

Done with Dieting Podcast #13:
HAES with Deb Lesko



Full Episode Transcript

With your Host
Elizabeth Sherman

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Elizabeth:

You are listening to the Done with Dieting Podcast Episode number 13.

Hi, I'm Elizabeth Sherman, former corporate high tech executive turned life and weight loss coach. But it wasn't that long ago that I was searching for that perfect diet, the one that would finally be the golden ticket to lose the weight that I so desired.

Fast forward past tons of failed diet attempts, exercise fads and painful lessons learned, and although I still have not reached the state of Nirvana, body love, my relationship with food exercise in my body is infinitely better than it was not only when I started this journey, but even as recently as three years ago.

The journey that has allowed me to ditch my scale, stop logging my food and exercise, eat food that I didn't prepare and easily maintain my weight - something that I never thought was possible for me.

I created the Done with Dieting podcast to give you simple, easy to do and sustainable strategies to help you do the same without all of the drama that I went through.

If you're a woman who's looking to create a better relationship with food and her body, get off the diet roller coaster and free up a bunch of headspace spent on calories, how you should look what you should eat and beating yourself up for not doing what you think you should be doing. You are in the right place.

Let's get started.

Hey, everyone.

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My guest today is a former client of mine and an advocate for HAES, which stands for Health at Every Size. I knew that I needed to have Deb Lesko on the show so that we could talk about the HAES movement, what it's about and what it stands for.

Now, there's a huge body positivity movement happening right now. And it seems to me that women our age haven't really been part of the discussion. I mean, I think that we think that body positivity is great for other people. And we love the message that it sends. But it doesn't really apply to us that other people should love their bodies. But when it comes to loving our own bodies, we aren't so sure, we can't imagine what that would look like.

Now, Deb is certainly not going to be my last interview on this topic. And in fact, I still consider myself a student of the movement. There's so much that I don't know, nor do I consider myself an expert. Although I do support body neutrality, and believe that size bias is a real thing that people who live in large bodies shouldn't have to deal with. And that if we want to treat our bodies with respect and love, shame and judgment are never, ever the way. That's why I felt that it was so important to have Deb on the show.

In the interview, Deb shares a few of the resources that she has. However, I want to let you know that I've included more in the show notes. So if you're interested in learning more about the HAES movement, and how to apply it in your life, I want you to go to the show notes, the full show notes at elizabethsherman.com/podcast/13.

Okay, now let's get on with the interview.

Welcome to the show. Deb, how are you doing?

Deb:

I'm doing very well. Thank you for having me. It is such a pleasure to talk with you. I'm excited about what we have to talk about.

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Elizabeth:

Yeah. So tell us a little bit about your journey, your story and how you got involved with Health at Every Size.

Deb:

Oh, my story starts with an eating disorder fighting anorexia most of my life and losing lots of weight and going to many, many treatment centers. I finally found recovery at my last treatment center at age 61. And from there I have learned about intuitive eating and Health at Every Size.

I had a real hard time accepting the fact that my body was fat. And it turned out to be some internal fat phobia, I feared being fat because I had projected the idea that if I was fat, I couldn't be successful, I wouldn't be liked. I would live a lonely life. And so I had a lot of internal fatphobia. I was just fearful of it. And over the course of time, now it's been four years since I entered my last treatment center, I have come to an acceptance of myself.

I mean, I know I'm fat according to most public standards, but it's okay. I am who I am. And I like myself now. And that's all that matters. And I have a life. I have a wonderful family. I have great grandchildren. I have wonderful grandchildren.

Not Yeah, but my grandson turns to on Sunday, and my granddaughter will be nine in March so they are my pride and joy. They are my life.

But it took me a long time to really get to the point where I was okay with Health at Every Size. And Health at Every Size doesn't mean that health can be had by any size. That's just saying that health is available to every size. And it doesn't matter what size you are, you could be healthy. We don't know who's healthy and who isn't healthy.

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If you looked at me, you might suspect that I'm unhealthy because I'm fat and or that somebody who is I using numbers, 300 pounds, and you might think they're fat, but they climb mountains. We I know of someone who is large, and they just finished counting climbing Mount Everest, I mean, you don't know.

