistance, which then can be showing up as pre-diabetes. So, there's just a lot of messiness in there, and honestly, I don't think that pre-diabetes is a very helpful thing at all,

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for anybody, like that diagnosis just doesn't really do very much good for anybody.

**Shohreh:** Which is frustrating because of course one of the very first things that gets prescribed, if you are diagnosed with pre-diabetes, and also type 2 diabetes, is essentially to lose weight and go on a restrictive diet. And I'm going to go on a limb here and assume you don't think that's good advice.

**Lauren:** I think that's absolutely terrible advice because one of the things that does increase insulin resistance is weight cycling, which is what happens when you go on a diet. You lose weight, then your body freaks out, you gain it back, and you probably gain back more than you initially started with, because your body is trying to protect you. And then you freak out because you're in this society and you're conditioned to think that that's a really terrible thing, and not actually understand that that's your body's way of protecting you.

And then also you have medical providers at that point telling you that this is what you need to do for your health, which is false, but that's what they're saying. So then you try and lose weight again, and you lose some weight, and then you gain it back, and then the cycle just repeats for a while. And that's not a harmless cycle; it is very stressful on your body for a variety of reasons.

There's a lot of health complications that we know come out of staying in that cycle for a prolonged period of time. And one of those health complications is increased insulin resistance. So, I mean when you're trying to work with somebody who has insulin resistance, encouraging them to do something that's going to get them stuck in the cycle probably is not the best idea.

**Shohreh:** What's coming up for me when you're saying that too is that obviously you hear a lot of people saying that oh, we have this link between people in larger bodies and diabetes, and obviously the cultural assumption is,

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oh, it's because of the fat on their bodies. But in what you're saying, a huge portion of that could be due to weight cycling contributing to insulin resistance because so many people in larger bodies are put on diets for their entire lives, and are constantly weight cycling.

**Lauren:**

Exactly. I mean again, this is like, let's go back to the basics of science and math. That there's a difference between correlation and causation, and the example that I use with the adolescents that I work with, when I explain the difference between these two things. So, I mean there's a correlation, just means that there's a relationship between two things, right?

And causation means that one thing directly causes the other. And there's a correlation between an increase in ice cream sales, and an increase in drowning. Does that mean that if somebody eats ice cream, they're going to drown? No. [Laughs] Does that mean that if somebody drowned it's because they ate ice cream? No.

That's correlation. It doesn't mean that one thing causes the other, it just means that there's a relationship. And when we see correlation, we have to be able to look at what's going on behind that relationship, that's having that effect, right? So, there's a lot of things that could potentially be related to that. The most common thing that comes to my mind when I think of this example is the fact that, well, in the summer more people are going to be eating ice cream, and also more people are going to be in the pool, and more people are going to drown when they're in the pool, and it's summer and whatever.

I mean in Texas maybe that doesn't really apply, but there's other factors going on there, right? And so when we start talking about this relationship between larger bodies and diabetes, sure, correlation, for sure, nobody is denying that. I think what we need to take a better look at is what is going

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on behind the scenes, right? Like what are those other factors because I don't think that there's causation there.

I think exactly what you said, weight cycling and having people in larger bodies that have been on diets their entire life, that seems like a pretty strong confounding variable there to me. And there's plenty more that we could talk about as well. Like stress and weight stigma that shows up in other ways, and poor medical care that exists for people in larger bodies. And people in larger bodies avoiding going to the doctor and not getting adequate screening or adequate care.

And just there's so many other confounding variables. So, yes, of course there's a correlation between larger bodies and diabetes. That doesn't mean that a larger body causes diabetes.

**Shohreh:** Well, and as we're very fond of saying here on this podcast, even if it did, which we have plenty of evidence that this is, again, not direct causation, we don't have a known way for people to lose weight and keep it off!  
[Laughs]

**Lauren:** Exactly and honestly, what usually happens when somebody [laughs], I'm sure you've talked about this a bajillion times on the podcast already as well, but when you try to tell somebody to attempt to lose weight, or go on a diet, or restrict their food in some way, that restriction leads to bingeing, right?

And if what you're telling somebody with diabetes to do is restrict carbs, then they're going to start bingeing on the carbs. And when you have issues with blood sugar, having that restrictive binge pattern play out, like it's harmful to everybody. And it's also even more harmful with diabetes because then you have these extreme blood sugar fluctuations going on.

So you're not eating for a while, or not eating any carbs, like your blood sugar can drop and then you're going to eat a lot all at once. And it's

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going to shoot up really quickly, and that rollercoaster of blood sugars puts a lot of strain on our bodies. And so that can be really distressing, and I think one other thing is that, just is interesting to me [laughs], I don't really know another word to describe it, but when we think about our A1C, which is a measure that, is a lab measure that doctors and endocrinologists are looking at for diabetes, your A1C is an average of what your blood sugar has been over the past three months.

