

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Dana Sturtevant

Shohreh Davoodi: Hello friends. This is episode number 64 of the Redefining Health & Wellness podcast. Today's guest is Dana Sturtevant, the co-founder of Be Nourished and co-creator of Body Trust. She is also a registered dietitian, educator, trainer, writer, speaker—basically, she's just awesome.

Dana spoke with me about the practice of motivational interviewing and how the philosophy behind it is beneficial for not only helping professionals, but pretty much anyone who wants to communicate more effectively. We also chatted about what actually leads people to change, why trying to fix people's problems is ineffective, and some of the issues with a healthcare model that puts blame on individuals for their health status. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/64. That's shohrehdavoodi.com/64.

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[Music plays]

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Welcome to the Redefining Health & Wellness podcast. I'm your host and resident rainbow glitter bomb, Shohreh Davoodi. I started this project because I saw how black-and-white messaging about health harms everyone, and I wanted to paint a more honest and vibrant picture. This podcast is a space where we can reimagine health together by confronting limiting misconceptions, delving into aspects of well-being that are often ignored, and prioritizing conversations with marginalized individuals. I encourage you to take what you need and leave behind what you don't. Are you ready for this? Let's fucking go!

Welcome to the podcast, Dana. I have been familiar with your work with Be Nourished for several years now, but it was only recently that I finally had the opportunity to actually work with you when you offered a virtual training, which was the motivational interviewing for weight-inclusive providers training. And I had such a great experience learning from you that I wanted to have you on the podcast to share your wisdom with my listeners. So thank you for being here.

Dana Sturtevant: Oh, thank you. Thank you for having me. I'm excited to be here.

Shohreh: Yeah! So I have to assume that not everyone who's listening is familiar with your work, so can you please tell us a little bit more about what makes Dana, Dana, and the how and why of you coming to do the work that you're doing?

Dana: So, I am clinically trained as a registered dietitian, and I've lived in Portland, Oregon, going on 21 years. Actually, I think this week we're recording it, I've been here 21 years now. As a dietitian, I was trained to educate and tell people what to do, and I, like most healthcare providers, was trained to believe that knowledge is what changes behavior and if I tell people what

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to do, and give advice, that they will listen to me and go out and do what I tell them to do! [Laughs]

Shohreh: It sounds so easy, so nice!

Dana: Yes! And then when they wouldn't do it and they would come back, I would tell them again and make it sound even more important.

And when I moved to Oregon, I started working in research as what was called a "health research interventionist," and that's where I was extensively trained in motivational interviewing. And when I was first exposed to, in my very first training, to the theories and principles of motivational interviewing, it really resonated. It made sense; it fit really well with my personality. I think some of us have more authoritative personalities and it can be harder. It's still possible to use motivational interviewing counseling. It can be more of a stretch for people and take more time to build those skills in practice.

But when I first was exposed to motivational interviewing, it made a ton of sense, both in just my experience talking to people about change, as well as being a yoga practitioner and just being really immersed in the philosophy of yoga and understanding human nature. It was like, oh, why aren't all healthcare providers trained in how to have conversations with people about change that honored their autonomy, that really called forth what's alive and present in them? That helps people understand the social determinants of health too, I think, is really important, that we don't simply rely on personal responsibility rhetoric, which is what I was really trained to do as a dietitian.

So that kind of tells you a little bit about my background and how I came to motivational interviewing. So that's one hat that I wear in my business, is I

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train healthcare providers in conversation strategies and this communication style, or what I like to say is a way of being with people who are contemplating making changes in their lives.

And with that said, you know, a big change that I advocate for in my private practice is for patients to move away from weight-centric models of care and modalities that focus on weight loss, and shift the focus to more weight inclusive models of care to help them heal their relationship with food and their bodies and move towards sustainable self-care practices. And as part of my practice, I have a business called Be Nourished and I share it with a therapist, Hilary Kinavey, and we developed our Body Trust approach to help people heal from body oppression, and weight stigma, and chronic patterns of dieting, and disordered eating that are associated with those things.

One thing I didn't say about this research job where I was extensively trained in motivational interviewing was that I was also working in the dominant weight paradigm at that job. Some of the studies that I worked on while I worked there were what would be called behavioral weight-loss interventions, and interventions particularly interested in helping people keep weight off once they lost it because the researchers that I worked for had developed this six-month weight-loss intervention. And just like most diets, people lose weight in those initial six months, but what these researchers kept finding for 20+ years is that at two years out, people's weight was back up and often higher than it was at the start of the study.

And so it was in working with them and sitting with people and listening to people's stories that I started to feel unethical in my work. I started to wonder why we were talking about weight with people when it didn't seem to be helpful and it was starting to feel harmful. And I really felt like we

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could trust people's bodies to sort out the weight. That focusing on weight and centering weight was the problem and that we could help people move towards more sustainable forms of self-care that may improve health outcomes regardless of what happens to people's weight. And if weight shifted as a side effect of that care, we're just gonna trust people's bodies to sort it out.