And so the movement is more like it's including everybody that everybody could be healthy Health at Every Size, not health at any size. Because you always get the people who come back and say, but how can you be healthy at 600 pounds, I'm not saying that you can be healthy at 600 pounds, I'm saying that it is available somebody at 600 pounds, they could be healthy, we don't know that it is based on lab tests and heart function and a whole lot other things than just our weight. And we can't use weight as a qualifier

for how I have gotten to the point where I'm, I'm okay with that. And it's been a long, hard journey, I have to admit, as a little girl learned that I had to be thin to be accepted. And the only way that I wouldn't be accepted wouldn't be lonely, and I wouldn't be successful when was that I had to be thin to get all those things. And now, I know that's not true.

I mean, I just I have I have a wonderful life. And I'm 65 years old. And I think that is the first time I can really say that. I mean, it's taking me 65 years to get to a point where I say, I love my life. It's a good thing.

Elizabeth:

Thank you for sharing that because I love so many things about what you said specifically, that as young women, we are kind of taught that we can't be happy and fat at the same time. And yeah, how did you get to that place?

Deb:

Um, it was really hard. I've said that a couple times. Because it was really hard. And it's still get hard at times. But I got to a point where I tolerated my body.

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Four years ago, even two years ago, I hated my body. I hated what I thought recovery from an eating disorder did to me, I hated my body. And I was not happy. And but I moved into a point where people would say to me, can you at least tolerate your body? Can you just say, Okay, this is the body you've gotten, this is what you're going to work with? Can you tolerate it? Well, yes, I can tolerate it. And tolerate and body love are so far from each other. But it isn't body hate.

And so I got to a place where I tolerated my body. And probably early Yes, last year, it started to become Okay, I'm going to accept my body. We went from hate to tolerate now to accept.

And now I am not going to say that I love my body because I do not I have not gotten to that point yet. I am still in acceptance stage where I can say I appreciate what my body does for me, it wakes me up every morning, I can carry my grandson up the stairs, I can walk, we can go play, I can do all these things in this body. It doesn't matter what size I am, I can still do these things.

So it's been a journey. And it was a lot of encouragement from other people, a lot of people online, a lot of dietitians, therapists that I talked to online, who I've made friends with over the past two years have encouraged me and have brought me to that point where I can say, Okay, I accept my body. Here are days that I put a particular outfit on, and I go wow, actually look nice. And that's a real change. That's a real change. No, it's not body love, but it is okay.

Elizabeth:

You know, I love that idea because I think that when we hear about body love, we have this idea that once we get to body love or loving our bodies, that it's going to be rainbows and butterflies all the time, right? And just like any relationship, like a relationship that we have with our partner, or a relationship that we have with our child, or you know,

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even my dog, I love my dog, but I don't love my dog when she's barking all the time or when she's pooping where she's not supposed to be right to have the expectation that once we get to body love that we're going to, you know, be in this Nirvana state is kind of unrealistic, right?

Deb:

Absolutely. And I mean, maybe someday I'll get to body love, but you know what it took where I'm at, I mean, I have those days that I like myself, I like what I look like I like, you know, I can project a good image. And for now, that's okay, if I get the body logo, it'll be even better. But I don't know that it's gonna make much difference in the way I treat my life or I live my life. If I love my body or except my body, it, I still have a life. And I still love what I'm doing at the moment. And I love my family. And it's good. Life is good right now. So yeah,

Elizabeth:

yeah. And so I love the the path that you just walked us through that, if you're someone who doesn't love your body, in fact, if you hate your body, we have to step ourselves up the ladder, from hate to tolerate, to acceptance with the idea that we will eventually get to love.

Deb:

Sure. And sometimes there's a body neutrality in there somewhere between tolerate and acceptance, you've got some neutrality where you're neither, like liking it or hating it, you're not even just tolerating it, you're kind of in a neutral position. And then you move from neutral into acceptance, and then to love. And, you know, like I said, I do think that eventually, I may come to love my by, and that would be nice, but it's not going to change how I treat my body. Right now. You know, if I get to one point or the other, right now I'm treating my body the way it wants to be treated, I feed it, I move it I, I

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sleep, I am doing all the health promoting behaviors that I'm supposed to be doing. So that's how I take care of my body now. That's awesome.