And as we know from, again, basic math, right, an average is an average. If you throw in a whole bunch of really high numbers and really low numbers, it's going to average out to something in the middle. So, you might have somebody showing up with an A1C that's 'okay,' or 'normal.' I hate describing numbers or blood sugars, or anything like that in that way, but I mean you have somebody with an A1C that looks normal, or it's 'okay' with diabetes. But really it's an average of the fact that their blood sugar has been spiking and dropping frequently throughout the past few months from this restrict/binge cycle.

And so nobody is really going to detect that there's anything wrong, because on paper the numbers look okay.

**Shohreh:** Hmm, interesting. Well, and I think people seem to assume that intuitive eating and diabetes are not compatible, so that's why people have no choice but to diet and do these other things. But I know that you disagree. So, how can someone with diabetes make intuitive eating work for them?

**Lauren:** I think that also goes back to just a basic understanding of what intuitive eating is. I think a lot of people hear intuitive eating, or they hear the soundbites from Instagram where we're like, eat what you want, like that's what it is. Eat when you're hungry, stop when you're full. And they don't understand that there's actually ten whole principles of intuitive eating that include gentle nutrition and include honoring your health and all sorts of things.

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It's not just eat when you're hungry, stop when you're full. It's not just eat whatever you want. There's so much more nuance to it, and so I think that's where there's a lot of doubt that this can actually work or be an appropriate option for somebody with diabetes. Because when you think about it in that way, it seems totally counterintuitive to everything that the diabetes world talks about as treatment for diabetes.

So, just having a basic understanding that that's not actually what intuitive eating is, is a really good place to start. And then from there, really diving into some of these principles. It can be so healing and so helpful for somebody to actually regulate their eating, and make sure that their body is getting what it actually needs. And helping them to conceptualize their own health and their own body, and like how they can relate to their body.

And how they can have an actually healthy relationship with food because there's so much that happens once you're diagnosed with diabetes, of any kind, that can really mess with your relationship with your body, and your relationship with food. And so intuitive eating is a really great way to heal that relationship as well.

**Shohreh:** Maybe let's talk about a specific example. So, let's say someone has type 2 diabetes, right? There's often this blanket prescription of you need to really lower down those sugar and carbs. You need to count your carbs, you need to do whatever. How can someone with diabetes who is trying to eat intuitively, what might that relationship look like for them with sugar and carbs. What considerations might be coming into play when they're making decisions about what to eat?

**Lauren:** I think it also depends on where that person is starting out, when we start working on this. So somebody who has a really messy relationship with food, or is in this restrict binge cycle, or in this weight cycling pattern, I think we're going to start from a different place than somebody who isn't. And I mean I know that when you talk with clients about this as well, it

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doesn't really matter if you have diabetes or not. Everybody is coming into this at a different place.

And so we can kind of look at it from a different perspective. So with some clients it's helpful to look at that gentle nutrition piece first, and really talk about food and nutrition and how it actually affects your blood sugar and how you can use those nutrition concepts to help manage blood sugars, or help to eat in a way that feels good in your body, using that gentle nutrition principle.

And then for some people diving into that is just really going to play into their diet mentality and really going to feel restrictive, and feel like it's the food police. And so in order to really regulate that relationship with food and maybe stop that restrict/binge cycle, or get out of this weight cycling pattern, we don't really go into that gentle nutrition piece until a little bit later on.

So, getting to that gentle nutrition piece is helpful for the majority of people at some point. I think it isn't necessarily the first place to start, it just depends.

**Shohreh:** Yeah, and you're absolutely right, of course, with my clients as well, we jump in wherever it is that they need us to jump in. Most people, that's probably not going to be gentle nutrition off the bat, but like you said, it depends on their situation. Because obviously if you are someone who has insulin resistance, you might be having much stronger reactions to eating certain things than somebody who doesn't.

And so you may be like, wow, I really feel crappy when I eat this certain way and decide that you want to make some adjustments there. So I totally agree, it's individualized, which is what I love about intuitive eating is that it's not a one-size-fits-all approach, and I think that's the problem too with suggesting these restrictive diets for anybody with diabetes. Is of

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course, that doesn't take into account their individual needs and their preferences, and their situation. And that is just bound to fail.

**Lauren:** Yeah, and especially with diabetes as well, I think we haven't touched on this, but I think just a general negative attitude towards medications as well. Which I don't think there needs to be, and utilizing medications, like a balance between medication and movement and nutrition, can be so helpful and healing for clients in all aspects of their care.

And so it's so individualized, right, and it's really going to depend on the person that's in front of you, like what's actually going to work best for them, and it doesn't have to be this cookie-cutter, count your carbs, eat low carb, do this thing, like exercise this particular way for this number of minutes a day to make sure that everything is okay. It's not gonna look that way, and rarely does it actually work out for somebody.

**Shohreh:** God, I am so frustrated by medication stigma. You see this in all different spaces, right? You see this in mental health too, where it's like so many people make getting off the medication the goal. And like if it's fucking working for you, and it's making your life better, why is that the goal? Shouldn't the goal be to like be living and enjoying the best life that you can? And if the medication is aiding in that, and you're comfortable with the side-effects, and all those kinds of things, then it's fine. I don't know, it just frustrates the hell out of me. [Laughs]

**Lauren:** Oh, it's so frustrating, and especially with type 2 diabetes, there's this added layer of insulin, which is a medication. Insulin as a threat, of like, oh, you need to do these things, you need to eat in this particular way and exercise in this particular way, *or else* you're going to have to go on insulin. As if that's like the worst possible thing in the world.