But when I talked about this in meetings, the researchers thought nobody would ever participate in that, that's not gonna work. And what we all didn't realize at the time is that we were promoting a dieting mindset and calling it "healthy lifestyle." And it was when in this kind of phase where I was starting to feel unethical in my work that I started to look for some alternatives, and I discovered a couple of things

I discovered the idea of a dieting mind, and when I saw the qualities of a dieting mind and I thought about the research participants and I saw the qualities of a non-dieting mind, I'm like, oh, well, we were definitely promoting a diet mentality where we asked people to obsessively track their food and calories, to exercise at levels that were externally directed and oriented, to weigh yourself daily, and like all these things that I now see are eating disordered behaviors. And that we prescribe for fat bodies the very behaviors we diagnose as eating disordered in thin bodies—that's a Deb Burgard quote. And all these years later, many of the clients that I've worked with believe they gave up dieting years ago, and then when they discover the qualities of a dieting mind, they're like, oh my gosh, I'm still dieting, I had no idea.

So, it was the discovery of the dieting mind and discovering Health At Every Size and this growing community of healthcare providers—this was 2003 I was feeling unethical? So the community has really grown in the

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last 17 years. It was growing then, but I discovered that there were a community of providers that felt this way, and that I wasn't the only one, and there must be something to what I'm thinking about. And Deb Burgard's always really curious, like, what is it about healthcare providers who are traditionally trained? What are the qualities of the providers that become disillusioned and want to offer something alternative?

And so, for years Hilary and I sat in rooms with people who were tired of weight cycling, and tired of blaming their bodies, and wondering why they could diet their bodies down to a certain size and still hate themselves and nothing felt better. Listening to people in these rooms and having conversations about how do we choose something different in a culture that's not going to give us permission to do this any time soon. And that's where we birthed our Body Trust framework.

Shohreh:

I just had Evelyn Tribole on the podcast recently talking about the evolution of Intuitive Eating, which the first edition of the book came out back in '95, and 2003 wasn't that many years after that. And so I think the two of you have had probably a similar experience of you were kind of early on to feeling that the work that you were doing didn't feel good and that you wanted to do something different and taking this weight-inclusive approach. And I can only imagine what it has felt like, like you said, over 17 years to see the growth that has happened with that. And it's not mainstream yet, but it's certainly become a topic that is much more popular and much more well-known. And I just have to think that's probably been really interesting to just watch and be a part of that evolution.

Dana:

Yes, absolutely! Especially lately, and I think social media, when we started Be Nourished and our business, like, social media didn't exist. Like

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Facebook wasn't a thing yet. And so getting the word out and the strategies that we would use to get the word out—we called our group back then Making Peace with your Body—and just thinking about how we got the word out back in 2004/2005 versus how you get the word out today.

Shohreh: You weren't making viral meme Instagram posts back in 2003, Dana?

Dana: [Laughs] No! It always makes me feel old [laughs] when I talk sometimes about this. Like, "when I was in college, we didn't even have the email" [laughter]. But I do think with the advent of social media and media outlets not having as much control over the content and how things are shared, has really, in positive and negative ways, impacted society.

But I think it's really fueled this movement and put it in front of people that would have never had the option. After doing this work for 17 years, it doesn't feel super radical, and then you talk to somebody who really has no idea about an alternative to diet culture, and like, light bulbs start to go on. And so there's still so much work to do.

Shohreh: Yeah, I would agree with that so much. I think too, as providers who practice in this way, we do a great job of insulating ourselves from others in areas where we can, somewhat for our own safety and protection and just ability to keep going in this work. But yeah, it means when you step outside of that bubble, it can be a little bit jarring to realize that, oh, most of the world doesn't feel this way yet and actually feels very differently about this form of healthcare and working with patients and clients.

Dana: Yes. When you first asked me to tell people about [laughs] myself, I wanted to give my answer sometimes when I'm somewhere and people ask me what I do and I don't want to get into it, because I know the minute I tell

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them what I do, they're gonna tell me about their keto diet or something. Sometimes I'm like, "I'm a florist" [laughter].

Shohreh:

I love the choice of florist. On TikTok, there's a viral sound that people are using where it's this song where the person is like, when people ask me what I do, I just tell them I'm an accountant. And people have been using it for all sorts of things, but that's what it makes me think of, 'cause they're basically like, yeah, when you tell people you're an accountant, that's so boring that nobody wants to ask any more questions. Sorry for the accountants out there, you do great work, but [laughs] the average person is like, okay.

Dana:

Yeah [laughs], I know, I was at like one of these communal tables for dinner in February before COVID hit, and we sat down and people were already there chatting, and I heard people asking that question. And I just looked at my husband and I said, "If they ask, I'm a florist. I'm not doing this!" [Laughter] But they didn't end up coming over and asking us, so that's good.