Elizabeth:

So let's go back to Health at Every Size, the Health at Every Size movement. Now you said something to the effect that Health at Every Size does not mean that everyone is healthy at Every Size, can you talk more about that?

Deb:

It's health at every size, not any size, everybody, it tells that every size not health at any size, there's a difference there. Okay, if you're saying any, you're implicating that 50 pound woman could be healthy, or a 600 pound woman could be healthy. We don't we don't know that we don't, there's no way we know. But it's not any size. It's at Every Size, everybody is able to be healthy at Every Size. So there is a difference.

And the Health at Every Size movement talks about weight inclusivity. It says to accept and respect the inherent diversity of body shapes and sizes, and rejecting the idolizing or pathologizing of specific weight. In other words, we are accepting everybody at Every Size and being inclusive of everybody just not dependent on whether or not they're in small, large, very large, whatever, it doesn't depend on that, we just need to include them.

And Health at Every Size is more of a social justice movement than it is even only about oh, I mean it is about including everybody in it talks about accessibility and health enhancement, and respectful care, life enhancing movement, things that were supposed to be diversity, diversity of all kinds, every color, shape, size, everything needs to be they aren't deserving of care, have respect for who they are. And that means also that we provide for everybody at Every Size.

If you think about theater, seats, even doctor's offices, the chairs in a doctor's office or airplane seats, those who are larger, have to pay more, or they don't have a place to sit,

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we need to be more inclusive in promoting the accessibility for every size person. And that's where Health at Every Size comes in big time is making sure that this move the social justice movement to include everybody is is furthered I lots of action, legislative action, lots of petitions happen to try and get the inclusivity for people of larger size.

Elizabeth:

I love that. Okay, so what I heard you saying is that the Health at Every Size movement isn't necessarily that I could be healthy at 100 pounds or 500 pounds. It's just that we don't know if I'm healthy at any of those weights, unless we take a look at like my biomarkers and like my actual health.

Deb:

Absolutely.

Elizabeth:

So we can't determine whether someone is healthy by looking at them.

Deb:

And that's the whole idea. As you know, we can't make those judgments just based on how we look. Now. It's not It's not fair to anybody. It's not correct, because you don't know when I was out my dentist, people were praising me, you know, you've done so good. Look how well you look, you know you were, but they had no idea that I was eating anything and working out two, three hours a day. They had no clue. I was not healthy at that weight, but people thought I was because I was been I was that deadly. But people didn't see what was behind my outside. So you can't you can't judge what somebody looks like? Well, it's

Elizabeth:

interesting, because we talk about when I hear about Health at Every Size, I think about overweight folks. But what you're also saying is folks who are underweight as well,

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Deb:

literally, those who I mean, granted, you know, it's like 6% of those with eating disorders. Those with anorexia are actually under weight, under whatever weight the BMI chart says, Is underweight, there's only 6% everybody else with an eating disorder. 94% of people with eating disorders are of normal weight or higher weight. So but that's 6% is what his image is what is promoted as the sign of anorexia. But in all actuality, it's not. But at the same time, you're right, there's that that 6% of people get discriminated against, or they get included in the health and saying, they are healthy because they wait 90 pounds, or because they don't look overweight, or, and I don't like that word either.

But nobody knew my health when I was 100 pounds, nobody knew. And that was just way too low for me. And they weren't aware of what I was doing to myself. Keep that. And I worked hard to keep that weight, not eating for days. So yeah, it is it includes the very little to the very large, you just don't know.

Elizabeth:

Okay, so you just talked about something that I think is really triggering for a lot of people. And that is the word fat. So folks who support the haze movement, like to refer them to themselves as fat. And when I first heard that, I was like, Oh, no, that's a bad word. So talk a little bit about that.

Deb:

That's the weight stigma that comes in, because people believe that that is a derogatory remark. And it has been in social ideals that that is bad, bad has been bad since you know, early 1800s. That indicates lazy and lack of self control. And we're trying to take that word back.

