

# Redefining Health & Wellness

## #66

**Featured this episode:** Shohreh Davoodi & Linda G.

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**Shohreh Davoodi:** You are listening to episode number 66 of the Redefining Health & Wellness podcast, and I am excited to introduce y'all to Linda G. Linda is the writer behind the fact activism and Health At Every Size blog, Fluffy Kitten Party. Linda chatted with me about framing health as a resource, the importance of moving away from dogma and obedience in healthcare spaces, why throwing out HAES isn't the solution to the movement's problems, and more. To access the show notes and a full transcript of this episode, head to [shohrehdavoodi.com/66](https://shohrehdavoodi.com/66). That's [shohrehdavoodi.com/66](https://shohrehdavoodi.com/66).

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Lastly, even if you're unable to support the podcast financially, you can always subscribe, rate, review, and share it so that more people can find and benefit from the show. However you choose to invest in the podcast, thank you for believing in me and tuning in each week.

[Music plays]

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

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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, Linda. How are you holding up in these strange times?

**Linda G.:** I'm trekking along, just like everybody. I'm doing okay. I'm really excited to be here. This is my first podcast, so thank you for having me.

**Shohreh:** Yay! Well, I'm stoked to have you here. I first discovered your blog, wonderfully named Fluffy Kitten Party, through a Health At Every Size Facebook group some time ago now. And I eventually connected that with your Instagram account. You and I talk a bit in the DMs on Instagram. And I just love your perspective, and I think a lot of people will benefit from hearing it.

**Linda:** Well, thank you. Yeah, I mean, the blog, I was just looking at this, started in May of 2018, which feels like a lifetime ago. And it's just sort of picked up steam from people sharing my posts and following me on Instagram. Somehow people cracked the code and found my personal Instagram, so that is now my Instagram that I just use to talk about my blog and fat activism. I don't know how they found me, but they sure did. I just started writing it for myself and I'm just thrilled that it resonated with people and they started sharing it. It was just beyond anything I could have expected.

**Shohreh:** Yeah, honestly, I think it's probably the sneakiness of Instagram and Facebook and the ways that they're linked that we don't even know it, where you were probably being recommended to people without intending to be [laughs].

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**Linda:** Yeah, the whole Zuckerberg situation [laughs].

**Shohreh:** Yeah, it's not the best, not the best. But in this case, it had a positive outcome in that people are finding you and finding your work. So why don't you just start by telling us a little bit more about you and the content you're creating.

**Linda:** Well, sure! So my name is Linda, I am 37 years old. I live out in the woods in Virginia with my husband and my dog, Special Agent Dale Cooper, and my cat, Pixel. And I'm just an everyday person. I work in non-profit technology during the day. And I started writing my blog just as I was coming out of my last hurrah with Weight Watchers. I just started learning more about Health At Every Size, and I started writing for myself and started playing around with intuitive eating and learning how to incorporate that into my life, and I just started writing in a blog.

And I didn't really think that anyone would see it, or read it, or be interested in it. And yeah, it was just sort of where I worked out a lot of stuff related to my history of dieting, my identity as a fat person, sort of where I learned that I would be more worthwhile if I were thinner, and sort of unlearning those lessons that are deeply rooted in me. So I just started pouring it out into a blog, and it turned into something.

But on an everyday basis, I'm literally just a person. You wouldn't know me from anybody else. I work for a website, I have a professional day job, and I just sort of do fat activism on nights and weekends [laughs].

**Shohreh:** Which I actually love because obviously a lot of people are working in this space for a living, myself included, and that does change, you know, the calculus of what you can share, and who you can be online, and things like that. So I love that this was just something you do for yourself.

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**Linda:** Honestly, if I were smarter, I would probably try to monetize my blog [laughter]. I definitely got a lot of traffic from trolls, so why not show them some ads! [Laughs] But, you know, I have enough in my life, and I just do this for my own personal fulfillment. I just talk to people. I'm just a person. I'm not somebody who has brand partnerships or is trying to sell anybody anything. And I think that is kind of the cool thing is that I've been able to make friends, like you, and I've been able to meet people and share ideas, and it's just been a really cool experience.

Yeah, I have no intention of making a living out of it. I just sort of do whatever I do for me and to sort of just put more fat voices out there. Like we're just people, we work jobs, we have pets, we have spouses and partners, and we wear clothes, [laughs] and we are interested in memes, and we're just like anybody else. So there's no grand plan, it's just me putting myself and my thoughts and perspectives out into the world.

**Shohreh:** Well, let's talk about some of those thoughts and perspectives 'cause they're awesome. And I think let's start with just the broad topic of health. You and I share a very similar view of health and it's definitely not the mainstream way of looking at health. So what are the problems that you see with how health is typically framed, both in the mainstream and even in some HAES and anti-diet spaces, and how do you prefer to frame it instead?

**Linda:** Well, I think the main problem with health is that we, as a culture, just consider it to be a fixed point. It's an end point we're all trying to get to. And instead, health is something that I consider to be a resource. It's something that we all have access to, but it's in varying amounts and with various barriers in front of the way that depend on a lot of different factors.

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It's a huge problem in this country and elsewhere as well that health is so tied to your profitability for insurance companies. That is kind of what I see as the biggest problem, and I know that the United States is not the only country with this issue. Even in countries with universal healthcare or public healthcare, the government kind of takes on that role as looking to lower costs, and it really just turns people into products and health as a way for them to make more money from you or spend less money. And it's all about bottom lines, and dollars, and cents, and that is, I think a huge problem.