Shohreh:

I wanna talk about motivational interviewing, because it is such a powerful tool for helping professionals, in particular. And I'm sure that some people have no idea what that is. I didn't know what it was until I got into this line of work. So I think maybe first can you just describe a little bit about what motivational interviewing is and how it's typically used?

Dana:

Yeah, and I think I'll start by saying that regardless of whether you're a clinician listening or a helping professional listening, motivational interviewing ultimately is a communication style and a way of being with people that's more supportive than focusing on fixing and telling people what to do to solve a problem. And so, I think these skills can be so helpful to all of us. If you have relationships with people, and you talk to people,

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and people come to you when they're struggling, these skills are so beneficial, because a primary skill we work on in motivational interviewing is our listening skills and our reflective listening skills. And we don't live in a world of good listeners. We live in a world of speakers—people who like to tell people what to do.

In fact, years ago I was reading a coaching book on a plane, and I read this line and I laughed out loud and a bunch of people turned and looked at me [laughter]. It said that the strongest human instinct is to tell people what to do and the second strongest human instinct is to reject what people tell us to do. So we live in a world where everybody loves to tell people what to do while not wanting anybody to tell them what to do.

And one of the places I start many of my trainings is asking people, and I'll ask listeners, when you are going through a difficult time, when you have something happening—and it's kind of funny to talk about this in the midst of COVID and one of the largest civil rights uprisings of our time, many of us likely are needing support right now—but when you're going through a difficult time and you have something that's taking up a lot of space and you've decided, you know, I need to talk to somebody about this, I need to talk through and get some support around this, when you reach out to somebody, what are the qualities and characteristics of the person that you find helpful? Like what do you want people to do when you're struggling and you're talking to them about something? And what don't you want them to do? And what are the behaviors when you're sharing difficult things about your life with someone, what are the things that they do that make you feel angry, alienated, and disappointed?

And what we find, no matter what group I do this with, there's many, many common themes in what makes people frustrated and angry, and what

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people find supportive. And what makes people feel frustrated and angry is when people don't hold confidentiality, when they minimize difficulties, when they tell you you're making a bigger deal out of something, when they gaslight you, when they focus on fixing and just start telling you what you should do and offering solutions instead of asking you what would be helpful, what would be supportive. And another thing I hear often that's not helpful is when people dominate the conversation. So you've come to this person for a problem and you start telling them about it, and then they start going, well, /, you know, when /had this happen and /, what /would do if I were you, and they really center themselves.

And what we know is helpful, the number one thing that people say, is they reach out to somebody who is a good listener. And so we explore that more deeply. Like what does it mean when somebody is a good listener? What does that look like? And it's when people give you their undivided attention and listen without distraction. When people hold confidentiality. When people keep the focus on you. When people ask you evocative questions to help you think through the problem instead of telling you what to do. Well-placed humor many people find helpful, but it has to be well-placed and well-timed. Empathy, empathy, empathy, hands down, is one of the most powerful things about our presence, is having an empathic presence, seeking to understand. Listening to understand instead of responding.

Many people, when we're listening, we listen and we're like, oh, when they stop talking I'm gonna tell them this. That's not listening with presence, that's listening to respond, not to understand. And to listen with an attitude of connection versus correction. These are the things we know people find helpful. Asking what would be supportive. Even people will say, "What would be supportive, do you want me to give you some ideas or do you

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just want me to listen?” Like we “just” it—all I did was listen, like it’s nothing. And I think most human beings find that the people they find most supportive in their lives and the people they would reach out to first when they’re going through a difficult time are the ones that can listen with this depth and quality to their presence with you

Shohreh:

It’s interesting, ‘cause like you said, you’ve done this with a lot of different groups and the same answers come back. And yet, that is not how any of us are taught to be in conversation with other people. And in particular, I think something that I’ve noticed in doing this work is that we’re really not taught how to hold other people’s pain. We’re really taught to try to make it go away. And I think that kind of comes to just some societal norms that we have around feelings in general, and the avoidance of those, and maybe not trying to sit with those, which as I’ve gotten older and I’ve learned how helpful it actually is, and that you actually do have to sit with the feelings in order to deal with them and to heal.

But we don’t get that training when we’re growing up, and so I think it can just be so hard for people. And that’s why when people hear about motivational interviewing, a lot of times it’s just this like, whoa, mind-blowing thing because it’s so different from the ways that we usually communicate.

Dana:

Yeah, we don’t get trained to do this. In fact, when we go to school and we’re being raised and in the educational system, we learn a lot about speaking. We learn how to write and articulate our thoughts. We learn how to share our thoughts with other people. We take public speaking classes. But we rarely have any schooling and education on the other side of the conversation, which is, what does it mean to really listen to people? And how do we also build skills to hold that space and that presence?

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Because what the research shows for motivational interviewing is it's through the quality of our presence and the way we hold space, that's what's the most motivating and helpful thing about us, not the advice we give, not the handouts we offer, but the quality of space that we hold to call forth what's already alive and present in this human being.