And even within the movement, not everybody agrees on it. A lot of people say you're not fat, you have you have fat, like you have fingernails, so you're not fingernails, but I

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prefer to call myself that rather than large bodied, or I will not use the term overweight, because who determines what weight Am I over? I don't know, there is no determined weight that I should be over. So I won't use overweight to describe myself, but I will use fat because that I am short, I have small feet. I have I am fat period.

You know, it's just like any other genetic marker, you know, your genes determine your body shape and size. And so there's nothing wrong with them, I'm sure. I mean, I'm not going to try and push myself to grow taller, or my hair is now I don't know what color it is anymore. But, you know, I've got green eyes, okay, you know, it's just a descriptor, and it is society and the weight stigma that is carried throughout our society that has made the word bad, and we have to take it back.

I'm reclaiming it for me. I you know, some people don't, but I am for me. I know it's a trigger for a lot of people. I posted a picture of myself on Facebook not too long ago with just my friends. And I said something about being fat. And I got so many things like, don't call yourself bad. That's a bad word. You don't want to You're beautiful. Well, can't I be beautiful and fat at the same time?

Elizabeth:

I love everything you just said. Let's talk a little bit about the haze movement and weight loss. I think it's a general impression that folks who say that they support Health at Every Size can't also support weight loss. How do you see those two things going together or do they

Deb:

They do not go together you cannot be focused on Health at Every Size and promote intentional weight loss Health at Every Size is eating for wellbeing, promote flexible, individualized eating based on hunger, tidy nutritional needs and pleasure rather than externally regulated eating plan focused on weight control. If we're eating to satisfy our

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body we are then we we cannot be focused on losing weight. If you are eating To what your body wants and needs, and you're allowing all things at all times, you know, you're not depriving yourself you're not on this regulated, strict calorie based eating plan, you are not following Health at Every Size that tells that every size is thing, you're going to follow what your body wants, your body is enhancing the nutritional needs of your body,

I'm going to eat when I'm hungry, I'm going to eat, you can help I wake up at two o'clock in the morning and I'm hungry, I'm going to eat and that, you know, if you're on an intuitive eating path, that's exactly what you're going to get going to get a body that is determined by what your body wants to be and not by somebody else's meal plan.

Elizabeth:

Okay, so that's really interesting. So what I hear you saying then, is that we can eat whatever it is that we want. Right?

Deb:

Right.

Elizabeth:

And so a lot of my clients will say, Well, if I can eat everything I want, I'm just going to eat ice cream all the time.

Deb:

Yeah. And that is typical response to that. And and it's true. It's true, right? Well, you will, you know, because you have restricted it for so long, you've been so afraid of ice cream, that you don't care, put it in the house. And because you're afraid you're going to eat it all.

Well, the more you restrict to certain food, the more chance you're going to binge on it at a later date. If all of a sudden you're giving everybody if you're giving yourself the

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accessibility of having ice cream in the house anytime. Oh, wow, you're going to eat a lot of it, you it's just it's part of the binge restriction cycle, you restrict and then you binge and then you restrict and then you binge and it's just part of it. And it eventually dies down.

It's like, okay, peanut butter was one of mine. No way, I'm not putting it in house, I'm not living with it. When I went to treatment, they had to force me to eat peanut butter. And for the most part, I didn't listen to them. I didn't need it. Because no, I'm not eating peanut butter. I like peanut butter. And I think I like peanut butter when I was little one. Even as a middle aged woman, I like peanut butter. I mean, I even went to the powdered peanut butter so that I could restrict the amount of peanut butter I had, the butter was a big thing.

So I get into recovery. And I'm eating peanut butter a little more often. And according to the meal plan they sent me home with on the treatment plan. And I found I liked it. And I found I was eating more and more of it. I was putting it on rice cakes. I was putting it in oatmeal. I was putting it on anything.

And now I think we've had a jar in the pantry for six months that hasn't hardly been touched. Occasionally, you know? I will. It's not a big deal anymore. It's not like I'm going crazy with the peanut butter anymore. And it's going to be the same thing with somebody with ice cream, cake and cookies. If you've restricted it for that long your body wants it, you're going to respond with eating more than what you think is necessary or is good for you. It's just part of the cycle.