But yeah, I consider it to be a resource. Like this is a little bit of a long walk, but just follow me on it [laughter]. My husband and I have been watching the history channel show, *Alone*, which was a totally different show than I thought it was. But basically, how it works is that these wildlife experts are dropped in a remote location, like a mountain, an island, wherever, and they have to survive there, and the person who survives the longest wins money.

But what I found interesting about it, especially in relation to health, is that they all have the same basic resources available because they have experts go and ensure that they're not dropping somebody on an island with no access to water. So they all have access to water. However, some people may have a wonderful brook that babbles, and they are able to get fresh water from that brook with no problem at all. Another person may have to scale a large hill every single time they need to get to their water source. And another person may have no physical source of water. They may have to collect rain water in order to be able to survive. And so, they all have access to the resources, it's just different levels of access and different ways they have to approach the resource.

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And I think that that's really similar to how I consider health. It's a resource that we all have access to in limited degrees, in varying degrees, and we all have different barriers in front of that resource. Some of us, we can just walk right up to the brook and get a pot of water, and the rest of us have to work a little bit harder to get that resource.

And the other thing about health is that eventually it runs out. So we all are just healthy until we are not. It is finite. You have a limited access to health because one day we all will age, grow old, and die—God willing, assuming nothing horrible happens to us that ends our lives prematurely.

But I think we just have it totally wrong. We have this image in our head of what health is. It's usually a young, fit, thin person, and that's not an achievable goal for any of us. So we just need to move the goal post and maybe stop thinking about health *as* a goal post, stop thinking about it as a body type, as an end point because it's not going to be an end point for any of us. Our access to that resource is going to change over time, and I just really want us to start considering that.

And the other thing about resources is that often, as with wealth, leisure, other resources in the world, people control access to that resource to some degree. And that's something we also need to take into account is that, you know, who's controlling the access to the resource that we all need?

So that's just kind of a general thought about how I think about health, that it's just a resource and we want to try to make sure that the access to that resource is as equitable as it can be. And just stop thinking of it as a look or a body size because that is how we currently conceptualize it, and it just isn't realistic for how human beings actually operate.

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**Shohreh:** Right, and health is not only sort of generally a resource, there's tons of different, smaller resources that make up health as a whole, which is a lot of the conversations we have on this podcast about all the different pieces that affect our health. And when you spread out and you look at all the different things that are there, whether that's your access to medication, your access to food, your access to a safe space to exercise, your access to housing, all of those different things are affected by tons of different systems of oppression, government issues. And then it becomes really clear that like, oh, having health, however you define that, is a lot harder than we're led to believe that it is.

**Linda:** Oh yeah. For sure. And I get comments on my blog all the time that tell me, "Well you just need to lose weight. If you're having trouble fitting into the rides at Disney World, just lose some weight and you'll be fine." [Laughs] And it's almost the American dream in some ways. We like to believe that everybody can achieve this narrow picture of health. It's not the case. It's a dream. It's something that's a fantasy. So yeah, I 100% agree. There's so many things that go into it.

One of the things that I've been really interested in recently is the connection between childhood trauma and health. People who have childhood trauma tend to grow up with health issues. They grow up with chronic pain. They grow up with all sorts of health problems that develop as a result of that trauma. So they will never have the same access to health as somebody who had a stable and secure childhood. So that's just one of the things.

Obviously, race, socioeconomic status, where you live. This is something we often forget about, especially in HAES communities, is that where you live, even in the United States, plays a huge role. And there's a lot of

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concentration of HAES professionals on the West Coast, like Washington, Oregon, and California, a little bit on the East Coast in like New York City. But where I live in Virginia, like nobody knows what this is. There's, I think, one practitioner who comes up all the time in these conversations in Washington D.C., but all of the directories that have been put together, like "Oh, just go look at this directory and see if you can find someone there," there is no one.

And so, I am on the East Coast. I guess I am a "coastal elite." You know, I can drive to Washington D.C., but there is nothing. So if I want to find a Health At Every Size-aligned doctor, absolutely not. It's not available to me. My bar is so low for medical care that if I just don't leave the appointment crying, it's a success for me. And in the middle of the country, in the South, it's even harder to access Health At Every Size care.

So where you live in the country, it plays a huge role in your ability to access healthcare and also to access health. Like Mississippi often shows up on these lists of the unhealthiest states, but Mississippi has some of the worst poverty in the United States. They have some of the worst racial segregation in the United States.

So there's so much at play, but we would like for it to be about American exceptionalism. Everybody can make a choice. You can make a choice to be healthy, you can make a choice to work hard and achieve the American dream. And we don't like it when that is challenged because that challenges the very core of who many of us are as Americans. We internalize it. Even if we don't fully believe in it [laughs], it's there, and people kick back against that really hard.

**Shohreh:**

These stories of health that we're told, I mean, they start from a very young age of this dream that you're talking about, that we're given. And the issue

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with this dream too, you know, you've already mentioned racism, weight stigma, we haven't mentioned yet ableism as well, and in having conversations with disabled folx on the podcast, one of the things they mention is that we hold up able-bodied people as like the "normal" and everybody else is abnormal. And we see this across all areas of oppression.