This way of being with people comes out of the addiction field. What was really the traditional counseling style in the field of addiction where people were kind of labeled as in denial, and non-compliant, and delusional, I mean really pathologizing language was used to describe people with drinking problems. And when people would have a DUI or get in trouble with the law, they would be mandated by the state to come in for substance abuse counseling and often showed up with a lot of resistance. Like they weren't happy about being there, they weren't self-selecting to be there.

And then the traditional approach back then was what some might call the "tough love" approach. And I think the thing we know does not work, it's a cultural myth that this is what people need, is what I call the "Dr. Phil approach." So what was very traditional in the addictions field back then was to Dr. Phil the shit out of people [laughs] where you'd get in people's faces, and you'd tell them that they were in denial, and you'd say super condescending shit to them, like, "How's that working for you?" and, "Don't you know..." and blah blah blah. So shaming and blaming.

And what research shows is people move away from change when we show up and Dr. Phil them. It's a cultural myth that that's what's helpful. It makes for a television show that some people like to watch, but Dr. Phil, he's an organizational psychologist. He was never trained to be an individual therapist.

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Bill Miller, who is one of the founding authors of Motivational Interviewing was engaging with people in this way that he was trained to do, and he was just noticing how unproductive the conversations were, how the relationship between him and the people he was talking to was so tense and felt more like wrestling than dancing. And he just started to think, like, “This doesn’t work. This feels terrible. It feels terrible to me, it feels terrible to them, we have no therapeutic alliance happening.”

And so, he just decided to start asking people, like, “What do you think about being here? And what concerns, if any, do you have about your drinking? And, you know if you were to just continue as you are today, where do you see yourself in five years?” And staying really curious and non-judgmental and giving people a space to think about all the conflicting thoughts and feelings they have about what’s happening in their lives. And he found when he showed up in that way, that there was this momentum towards change that happened. But when you Dr Phil people, people tend to dig their heels in the ground, tell you what they think you want to hear, so you’ll shut up as soon as possible, and then kind of cross their arms and leave with, you’re not telling me what to do.

And now, you know, 40-50 years later, motivational interviewing is something that many healthcare providers and helping professionals are using in their work, and it’s considered a best practice in helping settings.

Shohreh:

Something that I loved about the MI training that I did with you was that it really flipped on its head some of the assumptions that I had, or was taught, about what makes for an effective coach or an effective helping professional. And in particular, this idea that as helping professionals we are responsible for making people change, and if they don’t, either we’ve failed as providers or they’ve failed as clients. And I think one of the most

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profound things that you said during the training was that as providers it can be enough for us to simply keep the door from slamming shut. And that for me really shifted how I think about “success” when I’m working with clients. So I’d love for you to talk about this concept a little bit.

Dana:

Yeah. We have such a high level of burnout in the helping professions. And there’s a variety of reasons for that, including systemic issues with our systems and how problematic and patriarchal and pathologizing they are of people. It’s not uncommon, especially if you work for an organization, for clinicians to feel a lot of pressure to fix things. And the way your bosses talk to you, it’s like, you probably get the message that it’s your job to go in there and get Mr. Smith to quit smoking, or to get this person to start taking their medication as prescribed, or whatever that is.

And one of the reasons why I talk about redefining our role is because it takes the pressure off of us to fix it, and it puts the ownership of change in the patient’s lap where it belongs. If we could make people change, we would live in a really different world. If talking down to people, and shaming them, and writing “non-compliant” all over their chart, and firing them, and making them do a contract with us, like, if these things worked, I think we’d live in a really different world.

So early on in my trainings, I offer people a different way of looking at what our role is in the room. And our role is to explore the possibility of change, not to make it happen. Our role is to invite people to think and talk about something that they’ve consented to think and talk about with us, to see if the answer is in the room. When Michelangelo carved the statue of David, he said the David was always in the statue, my job was to release the David. And that’s a belief we hold in motivational interviewing, that people

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possess a remarkable ability to change and grow in a positive direction when given the proper circumstances and support.

And often what clinicians say when they hear that my role is to explore the possibility of change instead of making it happen, what they notice is their shoulders drop, they can breathe, they feel more spacious, they create more space in their sessions for people to think and talk about things, and the sessions feel more productive overall. And part of redefining our role as exploring a possibility of change, is also embracing the different possibilities besides action for defining a successful encounter.

So, most of us, like it's like, did I get them to do what I needed them to do or want them to do by the time they leave my office? And that's a pretty tall order for people when there's a process of considering change and moving towards change. When people come to explore a weight-inclusive model of care like Body Trust, even when they're paying me out of pocket for my services, it does not mean they're ready. What they're saying is, I'm curious about this, I'm unsure, I've heard about this and there's enough I want to know more of. But it doesn't mean that tonight they're ready to break up and divest from diet culture and stop focusing on their weight.