Elizabeth:

Okay, so that sounds really interesting. What I hear you saying is that through intuitive eating, we have to learn how to trust ourselves around those foods. How do you think that people who are afraid to be in a room alone with a plate of brownies or hyper

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palatable food? How do they start that process? And are you just saying that they they do it and eat as much as they want?

Deb:

Yes, I am. That's exactly what I'm saying that the only way the body is going to trust you is if you give it what you want what it wants. And again, I go back to the restriction cycle.

If you've restricted it for so long, you're going to want that item. And if you're afraid to be in a room with a plate of brownies, go ahead and eat them. Go ahead and eat them. And the next time maybe you only eat half of the plate. And the next time maybe you only one, you know it's a continuum, you know, you start off eating the whole plate. Oh, oh my what did I do I better restrict No, you can't, you can't go back to that restriction mode.

You can't even think that the brownies are bad for you, you need and that that plays a mind game. Because if even your mind is set on the fact that brownies are bad, then you're going to restrict or it's going to be a mental restriction. And so you have to be careful not to even let the mind play into that.

Give yourself the grace to eat the playground if you want it and don't think of it as a bad thing because you're doing what your body wants. And yes, it's going to take it's going to take time. Definitely going to take time to learn to trust those cues. Trust what your body is saying it wants and at the same time, it's teaching your body to trust you. It says okay, she's not gonna hold back so I'm not going to hold on to All these calories and all this weight, I'm not going to slow down metabolism so that I know we're going to get what we need to get, I'm going to the body will then begin to trust you. And normal metabolism, metabolism will occur and the weight will settle where it wants to settle. And you're trusting your body and the body's trusting you perfect relationship.

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Elizabeth:

Yeah. And I like what you said in terms of not making it bad that you ate the brownies. Because I think that for so many of us when we overeat, especially foods that we think are and I'm putting in quotes, not good for us or bad foods. Right? Right, that we immediately have judgment on ourselves. And we start beating ourselves up. Do you have any advice on how folks can stop that?

Deb:

I don't have any tricks. I wish I had to say, Okay, here's how you remove all the mental restriction. And it's a time process and it's something you have to work on. Recognize that I may still not like to eat m&ms, because there's still something in my head that says, I don't know, those aren't exactly healthy or an , I've removed that term from my vocabulary, but for the interests here, I have this fear or it's still a fear, I suppose, of m&ms of all things, you know, but it's a time process.

It's something that you have to work at, and it slowly comes because I do recognize that, okay, if there are plated brownies here, I might eat one I might need to, you know, it would be fine. And I wouldn't have any problem with it.

My grandson's birthday is on Sunday, we're gonna have cake. I'm looking forward to it not a big deal. You know, where 10 years ago, I would have said, no, that will ruin my diet. I can't have that, you know, short the birthday party, but I can't, I can't eat that, you know. So I was restricting myself and I saw it as bad. But over a period of time, and this has been over two years.

Now, I suppose that I have gone for thinking, well, potato chips and cakes and cookies and candy and all that are bad, and peanut butter of all things. But you know, they're bad for me, I better not eat them, too. It's okay, I have a few things that are left, I still hold off on but for the most part, somebody could put a plate of food in front of me, I

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wouldn't have any problem with eating it. You know, as long as it's something I liked, obviously. But it's just a matter of time, removing the guilt and the shame, the guilt, shame take you nowhere, they really take you nowhere.

And they don't do your mental health any good. They don't do your psychological health. They don't even do your physical health any good. Because that stress of thinking that something is bad for you plays more havoc on your body than actually eating the item. And so you've got to just remove it.

Well, I want to recommend that you get the book Intuitive Eating by Evelyn Triboli and Elysse Reisch. And that will give you some guidelines and give you some tricks to help you move into that everything is good or all food has nutritional value no matter what it is. It has some nutritional value. Even that bag of m&ms has nutritional value gives me energy, it has calories, it's going to give me energy. It's just going to take time,

Elizabeth:

I think it's really important to point out that you still struggle with the judgment around foods, because I think that, you know, when we think about getting rid of judgment around foods, we think that there's just a hard and fast like I do and then I don't. And so for you to admit that it's a process and you're still going through that process, I think is you know, a really great testament to you know, that it's something that we all have to go through. And m&ms of all things.