And so, when the dream is that everyone is supposed to try to get to this "normal" version of health, that completely ignores just the widespread experiences that people have and all of these systems and other reasons that are at play for why this dream is literally a dream and it's not achievable. And I totally agree with you, I think that this is wrapped in with this bootstraps capitalism narrative that we have in the United States.

And you even mentioned before about healthcare and how we treat people as individuals as kind of like a resource or a drain. And that's such a trolling comment that happens all the time too against fat folx, is this idea about, oh, well, if you're fat, you're a drain on our taxpayer dollars. And what a ridiculous way to look at your fellow humans, and that I feel like is so American.

**Linda:**

Yeah, it's definitely something that I hear a lot. Like I just get tons of troll comments on my blog that I just mark as spam, but that's a theme. I think it was Anthony Bourdain—who I actually appreciated as a figure and I liked his show—who was talking to Ted Nugent, of all people, in one of his episodes where he was like, it's unpatriotic to be fat.

And he got a lot of flak from that from some people, but that is genuinely how people feel about fat people is that we are being unpatriotic. We are being inconsiderate to them. We aren't just people who happen to be in bodies that are larger than theirs, we are being fat *at* them [laughs].

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Really, it's such a difficult issue because fat people tend to avoid the doctor because we get treated poorly. NAAFA has a lot of really excellent information about weight stigma at doctor's offices. Medical professionals don't want to touch us. Many of them report being disgusted by fat patients, so we get poorer medical care and we also just get treated terribly. There's a comic that goes around constantly that's a person who's been impaled, and she's at the doctor's office and she goes, "Doctor, I've been impaled," and he goes, "Yeah, well why don't you lose some weight?" And that's kind of how we're treated. It seems like an extreme example, but literally every ailment is just treated as you need to lose weight.

So what happens is that the doctor becomes a really stressful place for us, and we tend to avoid it because people are just hardwired to avoid things that are horrible and stressful. And then people don't tend to see us at doctor's offices and hospitals until something can't be ignored anymore. And that is something that if we had better care to begin with, if doctor's offices and medical care were a safe place for us instead of a place where we are threatened and care is often held hostage from us, then we might have better health outcomes and spend fewer taxpayer dollars. But it's still such a sick way to think about people.

Like, I have a family member, my sister is a Type I diabetic. She's had diabetes since she was, I think like six or seven. And Type I diabetes, in particular, is an extremely expensive disease. It's chronic, it's not going away, it will never get better. It's something that can only be managed. We don't say that about people with Type I diabetes. We don't say that about kids with juvenile diabetes, like, "Hey, stop being diabetic."

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As a society one of our obligations should be to take care of one another, but it's just gotten so twisted. And it's really not a fat person's fault that your healthcare is expensive. You need to look at the insurers. You need to look at the insurance companies and ask them why healthcare is so expensive, not the fat person who you saw a report in USA Today that says that they were making your healthcare expensive.

So it's all just, you know, smoke and mirrors to draw attention away from the real issue, which is that the economic system in America, the healthcare system in America, pretty much all of our systems in America are stacked against us, and that's a feature, not a bug.

**Shohreh:**

Yeah, I mean if we really wanna have complaints about the healthcare system, I can think of hundreds of them that would go much higher on the list than like, oh no, fat people are also insured. Like, it's just fucking ridiculous.

**Linda:**

One thing that I find really interesting is the history of how fat people became linked with unhealthiness. Sabrina Strings in her book, *Fearing the Black Body*, does a really good job of sort of tracing this line through history of how fatness and health became linked. And obviously there's a very prominent thread of race in there as well, so it's a really fascinating book. It's very heavy and academic. But one of the things that I found fascinating was just how weight and health became linked because it wasn't always the case.

And it really wasn't even until the 1940s that we had any sort of metric related to body frame and health, and those were the Metlife Actuarial Tables. So these are literal tables where they're putting people in different categories based on their body size, based on the idea that the larger someone is or the smaller someone is, the further away they are from the

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middle of the bell curve, the more likely they are to die, and the insurance company will have to pay out a claim. So that is really where a lot of this comes from.

And then this guy that I hate, named Ancel Keys, came along, and he was like, no, no, no, we need to get more specific with how terrible fat people are. And he was the one who dug up the BMI charts and said, "We're gonna use these." And that's what became the standard. And the medical standard of like, what is healthy, what is fat, what is underweight, all of these things, come from these actuarial concerns about insurance companies not wanting to pay out claims.

And obviously there's a much richer history there, but at the end of the day, it's all about dollars, and cents, and people's bottom lines. And we can't even ignore the multibillion-dollar diet industry that makes money on this lie that if you're a larger person you are more likely to die.

The thing is, and this is a little bit of death positivity in with my fat positivity, [laughs] is that everybody's risk of death is 100%. Like, we will all die. And we can die really, really old, or we can die a little bit younger, but we're all gonna die. And so, our cultural fear of death also plays into it, and that's something I feel really strongly about too. I don't know if I've talked as much about that, but I consider myself to be somebody who's death-positive. Death is a part of life. One of the things that we all have in common is that we're all going to die.