And I think what a lot of clinicians do is they just start dumping a ton of data, and research, and "the research shows," and "here's an article and here's why you should do it." And we take over the conversation with our enthusiasm. And when we want the change more than our clients want the change, we are not serving them, and we're likely going to be moving them in the opposite direction of where we're trying to help them get.

And so we use this metaphor of dancing versus wrestling to describe the energetic feel of your conversations. And you can think about this like,

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what is your conversation with your teenager about their curfew sound like? If it sounds like a wrestling match, it's a signal to change strategy.

When you do a partnered dance, there's a leader in the dance. If you ever take a dance class where it's a partnered dance like swing, or tango, or cha-cha-cha, there's always a leader in the dance. There's somebody who has a sense of where they're guiding their partner. But it takes a collaboration between those two partners to move around the dance floor.

As the helper, the clinician, the healthcare provider, the coach, we have a sense of where we're guiding people, and the sense of where we're guiding them comes from the person. So they want to feel more confident and comfortable eating food. It's the things that the patient is telling us they're wanting to cultivate. Not what we think they need, but how do we hear from them what they're wanting and to cultivate in their life? And then guiding them in that direction and taking feedback from them as to when you can move forward and when you may have to dance side-to-side because something's in the way. And sometimes people need space and we back up because they need a little bit of room to think about something.

And so the dance allows us to see that forward momentum is really how we redefine success, not getting them around the dance floor tonight, but forward momentum. Half step closer. Creating more dissonance. Creating and amplifying the discrepancy between where they are and where they really want to be.

Sometimes people use, like, the curling metaphor where people are moving towards the target and our job is to just be the little sweepers, just helping them get whatever is in the way out of the way.

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Shohreh:

For me, I know one of the things that adopting this approach has helped me with as well is to temper expectations for clients from the get-go as well about what success may look like for them. Because I think one of the things about diet culture is that it does give people this idea that when you hire somebody to help you, particularly in the health and wellness space, that there needs to be some set achievement, whether it's lose 30 pounds in 30 weeks, or whatever it may be. And it can be a little bit discombobulating for people to not have these set specific goals, and to loosen up, and to be able to see that, again, success is just forward momentum.

And so I think on the client side too, for other people who are going into these relationships or hiring people, if they can come around to that viewpoint, I think it takes a lot of pressure off, which is great. But it can be hard to get people there as well, because again, people see it as like, oh, there's this money for time value here. If I don't achieve every single one of my goals, was this a waste of my time? If you're taking this approach as a provider, I think too, part of it is getting your clients to understand that this is the approach that you're taking.

Dana:

Yeah. There's all kinds of things that are so uncomfortable when you're going against the status quo. And, I mean, I think that's one of the biggest things people notice right away when they're choosing an alternative to diet culture is there's all of these relationships that they have to grieve because they can no longer be around people. They realize how pervasive diet talk is in their life and how it's been a way they've sought connection and belonging. There might be grief to be had around relationships as people are waking up.

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A core element of Body Trust is to redefine what healing looks and feels like. And this is a messy process, and diet culture is really rigid and perfectionistic. And I think it's one reason why people really feel like they're flailing when they work with providers who advocate for weight-inclusive models of care, because they're so used to going to experts telling them what to do, what to think, how to feel, giving them strategies and ways to assess if they're doing it right or they're doing it wrong.

That's just not the world of Body Trust. There is no getting it right or wrong. There's only experiences that we grow and learn from. And, you know, we have an ethic of doing C work in Body Trust, that we want you to get a C in this work. We don't want you to get an A or even a B. We even put a little minus sign on our graphic around this, because we didn't even want to say C+. As Brené Brown says, we want to create a community of the adequate, not a community of perfectionists. And diet culture is very rigid and perfectionistic.

When you go on a diet or somebody's plan, you know within an hour if you're doing it right or not. And this work isn't like that at all. You don't have those training wheels. People feel like they're flailing, so helping people know this isn't because there's something wrong with you, this is because diet culture has robbed you of your agency. You don't trust yourself, and if we lose trust in any relationship in our life, we don't just wake up and go, I'm going to trust you now. There's small, consistent acts over time, is how we rebuild trust.

I think there's so much to bump up against, and there's so much to grieve. And I don't think we name grief enough in this work. And that connects with something earlier that you said, which is how hard it is for people to

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hold space for pain and not fix it and not rescue. I think it's Megan Devine who says "it's a radical act to let things hurt."

And when people realize that they have been duped and everything they have sought as a solution to this so-called problem of their body has been part of a system that depends on you blaming yourself and living with pervasive body shame so that you keep coming back for more. And when people realize that they've been duped, that they've been harmed, that one of the reasons why they've gained weight over time is because they've been dieting and that's what we would expect to happen, that the adults in their life weren't right, that the doctor really fucked with you because of their problematic training, that we've wasted so many years of our life pursuing something that was never intended to do anything but harm us and keep us distracted from things that are really important, there is a lot to feel and a lot to unpack.