Deb:

Yes. Right. I'm gonna have a small things. Yeah.

Elizabeth:

So you have an amazing Instagram page. I think one of the things one of the things that you post or you you do a lot of reposting and one of the things that you post a lot or repost rather, the thought that it's okay to soothe yourself with food if you're feeling

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stressed or having an emotion, a strong emotional response. Can you talk more about that? That basically what you're saying is it's okay to eat emotionally?

Deb:

Absolutely. We are humans, we need coping mechanisms we have and some people use food as a coping mechanism. Is it good to use food all the time? I don't think so. I do not believe that your only coping mechanism should be food you need to learn some of the other coping mechanisms and you know the grounding techniques or some soothing activity. That you do or talking to someone journaling, praying, if you're if you do that, you know, you've got to find other coping mechanisms because food isn't always going to work.

But the occasional time, especially right now in the COVID time, and we're all kind of stressed out, and here we are reaching a year. And the COVID has just retaliated on eating disorders, but on people in general, and they're using food more as a coping mechanism. And that's, that's okay.

It's, it's human nature, we're going to find something that Sue's that we have to find something to suit us, or will all explode with emotion, just not not that emotion is bad. But you end up driving yourself crazy. And because you just need something to calm you down. And if food does that, fine, but I am going to encourage you, let's let's see what journaling does for you. Or why don't you get some coloring out and see what that does for you. Or let's go for a walk it.

I don't want to degrade intuitive eating it all. At the same time. I do know that emotional eating is okay, just not in just not in all circumstances. I feel like I'm being not true to true to intuitive eating when I say that, but you can't use emotional eating for everything. It's one coping mechanism that you use. And who knows, you know, you may use it all

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day one day and then go for a walk the next day, you know, it's okay. Like I said, it's just a coping mechanism. And if that's what you're using to get by, do it. Well, and

Elizabeth:

I think what I've heard you say throughout the entire interview is that when we release the judgment away from some of those behaviors, then it doesn't become a way for us to beat ourselves up. And when we beat ourselves up, then we tend to have shame about it. And then we go more towards eating and doing those self destructive behaviors.

Deb:

Absolutely. And shame and guilt. Like I said before, it's more harmful to your body than eating any piece of cake or brownies or anything else you deem as not healthy. Yeah.

Elizabeth:

So let's switch gears a little bit. There's a lot of pushback about Health at Every Size, saying that it's unhealthy. Who are the people that are saying this? And is there a specific group that saying at the loudest?

Deb:

Well, we've got diet culture in general, we've got Fitness Trainers, we've got doctors, we've got medical professionals, who are saying, No, you have to be this size to be healthy, and you cannot eat anything you want, um, and Fitness Trainers saying, if you don't weigh between this, and this, you are not healthy.

And and I go back to who says, you know, who says I'm not healthy. You, as a fitness professional cannot tell me if I'm healthy or not. The lot, a lot of it is just from society, society does not understand. And we have been trained. And we as you middle aged me older, we've been taught from such a young age that you had to look good, you had to lose weight, you couldn't be healthy if you weren't you. And over the years for me

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anyhow, it has been more, okay, we got to do this. And we got to do this, we got to avoid this.

Now, I got to avoid processed foods. And now I got to avoid gluten. And now I got to avoid sugar. You know, everybody goes and says all these various things that you have to avoid to be healthy. And again, I go back, no, no, no, you don't have to do any of that to be healthy. You know, the biggest, the biggest pushback is society at large.

But you also have doctors with the weight stigma. You walk in, you have a sore throat, he tells you you got to lose weight you walk in with a sprained ankle, you got to lose weight, they don't see the whole picture, they're not looking at the whole picture. And all they're looking at is what you weigh. And that's how you receive treatment.