And the diet industry, and the wellness industry, and also insurance companies, they are very invested in convincing you that if you do the correct things, you won't die. [Laughs] Like, you know, a vegan diet, a gluten-free diet, a Paleo or keto diet, none of these things are the key to immortality. And when I think about the history of the BMI and how we

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currently measure health in our society, it's so linked to our fear of death. We're just all frantic to pretend that we're not gonna die, and if we all are good little boys and girls, we won't die. And that's not the case.

So I get told I'm gonna die a few times a week by people who leave comments on my blog. And I'm like, yeah, yeah [laughter], I'm gonna die. So are you! Welcome to the club. You know? And it's just kind of funny how it all links together, our fear of death, our fear of people who are different, and this belief that if we all just try really, really hard and do the right things, then everything will be okay and we're never gonna have to die and we don't have to think about death.

**Shohreh:**

Yeah, so speaking of things that we're told in terms of, oh, if you just make these choices and these choices, you know, your health will get better, you'll extend your life, that is not only unique to the mainstream world. This is definitely a talking point in the HAES space as well. Partially by necessity because HAES is about health, primarily, and how anyone, regardless of their body size, can pursue different health outcomes if they want to.

That being said, something that has been important for me in my evolution in doing this work is kind of shifting the onus onto my clients of what they want health to look like for themselves and what parts of health are even accessible for them given who they are and what's available to them. Because I think even HAES providers sometimes fall into the trap of trying to provide blanket health prescriptions or behavioral suggestions that really aren't useful because everyone is an individual in terms of what they want, what they can even handle, what's available to them. And I do think even in HAES spaces, that sometimes goes ignored.

**Linda:**

Yeah, definitely. And, you know, that's something that I've actually been thinking about a lot because registered dietitians have really sort of taken

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up the HAES mantle, but they are still so prescriptive. Even with their intuitive eating philosophies, it's still imparting a philosophy onto another person.

And I absolutely understand that most people operate from a certain place of understanding and knowledge, so it's, to some degree, appropriate. And I have nothing against dietitians. Like, I've spoken to many of them. They read my blog. I had no idea that I was going to be writing for dietitians [laughs] who love my blog. But it makes me a little uncomfortable that it's mostly thin, white women who are sort of imparting the wisdom onto others.

We, in general, need to expand our understanding of health, that it looks different for everybody. You know, if you have a chronic illness, it's gonna look different than if you're young and healthy and ready for America Ninja Warrior. If you're older, it's gonna look different than it did for you at like 23, which is something that I'm feeling intensely now at 37. My body at 37 is so different than my body when I was 23 and I could drink all night, sleep two hours, and be fine to go to work. Now I need nine hours of sleep minimum, and I can't do certain things. Like it's a different body in some ways. So everything is different levels of what works for them.

I think one thing that I hope people who are in a position of teaching people about health and wellness will be cognizant of is trying to elicit obedience from people who are trying to be healthier for them, or move their body more, or get their diet in hand because they have some sort of health condition. Being obedient with a food philosophy or a health philosophy is something that I think is a real danger, even in HAES spaces because people can get dogmatic about it.

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And I understand that because I believe passionately in Health At Every Size, but you also just have to meet people where they are. That's something that comes up a lot in my day job. I work in non-profit technology, and my whole career has been in non-profits, and the concept of just meeting people where they are in terms of their knowledge, their understanding of what they want, is really essential to getting people to work with you.

So when we sort of impart these philosophies and we accept people who, for the most part, are still the thin ideal that we talked about in the beginning of our conversation, they're the ones who have the secrets and the wisdom and have the authority to teach the rest of us, that's a dynamic that I don't particularly love. And it makes me kind of uncomfortable as a fat person. [Laughs]

But if anything, the people who work in HAES spaces are willing to listen and learn, and they're trying to appreciate other perspectives. I did get a little bit of flak for this online [laughs] when I shared my views on it, but I do think that people in the wellness professions should hopefully be eventually advocating for the obsolescence of their own jobs.

**Shohreh:**

Yes!

**Linda:**

That's something that people are so uncomfortable with, like, "Don't I have a right to get paid?" And it's like, you know, for me as somebody who comes from a non-profit background, I wanna work for a cause with the hope that my job will no longer be necessary one day. And I think wellness professionals should be advocates who are operating from that same mindset where they want people to be taken care of and they want them to have access to the resources they need to take care of themselves, whether that's physical resources, or community resources, or redoing

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systems in the country, or I guess reorganizing systems that work against some of us like socioeconomic systems, racial systems, all of these oppressions. Like, I think if people who work in wellness operate from that mindset that they want to no longer be relevant, then I think we'll be in a much better place.

**Shohreh:**

Yes! Yes! Yes! Thank you for saying that. That is a philosophy that I personally hold. It's one I literally talk to with clients. Like, on an individual level, any time a client starts with me, the conversation that I have with them is that I want to hear where you wanna go, what your goals are, and I want to help give you the tools and resources that you need so that in a few months, or however long, you will be like, I'm feeling good, and I'm ready to go out on my own and do this thing, and I don't need you anymore.

It does not benefit anybody if I work with clients in such a way that they feel like they need to depend on me to have success and meet their goals. That is like a terrible way to work with a client or a patient. Like, you want them to be independent. You want them to be able to do things on their own. And if you don't, that's just some greedy shit because that basically means that you are elevating your want for money over their actual needs, and that means you're a crappy helping professional because that is not the point of our jobs. Our jobs are to help.