And if we just are so uncomfortable sitting with people in this process of unraveling and unlearning, and just slapping band-aids, like temporary fixes, people aren't going to have the long-term success they're wanting.

Shohreh:

Yeah, and for so many of the things that you just mentioned, there is no fix. We can't go back and change it. We can't change all of society and take away the oppression and the things that people have been through. All we can do is sit with them as they explore that and feel what they need to feel about it, and I think this is why when, as helping providers we're taught that we have to fix and we have to have a solution, that that is completely unrealistic, because the nature of the work that we're doing is that there are no easy fixes for this. There aren't even hard fixes. There's so much here and so much to untangle, there's only so many things that an individual can do.

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And this also goes back to what you were saying before where you mentioned that when people have the proper circumstances and support, they have an amazing capacity for change. Well, a lot of people don't have those circumstances and support. And yet, especially in healthcare, we have this individualistic view where we say, well, if they don't make the changes, it's on them. If they're in this body, it's on them. They're not working hard enough; they're not eating the right foods.

And that is such a messed up viewpoint. And then when professionals bring that into the space and turn that blame on clients without thinking of all these bigger factors, like you were saying, the social determinants of health, oppression and all these other aspects, like that makes for a really broken system.

Dana:

Yeah, the way our medical system is set up and relies on this personal responsibility rhetoric, most healthcare providers and people living in 2020 believe that if I get sick, it's my fault. It's related to my lifestyle, and if I just change my lifestyle, none of these bad things would happen to me. And research actually shows that lifestyle accounts for 5-25% of the differences we see in health outcomes. But we have a culture that talks about it like it's 80-95%—like it's the opposite, that it's flipped.

And fortunately, I get to train people in motivational interviewing not just within this weight-inclusive paradigm, but also people who work in public health and stuff, and I make sure to make a statement in that room about just this. And you see people's eyes get huge, like what? Like yeah, you're sitting there, your bosses are encouraging you to go harass this person to get their A1C down, and we're not looking at health from this wider lens.

So I see part of my job as somebody who has more of a lens on social justice and the social determinants of health on people's health outcomes,

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I make sure when I'm in rooms where people may not have this analysis, to mention that we have to be really honest with ourselves about what's even possible for people, given all that they're bumping up against in their lives. And what you think is important for their healthcare is maybe not what's important to them. And so we need to start asking people what do they think about things, and what kind of support would be helpful, and to help people also understand that so much of this is not within our control.

But ooh, people don't like to think we're not in control. I mean, this time is just ripe for showing how human beings don't like not being in control. We want to feel in control. When people tell you what to do, you have a strong instinct to do the opposite, because we are wired for that. And the collective care is going to have such a greater impact on our health and our well-being as a society. And part of a Body Trust practice and building and strengthening a Body Trust practice is finding community and sharing your process with people who support your liberation, because we do feel so alone. And we can't do this alone.

Shohreh:

Yeah, that's so true that we can't do this alone and we don't have to, and the community piece is truly so important. And again, because of the rhetoric that we have about health, people are really taught that everything is on their shoulders, and it's their fault, and that you can't rely on anybody else. And that does such a disservice to people in all aspects of their health and well-being. So I'm really glad that you said that as well.

So, as we're coming to our final couple of questions here, one thing that I've been thinking about because you have been doing this work for such a long time and you've been running a business for a long time too, which means that, of course, you have made mistakes and you've stumbled over that time, and you've also had great successes. So I was just wondering if

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you have any wisdom you want to pass onto any helping professionals out there listening for how to keep learning and growing in this work over time? You know, over 17 years or however long it may be that they're in it.

Dana:

The first thing that comes to mind is just practicing cultural humility—to know that we don't have all the answers. That this person we're talking to has a lot of wisdom and expertise in their own lived experience, in their own life, and that there's so much that we can tap into when we come to a conversation with that kind of reverence for this person. That people's coping is rooted in wisdom, that people are trying to survive. And to show up with that humility and that curiosity, and to not show up with this idea that my job is to fix you. So to practice humility.

I think always coming to trainings and learning opportunities with a beginner's mind. I love this idea that in the beginner's mind there are a million possibilities and in the expert's mind there are few. So how do we show up to our third MI training with a beginner's mind? We know from the research on motivational interview and how clinicians build skills that we can liken this to learning to play a musical instrument. That it takes time and practice, and that you can read every book ever written about playing the guitar, and it doesn't mean you know how to play the guitar if you've never picked the guitar up and played it. So to develop our skills in this communication style, or counseling style, or way of being with people, we need time to practice it, and we need to take risks in our sessions. We need to practice reflective listening. Sometimes we might practice it with people that are not clients, just to get some comfort level with it.