**Shohreh:** Right, and it's like no, actually this is something that can help you and make your life better.

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**Lauren:** Right.

**Shohreh:** If we get there, we get there. [Laughs]

**Lauren:** Yeah, like if that's going to help you live a better quality of life, and have a more normal relationship with food and your body, and feel mentally more stable around diabetes management, and not as burned out around all of it, and able to engage in your life, yeah, that's a good option for you. You know? It's like it doesn't have to be this threat and all of this stigma around all of these medications. It's incredibly frustrating to me.

**Shohreh:** I think this is something that's really common too in the vegan community. And I used to be fully vegan for several years and ultimately I went back to vegetarian because it was just too restrictive for me, and it was like very mentally restrictive. But you always hear these stories in the vegan community of like, oh, this person went fully vegan and they reversed their diabetes and now they don't have to take any medications, and life is great.

I'm like, okay, that's great, if that works for somebody and they're really happy being vegan, but I'm also concerned about people where it's like the only reason they have adopted veganism, or any other diet, was to 'reverse' their diabetes, and they're miserable. Like you said, maybe there's some bingeing that's happening, or mental health issues and regret related to doing this really restrictive diet. It's like, you only get that very surface level of headline of oh, they don't have to take medication anymore.

And I'm always like, what's going on beneath the surface? Is this person actually happy and well and good with that choice? Or are we celebrating only just not having to take medication at the expense of other parts of their life and wellbeing.

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**Lauren:** Right, and if we go back to that analogy I used earlier of needing the reading glasses. You could do the same thing. You could just not wear glasses, not read anything for the rest of your life, but that's a pretty shitty quality of life if you ask me [laughs], if you're just not going to read anything. And the same thing with this, sure, if you go vegan and then you don't need to take your medications, or your whatever happens.

Okay, cool, but at what expense? That can be seriously affecting your quality of life. Maybe it's not because maybe that doesn't matter to you. Maybe if you're somebody that needs reading glasses, you can take them off and you just don't really like to read, it doesn't really affect your quality of life if you don't read anything ever again. Like cool, that's fine.

But I mean, for most people that probably does get in the way of their quality of life, and it's really affecting them in a lot more ways that aren't really highlighted when we see those news articles or those headlines. So, it's definitely a problem.

**Shohreh:** And I think that's kind of the key here because again, this may work for some people, and they may be perfectly happy. But the problem is when you have like a documentary, or a news article, that's like 'everybody should do this. This is the one way to do the thing.' It's like, no, that is not true. That is not nuanced enough. [Laughter]

**Lauren:** Totally, yeah.

**Shohreh:** Well, thank you so much for being here Lauren. This is such a great conversation. I think people are going to learn so much from this. For our wrap-up question, please tell me how do you define health and wellness for yourself, at this moment in your life?

**Lauren:** I think right now, for me, health and wellness looks like really taking a bigger picture look at what's going on in my life, and all the different aspects of health that are important to me. So, I mean my physical health

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is one part of that, but my mental health is part of it. My social health and wellbeing is really important to me at this point in my life, and probably takes number one priority out of all of them.

Financial health is also important to me. So I think that for me it's just taking a look at the bigger picture of what health and wellness looks like in all different areas. And being able to prioritize which ones are most important to me during any season of life. So that's kind of how I look at it right now.

**Shohreh:** Shout out to your mention of social and financial health because I feel like those ones don't get brought up nearly enough. And they're so important, they really are.

**Lauren:** They are. I mean that's why we go get pancakes all the time, because that is part of social health. Because we are together and eating pancakes, and having good conversation, and that takes priority for me at this point in my life.

**Shohreh:** And we're spending our hard earned money on the things that are truly important, which is pancake fun times!

**Lauren:** Exactly!

**Shohreh:** So, I'm glad that we've gone full circle on pancakes, which is also a pun!  
[Laughs]

**Lauren:** Wow, we are just so good at this, wow!

**Shohreh:** We're doing great! [Laughter] So, how can people find you, if they would like to?

**Lauren:** The only social media I really use is Instagram. My Instagram is [@gofeedyourself\\_](#), and you can also check out my website, [laurennewmanrd.com](http://laurennewmanrd.com).

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**Shohreh:** Awesome, and I will link all of those in the show notes so people can check you out. Lauren's Instagram is amazing. You should definitely go there and just scroll down and see all the great information that you can find. So, thanks Lauren. I know you're super busy, I appreciate you making time for this and I hope you have a great rest of your day.

**Lauren:** Thanks, you too.

[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 this episode, it would mean so much to me if you would subscribe, and leave a review with your podcast provider of choice. It will really help other people who might benefit from the podcast to find it more easily.

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