And then on the systemic level, like you were saying, my job wouldn't exist if we didn't have all of this bullshit out in the world. And that's great. That's where we want to move towards. I don't want to have to help people heal their relationships with food and their bodies. I don't want to have a whole podcast dedicated to redefining health and wellness because the definition of health and wellness should actually work for people.

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So I 100% agree with you that there are some jobs that only can exist because we are trying to help people heal on an individual level from all of this systemic garbage, and we also have to be working at the same time to fix and improve on these systems so that eventually, probably a long time from now, I'm sure I won't get to see it in my lifetime, that these won't be jobs that are needed anymore.

And I agree with you—I don't understand why people find that so threatening. Like that should be the goal.

**Linda:**

Yeah, I think it's just capitalism. Everybody's gotta make a living. If you are a doctor and you specialize in treating cancer, I assume that you hope that one day there will be a cure and you won't have to treat people with cancer or that specific cancer anymore. I think people do have a right to get paid for their labor and I do believe in that very strongly. However, my background is in animal welfare. So I want to not have any animal shelters in the world. I want animals to all have homes. I want all of our issues with companion animals to be resolved so that we don't have these issues that require somebody to step in and play that role in a community.

So to me, it's just very integral to who I am as a person that I want to solve problems. And part of the thing about solving a problem is that if your job is solving that problem, one day your job might no longer exist. But there are other jobs. You can just move onto the next problem to be solved.

So I think what you just shared your perspective of, that's what I love to see. What I hate to see is people who kind of position themselves as the only answer or get really uncomfortable with the idea that maybe in a lifetime from now, dietitians won't even exist because everybody will be less weird about food [laughs].

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**Shohreh:** Yes, please!

**Linda:** But I think that that's the end goal for me, is with any wellness profession I want them to sort of advocate for their own obsolescence. And the dynamic of like, I'm the expert, you need me, I think that is something that is tricky because health is such an individual thing and there's such a cluster of influences there that even a well-trained person can't really untangle. But you can just help people by meeting them where they are, and helping them get to where they want to go.

**Shohreh:** Yes! So by the time our episode comes out, an episode that I recorded with Dana Sturtevant of Be Nourished will be out, and we actually talked about that a lot and I'll link it in the show notes for this episode. And we discussed the importance of just meeting clients where they are and not putting goals onto them because it is 100% their job to decide what their goals are, what they want to do, if they feel ready for change. And I think the people I look up to and respect most in this industry are the people who have taken that philosophy versus the people who are really trying to position themselves as like the expert and it's the one way.

Because even looking at things like intuitive eating and Health At Every Size, I have really evolved to see those things as tools and philosophies that are helpful and that I can use all or part of them, depending on my client and their needs. But I don't need every client to be like, yes, I'm an intuitive eater, or like, yes, like, I am HAES now, right? Those are things that I have found helpful in framing how I work with people, but I don't have to throw that on other people and insist that they also take all or part of those philosophies on because they're hiring me to help them with whatever their needs are.

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So I think when we look at this idea of obedience and dogma that also had me thinking about HAES in general and how there's been a lot of internal drama in HAES spaces lately and some of the issues with HAES have been coming to light. And I wanna be clear that there are absolutely problems with the execution and leadership in the HAES movement. I'm not saying that there are not. And I know that you subscribe to the view that just because we have those problems, doesn't necessarily mean that the best solution in this moment is to just completely scrap HAES and be done with it.

**Linda:**

It was such a mess when it happened. I was trying to sort it out because there were people who were prominent in HAES communities who were founding members, so to speak, who were like, yeah, let's just throw out HAES, it doesn't work for us anymore. And I was like, what?

Like first of all, I have my own definition of health. So it's funny for me to be like, you know, gung-ho about Health At Every Size when I also have serious issues with the word "health" and the concept "health." I conceptualize those things a lot differently than somebody who wants to say, hey, well, Health At Every Size means that you can do health behaviors at any size. Like, I have a little bit of a different perspective on that. So it doesn't mean one thing. It's not prescriptive. Like if you are HAES you believe X,Y and Z. I definitely have more of a fat activist bent to my HAES understanding and execution.

But yeah, like, I don't think we need to throw the baby out with the bath water. We just need to move forward. And if there are problems, address them. Be transparent about them. But we don't need to start a new thing because that's just a lot of wasted time and effort like getting something new off the ground.

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And it did take me a long time to really understand that Health At Every Size has almost fully just been absorbed into eating disorder treatment. And I was so confused by what people were saying. And I was like, why do they want to throw this out? And like why are none of the people who were saying that we should do this fat? [Laughs]

And I realized, oh, these people, they just come from the world of eating disorder treatment and they are not really thinking about the utility of Health At Every Size for people like me who just need to be able to go to the doctor and get treated without being made to cry or told that I need to have weight loss surgery. It's just sort of one of those internal problems that I'm just like, huh, we've sort of forgotten that fat people are here haven't we? [Laughs] And I don't really know how to untangle that because I have not had an eating disorder. When I was dieting I certainly had disordered habits, but I've never been in treatment for it, and that kind of treatment, frankly, is not accessible to a lot of fat people. But if you are a fat person and you have an eating disorder, people won't believe you or you won't be able to get to treatment

So there's so many problems that need to be untangled, but I think the foundation here is good. And we have people who are involved in this movement who are building communities, who are sharing ideas, they're exchanging thoughts, they're making progress and building connections, and I just feel like there's been such a forward momentum that if we stopped now, it would just be devastating to people who need Health At Every Size just to continue living. Like I don't know if certain people understand how life or death it is for a lot of people who struggle to get medical care.