And this is something too for people who want to change their relationship with food. It's not uncommon for people to read and inhale every book that has ever been written about this shit, and never take any risks with their

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eating and their embodiment practices. And we can't learn to play the guitar without picking the guitar up and playing it, which means we can't change our relationship with food by never taking risks and seeing what happens when you say yes to this, or say yes to this, or say no to this or say not now to this, or eat it all, or eat a part of it. Like, we don't know. And so part of even establishing a Body Trust practice is to take risks with our eating and embodiment. To try it on, to pick the guitar up and play it, and see what happens. And it's through that practice that we build skills.

And from a motivational interviewing perspective, when we're learning to do this, just like if we were learning to play a musical instrument, getting some coaching and having somebody listen to you play, so to speak, is part of how we learn. So in addition to attending lots of two to three day trainings in this over the course of 17 years, something else that I did was I recorded my sessions and listened to them when I worked in research. And we got together with one of our fellow interventionists, and we listened to each other's tapes and we gave feedback to each other.

Just like if you were a piano teacher you wouldn't just go, hey, how's it going, to your student. [Laughs] You would say, okay, why don't you play that piece for me, and that your teacher would give you some feedback. And so in addition to attending trainings and practicing, some coaching and mentoring can also be really helpful as well.

Shohreh:

God, when you were saying that, I was just thinking about how almost without fail, every time a new client is starting out with me, in the first like week or two, I get some kind of text or email that's like, I'm doing really terrible at this thing, I just need to buckle down, because I'm really bad at it. And, you know, I always chuckle to myself, and of course I write back to them and I'm like, interesting how you're terrible at something you've

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literally never done before and that in fact you've been taught to do the opposite your entire life. It just kind of helped them relax a little bit about it, because we're so hard on ourselves when we're bad at something. I'm like, how could you expect to be anything but bad at this?

Dana: Yes! Yes! I think it was Brené Brown who talked about that, like, how as we get older we're not used to not feeling skilled. When you're a kid, you don't know how to tie your shoes, you don't know how to put your shirt on, you don't know how to button up your pants. You're so used to not knowing how to do things that it's like you're always maintaining the learning position. And then we get to a certain place in our adult life and in our culture we believe we should have mastery now. And we have fewer experiences that put us in that learning position. And so we feel so vulnerable.

I mean, I remember I wrote a blog about this years ago, about learning how to ski when I was forty. Like learning how to downhill ski. And I was out on this hill with five-year-olds who were like no fear, and I was just like, just get down the hill and go get a margarita. [Laughter] And I would have to take my ass back up that hill because I was like, the only way you're gonna learn is to keep doing this. You can't go learn to ski by drinking a margarita by the fire.

Shohreh: Oh, if only you could though!

Dana: But, you know, these kids that were surrounding me were so used to being in the learning position and falling down and getting back up. And that's how we learn. That is how we learn. And it's okay whether we're two or 70—when we haven't done something, we feel vulnerable.

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And when we think about this as a practice, and I love adrienne maree brown in her book, Emergent Strategy I think it was—it might have been Pleasure Activism—she said, “We’re always practicing something.” So if you’re not practicing this, what are you practicing? Because we’re always practicing something. And to think like what am I unconsciously practicing all the time versus trying to consciously practice something so we become more skilled.

And there comes a time in our practice where not doing it becomes harder than doing it. There comes a time in intuitive eating where we don’t go to guilt and shame after eating something automatically. There comes a time in our practice where not doing it becomes harder than doing it. For years learning motivational interviewing and particularly the skill of reflective listening, I had to consciously practice reflective listening. I had to be like, “I need to reflect when I’m listening to people.” Now, I have a conversation with anybody and I reflect. It’s just something I do when I’m listening. But there’s this distance between doing and becoming. And dare I say, Bill Miller says that for motivational interviewing, that distance between doing it and it just becoming what you do and how you hold space, is about 10 years.

Shohreh: Well, for our final question Dana, which I ask all of my guests is, how do you define health and wellness for yourself at this moment in your life?

Dana: Oh geez! [Laughter] So how I define health and wellness in my life in this moment, to give some context if you’re listening to this a few years from now, we’re in the midst of COVID. We’re preparing for the second wave. We had another murder of a Black man by police just a couple of days ago, and it’s a really intense time. We’re all anticipating the election. We have about two months until the election.

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So I think it's always helpful to locate ourselves, right? I appreciate that question of like "in this moment in my life" because it's ever evolving. I'm sure that's why you ask. Like, it's so important that we recognize how this shifts and changes over the course of our lifespan, and what's happening in our lives, and how much space we have to think about self-care.

For me right now, health and wellness is how do I stay grounded when I can become so easily unmoored and untethered right now. I am a highly sensitive person, which is a gift and a curse at times. And so a lot of what I'm doing right now is really trying to navigate the world as a highly sensitive person, of how do I take on what's mine and not take on what's not mine? How do I have some boundaries? Because I will cry for people.