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And it's just one facet of the world. Like if you want to take up another mantle and that is your priority, it's totally your prerogative to do that. Health At Every Size, really, at the end of the day is just a specific form of medical activism. And there are things that can exist alongside that and within that, and I don't think we need to cancel it. We need to correct our course here and have these conversations. They're hard conversations.

And Health At Every Size has shifted and moved since I've been part of it, which has only been a few years. So we can always shift and change as we move forward. It's a lifeline for so many people, and it's also not accessible yet to so many people. Like I would love just a doctor who would be cool with me not talking about my weight in an appointment, and I don't have that yet. So can we just keep doing the work and when we get to a place where the access to the water, the access to the resource is a little bit more equitable, maybe we can talk about splintering off, or doing something else, or totally scrapping it.

But I just feel like there's this knee jerk response, like, well, that's not the problem, this is the problem, let's shift course and focus totally on this now. And there's also just competing egos. I think that happens in any sort of activism movement. Egos exist. There's behind-the-scenes kerfuffles and disagreements that people have with each other that lead them to sort of publicly say things.

And it's just, I keep coming back to the fact that there's so many people who need Health At Every Size and deserve it. That's another thing is that people deserve to have healthcare and treatment that treats them with humanity. That recognizes that they deserve to be treated well. They deserve to be met with compassion, and kindness, and understanding, and deserve to be met where they are. And people don't have that. So we

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can't take it away and start all over. We need to keep moving forward. That's really how I feel about it, is we need to just go back to the beginning. What are our core values? What are we fighting for? Because sometimes the egos and the infighting just sort of stymies us, and the people who have been underserved that we were fighting for, are still underserved.

**Shohreh:**

I'll definitely link to the piece that you wrote about this in the show notes. So for anyone who wants to read more on this topic, you can do that. And I think this also ties into what we've already talked about, where when we think of things like HAES or intuitive eating, which are often used in the same spaces is that just like everything else we've spoken about, in an ideal world we wouldn't need them because weight-inclusive care would just be the norm, that it doesn't need a name or a framework. People would be able to eat without a framework like intuitive eating.

And so, I think these things absolutely have value right now because of all of these systemic issues and the problems that individuals have as a result of them, and eventually, hopefully, we won't need them anymore. And you're exactly right, at that point then it's like, okay, well, maybe we don't even need a name for this anymore because everything is going well. This is so the mainstream that we don't need a movement. That's the goal of any movement, right? That, like, what you want to do becomes the mainstream so you don't need a movement. You don't have to be an activist anymore.

**Linda:**

Yeah, I mean you know, that's the goal is that we won't have to call it a thing. That you go to the doctor or go wherever you're going and people are just like, yeah. But where we are right now is that like it's controversial for me to eat. There's somebody on Instagram who just posted a picture of

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herself eating pasta, and she was descended upon because she was fat and eating pasta. And I'm like, are you kidding me? She's just a person eating, and she's very cute, and she's just trying to normalize eating food. That's literally all she was trying to do. And she was descended upon.

So, we are at a point where not only are these really tricky, sticky, systemic issues that are tangled together, we have the simple fact that a fat person can't eat without people like screaming at them. We have so many, just basic problems that to sort of walk backward and start from scratch is devastating for me to think about.

We also need to really step back and recognize that community is activism. Building community is activism. Finding connections with other people is activism. And there are a lot of communities that are built around Health At Every Size, and we really can't just torpedo those communities and those connections in the name of better activism. That's poor activism when you're just sort of, you know, saying that this shouldn't exist anymore. That's important too, is to recognize that these communities are important. These are a lifeline to people, and you can't just throw a grenade in there and say this shouldn't exist anymore.

Like first of all, who made you judge and jury? [Laughter] You don't have the final say. If you want to do something else, for sure, go do it. It's a free world. You can do whatever you want to with your life and career, but you don't get to say what other people do with this movement that's been built because that's the thing about a movement. It's not just one person. A movement is countless people working together towards something. Building connections, building community, making progress, exchanging ideas, and you can't just throw a grenade in there and be like, okay, bye. [Laughs]

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**Shohreh:** Before we end, I also want to make sure that we take a few moments to chat about joyful movement because it's a big talking point in HAES and anti-diet spaces. And I've spoken on the podcast before about how I feel like joyful movement in general is a bit of a misnomer. And also how I think you can definitely still have movement in your life even if it's not your absolute favorite thing. And you talk and write about your experiences with something you have deemed "tolerable movement" in your own life, and so, I'd love for you to share a bit about your own relationship with exercise and what tolerable movement means to you.

**Linda:** Yeah! So I mean, it's kind of funny because I feel like I see lots of people say, I want to do exercise because I need to or my doctor is telling me to and I feel like I physically need to, but I'm just not finding something that I enjoy. And I'm just like, well, you know, let's scrap the idea of joy. Joy is a tall order for somebody who has a chronic illness, who has a really damaged relationship with movement because of trauma, because of things that have happened to them in their lives. It can be really difficult for people with disabilities. Getting joy from movement is not necessarily going to happen.