Like I ran into a neighbor who I found out he was going to be putting his dog down in the next couple of days, and when he told me, I just started crying. And he was like, oh my god, I'm so sorry. And I'm like, you do not need to be taking care of me. I said, "I'm a highly sensitive person and there must just be tears around here that I'm, they're just moving through my body right now. And I'm really sorry that you have to feel like you have to take care of me, but you don't have to worry about me."

Shohreh:

Yeah.

Dana:

But to me it's like, how do I take care of myself where I'm not taking on everything? And that I'm aware of what's mine and what's not mine, and that I'm sending it up to the light, so that I'm not just like, barrier, and this is a wall. I love this idea of boundaries, like a mosquito net, where what needs to come in, comes in and what doesn't come in stays out.

And for me, because I'm a highly sensitive person, I'm also in perimenopause, and I found out that anxiety and feeling overwhelmed is a

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symptom of perimenopause. It really pisses me off that we don't talk about what these symptoms are and we know so little, in part because women, and those of us assigned female at birth have been socialized to really suck it up. And so, I'm finding out some things that I'm like, I don't know what this is, are like actually signs of perimenopause.

But because I'm anxious, if this is a really anxious time, and then I have my perimenopause, and then I'm a highly sensitive person, I tend to hook up with the collective anxiety. And so I'm just really focused on, again, how to stay grounded, how to stay tethered when my anxiety tends to sweep me up in heady, kind of spinning, unmoored feeling.

And I bought myself a membership to the Portland Japanese Garden, which outside of Japan is one of the most beautiful Japanese gardens in the world. And I bought myself a membership, and I go up there once a week during member hours and some people would call it "forest bathing." I particularly love, there's so many water features in a Japanese garden, and the sound of water is what tones my nervous system and recalibrates my nervous system. And so that's one of the best ways that I'm taking care of myself right now is to make a commitment to once a week go be around water—the sound of water, looking at water, watching water trickle down, cascade down [laughs]. Like, I just need to be around water.

So that's what health and wellness is kind of looking like for me right now.

Shohreh:

I love Portland in general, and I think I could spend hours both in the Japanese Garden there as well as the Rose Garden where I'm just like, I just want to spend my life there, just bathing in the flowers, and the water, and the smells. It's just so beautiful.

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Dana: Yes, and that's all right there. Like the Rose Garden is right below the Japanese Garden, so if you come visit Portland, you can go and do both. Especially the roses start kind of coming out in May, and they're out through October, which is usually the time of year you want to be here. Just not in the winter. [Laughs]

Shohreh: Well, thank you so much for being here, Dana. How can people find you, and what do you need most from my listeners in terms of support for your work or the causes that you're really passionate about?

Dana: Most of my business stuff is on www.benourished.org. So it's like the active phrase, Be Nourished, and I know you'll put the link in the show notes.

Shohreh: I will.

Dana: I do have a motivational interviewing page, www.motivatingchange.org, but the bulk of my work is on my www.benourished.org website. You can find most social media platforms under Be Nourished. And we do have a fee downloadable workbook to explore Body Trust, if you sign up for our newsletter at the bottom of any page on our website. If I piqued your curiosity about Body Trust and you want to get to know us a little bit better, that's a good way to get to know our work a little bit more.

I also wanted to amplify Gloria Lucas's Sage and Spoon support group that she offers for Black, Indigenous, and people of color. And if you have the means to donate to Gloria's, Nalgona Positivity Pride is the name of her business, and she has an online support group called Sage and Spoon for Black, Indigenous, and people of color.

And they are averaging 20 participants per session and have seen an increase in the number of participants attending these sessions. They're

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wanting to add more support groups, which means hiring more people to facilitate them, and Gloria is looking for people to make donations to support that support group. And because treatment centers are so focused on the white narrative in the field of eating disorders, it's really important that we amplify the work of people like Gloria who are offering support to people that may not connect with the more traditional avenues of support that are out there that are primarily geared towards white people.

Shohreh: Lovely. I will link to all of that in the show notes, so everyone has very easy access to it. Y'all go support the support group! That sounds amazing. I've been following Nalgona Positivity Pride for a long time; it's a wonderful account. So much great information on there as well. And thanks again, Dana, for making time for this. I know how busy you are and how many demands there are on your time, so it means the world to me that you would come on and chat with me.

Dana: Oh, thank you. It was really nice to be here with you today, and I'm glad to do it.

Shohreh: And that's our show for today! If this podcast has taught you anything or helped you in any way, I hope you'll consider supporting me in my effort to keep it going. You can join my Patreon community and receive members-only perks by going to shohrehdavoodi.com/Patreon, or you can tip me for my work through the payment links located at the bottom of the show notes for each episode. I would also encourage you to subscribe and submit a rating and review through your podcast provider of choice. I love hearing from listeners, so feel free to screenshot from your podcast player, post on social media, and tag me. Finally, if you're looking for more

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information on what I'm all about and how to work with me directly, head over to shohrehdavoodi.com. Hope to see you for the next episode.