I'm in that position myself where I have arthritis in one of my knees and I have lipedema. So lipedema means that my legs swell in my calves and feet and kind of hurt and ache all the time, and sometimes that's really bad. One of the things that helps it is walking, and it's not fun for me because my legs hurt [laughs]. It's not fun at all. But it does ultimately help. So I don't love it. I don't have any joy in it. But I can tolerate it.

And again, that concept of meeting people where they are, like it's really great if you can find something that you love. That is such a privilege, that is such a rare thing. Like, I am so jealous of people who can go out and

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roller skate and join the roller derby or they get really into hiking. I can't do any of those things. Like I hate being outside. I can't do roller skates because I'm not coordinated and I hate going fast. But I've tried so many exercise classes, so many yoga workshops. Just all of the things.

I've tried so many things looking for joy, and I finally got to this point in my late thirties where I'm like, oh, well, I don't need to like it, I just need to tolerate it. It needs to be acceptable to me and have an end that I find favorable. So [laughs] like that's it. I do it for maintenance of my body and that's it. It also can help with mental health.

So I don't think that anybody has an obligation to move. If somebody needs a complete and total break from movement, I understand that and I think that's totally okay and we need to normalize that. Especially when you're just deprogramming diet culture in your life, it can be helpful to just take a rest. Like rest is a privilege but sometimes it's so necessary just to sort of get your footing again.

So I like the idea of tolerable movement, and that was, I think, my most popular Instagram post ever because it resonated with people. I think people really struggle with the idea of finding joy. And it's okay if a lot of these things are never joyful for you. And you can choose to do it or you can choose not to do it, but it's also okay if it's just something that is just okay. It doesn't need to be beautiful or joyful. [Laughs]

**Shohreh:**

Whoever came up with the term "joyful movement," and I actually don't even know who coined that, I get what the thought process was there, right? Because so many people have been trained to view movement as a punishment and relate it to diet culture and to move in ways that they hate, I mean that was my past as well. I used to just run myself ragged on the treadmill because I thought it's what I was supposed to do and I fucking

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hated it! And so, the thought process is good, it was like, okay, but we can enjoy movement instead. It doesn't have to be like this.

And the problem is that it kind of created another black-and-white dichotomy where it's like, okay, either you hate movement or you fucking love it! And really, there's so much gray there in the middle. There's so many other possibilities of ways that you can choose to view movement or what you might want to do with movement. You know, I always like to use the analogy of tooth brushing when it comes to exercise where it's like, most of us don't love brushing our teeth, but a lot of us choose to do it because we don't want to deal with the consequences of not. And so we've decided, ugh, I'll do this stupid thing that I hate twice a day, most of the time, because I don't want to deal with what the potential consequences are if I don't.

And I think it's okay to view movement or other health things like that too. To kind of parent yourself in a way and just be like, I'm not doing this because it's fun in the moment, but I'm doing it because in the long term it's getting me to where I want to go or how I want to feel.

**Linda:**

Yeah, I 100% agree. Like I don't love taking a shower most of the time. It's a chore. If I could just be clean and not do that, I would probably choose to sleep in extra and not get up and take a shower. Not that I want to not shower, but if I'm thinking about the things that I do just to maintain my body on a daily basis, there's a lot of things that I don't particularly enjoy.

And I really feel strongly, like people are not obligated to move. However, I think that the science when it comes to movement and mental health is really hard to argue with. The science when it comes to moving your body and just your general body health is really hard to argue with. And this stuff gets so much more fucking complicated after the age of 35. Like I hit 35, I

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was like, oh no, this is [laughs], this feels horrible. I was like, oh, everything is so much harder now.

And it was like a big turning point for me where I was like, okay, well, when I was 25, I could probably just walk around and hang out with my friends and not really do any sort of intentional movement. At this point in my life I really can't do that because I feel bad. Like I don't feel good if I don't do some kind of movement. I don't need to like gallop through the hills with a big smile on my face, I can just, you know, go out and walk my dog for a little bit because he needs to go for a walk. I actually like to walk on the treadmill because I can watch YouTube videos and not pay attention to the fact that I'm walking. It's also not outside. I'm allergic to like every single bug.

So, you know, I found stuff that works for me. It's not joyful for me, but I need the end result, which is that I have less pain in my legs and my mental health is better. And I'm not perfect at it. It's so hard, I think, for people to find that line when they are trying to heal their relationship with movement. Between like, argh, I don't love this, but if I continue to do it and I don't love it, is this diet culture? It's confusing. So it's hard to get to that place where you are like, yeah, I'm doing this because I want to, even though I don't love it. And that's an okay place to be.

And I don't think that anybody is obligated to embrace exercise, again. I just think it's something that people really struggle with. Where they start to realize, mm, I feel kind of bad. I can't do the things that I wanna do, and I feel like I should exercise but I'm so scared of falling into those old patterns where, like literally when I was dieting, and this is sad, and I'm working on this in therapy [laughs] but when I would walk on the treadmill I would push myself until my ankles and knees were on fire and my mantra

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in my head was, “No one will love you if you don’t lose weight.” And that was my relationship with movement.

And I think back to my childhood, and oh my gosh, it was like an endless string of sports that I didn’t care about that I was just signed up for because my pediatrician told my mom, like, she needs to be more active. So, standing in the outfield playing softball, like, just not doing anything in the heat. I hated softball [laughs]. Like, I think I played soccer, I played basketball, I played volleyball. I don’t care about any of these things. I never wanted to be there.

And so, my relationship with movement was so fraught, and it still is in a lot of ways, but I kind of realized, it’s a really high bar for me to say that I find joy in something that is intentional, physical movement. And I could not be relied upon to do what I needed to do to take care of my pain, take care of my body, and take care of my mental health just by letting it happen. Because I’m naturally an indoor cat, I will sit on the couch under a blanket and watch Netflix for days and not do anything [laughs] intentional aside from walking to the bathroom and back to the couch. So, I could not leave it up to God, I had to actually make some sort of intentional decision to go move my body. And I just am like, eh, well, you know, I don’t love it, but it gets the job done, and that’s an okay place to be.

And I do totally understand that joyful movement is kind of a pushback against the “no pain, no gain” mentality. I understand that, and I know that that’s where it comes from. But I think, I saw a lot of people, including myself, just sort of like, where is the line? Where does diet culture end and doing something because I feel an internal need to do it or an internal obligation to do it begin? Like, figuring out the lines here is difficult when you’re trying to heal your relationship with moving.

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And it's okay if it's not enjoyable. Like don't take it to a dark place. You don't have to do it. If you don't feel like it one day, it's okay to be like, no, I'm just gonna sit on the couch. But, you know, just find something that's tolerable for you if you want to move. If you don't, that's also fine. And just tolerable movement for everybody who wants to move.

**Shohreh:** [Laughs] And you actually used a term that I love and that I apply for myself in movement and nutrition, which was just "intentional." Honestly, I think intentional movement is a far better term than joyful movement. And I even think that intentional nutrition is a far better term than even gentle nutrition, which is used in intuitive eating. Because at the end of the day, when you're trying to find that line between diet culture and you making the choices that you want to make, it is about the intention. That's really what you have to learn to look at.

And yes, that is not easy to untangle where is this intention really coming from, right? Especially if you're just getting out of being in diet culture and you're trying to figure out what is what you really want versus what you think you should want. But that's what it comes down to is this like, what is the intention? Why am I making these choices? Why is this important to me? And I think that is a much healthier way of honestly looking at it than trying to meet some bar that feels impossible like joyful.

**Linda:** Even gentle nutrition, it just makes, and I understand that for a lot of people gentle nutrition makes sense. But I'm not going to break if you talk to me about the fact that I need vitamins and minerals. I'm not gonna shatter. Like yeah, I have a body, and that body needs certain things in order to continue to exist.

**Shohreh:** Right.

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**Linda:**

So, if I could live on Cadbury eggs, I would live on Cadbury eggs, but that is not how bodies work. [Laughs] So, again, I think with nutrition it's just meeting people where they are and just being intentional about it. Like I have some chronic illnesses that I have to manage with diet, so I do my best to meet those needs. Sometimes I don't always meet them, but yeah, I feel like the terminology people get really hung up on, and I do as well.

I think it's okay if something is just tolerable. You don't have to eat vegetables. Like you should maybe try to find some that you like. You don't have to force yourself to eat Brussels sprouts if you hate Brussels sprouts. But can you take a supplement that gives you what those vegetables that you hate would give you?

It is like bodies on hard mode. There's the period of time, I think, when people stop dieting where they're just rebelling. And they're still motivated by diet culture, like they're just doing the opposite of what diet culture tells them to do. But then navigating to that place where you accept, like, I have a body, I think I'm free of these things now, but I want to start to live in a way that serves me and is not serving diet culture by either being obedient to it or rebelling against it. Those are the really hard questions. Like that is the end boss, and [laughs] it's so hard to talk about and think about because I don't want to tell anybody what to do. But it's so hard to untangle those things.

And people get really caught up in the terminology of "gentle nutrition" and "joyful movement," and they're just words. Like, make it mean whatever you want it to mean for you.

**Shohreh:**

So, for our final question I would like to know how you define health and wellness for yourself at this moment in your life.

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**Linda:** For me, personally, it's all about taking care of my mental health and really untangling how some of these physical things are related to mental health has been mind-blowing for me. So that's for me what I'm currently defining it as, but I always consider health as a resource. Mental health is something that ebbs and flows, your physical health can be something that ebbs and flows. Nothing is static. So you've just got to move with it. And I think really just health is water. Like I talked about in the beginning, it's sort of this resource, and it can change over time. So that's really how I define it. I'm sort of getting very hippie about it.

**Shohreh:** [Laughs] Nothing wrong with getting hippie about anything! Well, thank you so much for being here, Linda. I am so glad that you came on and we got to have this conversation. If people want to check out your content, where can they do that?

**Linda:** You can check out my blog, which is [www.fluffykittenparty.com](http://www.fluffykittenparty.com). I am also on Instagram @littlewingedpotatoes. That was my name because I couldn't figure out another name [laughter]. And they can also go to my Facebook page at Fluffy Kitten Party blog, yes [laughs].

**Shohreh:** Awesome. And for those of you listening, what Linda would like the most from all of you by way of supporting her content is for you to actually just follow her on Instagram. Super easy. Content there is amazing, so you're actually gonna be helping yourself out by following Linda on Instagram. I'm gonna put that in the show notes so that it is very easy for you to do that. Thank you again, Linda. I appreciate your time.

**Linda:** Absolutely. Thank you so much for having me.

**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

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