And you get that from everybody. The weight stigma is prolific in our society. And that's where the pushback is coming from. And it's just it that has to stop that is where we have to work to get equality for all people is to remove some of the stigma that surrounds weight. And and its accounts like mine. And what I do, what I do for my page is I searched out the best of the best one, the dietitians and therapists and pages fitness pages, I take the best of the best put it all in one spot.

So somebody coming to my page doesn't have to go worry about following this person, this person, this person, they're getting the best of the best right there on my page. So that is I'm hoping that page Just like mine, and the people that I follow and posts from are going to be loud enough to shut some of this weight stigma down to push back to society and say, No, we can't do this any longer. This has to stop. And so that's, that's where it's coming from. And it's just, it has to stop.

Elizabeth:

Well, it's really interesting. I think it was Cosmopolitan magazine in January of 2021. ran a couple different covers. One with jasmine, is that how you say her name Jasmine,

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Stanley, Ray, and some other women who are have larger bodies with the cover that said, this is healthy. And I swear the internet like blew up?

Deb:

Oh, yes.

Elizabeth:

Talk about that, if you want to,

Deb:

it definitely blew up, people came out of the woodwork saying, No, you're wrong. This is not healthy. But both of the women that were on that cover are phenomenal athletes, and they have health better than some 20 year old fitness professional in a gym, who has has the muscles and the weight and all that to show off, those women are healthy beyond belief. And this in society does not understand that at all. And again, it comes down to this diet culture stuff that's just so out there.

So I mean, it's so evident in everyday life, that you look at every checkout counter, and it tells you how to lose, you know, 20 pounds in 20 days, you know, and it's there, Everywhere you look, and you've got movie stars and entertainment stars promoting certain diets and saying, you know, you've got to look like this to be healthy. And then it's, it's a shame that is so unaccepted that the women on the Cosmopolitan issue are not healthy, it is just wrong.

There was so much so much throwback from that issue. And so many people using it to say you're all wrong, you don't know what you're talking about. And and I say back to them, No, you're wrong, you don't know what you're talking about. Take a look at their health stats, go ahead, take a look at their blood work, go ahead, look at their heart function and their, their respiratory rate. You know, go ahead, take a look at some of the

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things that are not evident to you, but maybe to a doctor, and maybe not even clearly to doctor unless they would look at, you know, other health markers in a person's life.

I get I get lots of people fighting me. And I've had death threats over the fact that I am promoting obesity in quote, I am promoting obesity. And there is no way I can say that diets don't work, you know, because diets do work. And they call me all kinds of names. They threaten my life. They just you know, it's it's horrible that people are like that. And I'm not going to do anything to change it.

Elizabeth:

Yeah, it's really interesting, because when that article came out, I don't really fight with people online. But I got into a quote unquote argument with a number of doctors over on LinkedIn about it because they felt that it was being irresponsible, and that cosmopolitan was promoting obesity, just like what you said, and I didn't really have the words are tools to you know, talk about it at that point, because I still feel like I am such a student of health of every size and what it stands for. And so yeah, it's just kind of interesting about that. So tell me more about doctors and why you believe that doctors don't what's the word support Health at Every Size,

Deb:

there are very few doctors who are Health at Every Size aligned and mean, you can find them and they are out there. I'm currently working with somebody on Instagram, but he's an endocrinologist, and he is Health at Every Size aligned and he supports what I'm doing and I support what he's doing. Because he's talking about how doctors are so misinformed.

And from my understanding, doctors get maybe an hour's worth of nutrition information in their in their eight years of college of training, they get an hour an hour of nutrition information. You can't tell me they know what they're talking about when

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they say you eat 1200 calories a day. That's not even enough for a two year old. So you can't they can't they don't know.

And then you've got Registered Dietitian to have another they have their seven years I think of training when and internship and all that and their whole focus is on the nutrition of individuals and not even all of them fall into the intuitive eating Health at Every Size. They're still trying to promote weight loss because that's that's what's been taught in the schools and in medical schools or colleges and so Dr. don't really have enough knowledge on nutrition to say, cuz you weigh this, you are unhealthy without even looking at the inside looking at what's going on what is going on mentally or psychologically?

Is there something else going on? Is it because of the medication that you've put them on weight stigma is so bad, and I did it myself, Doctor said side effect is going to be weight gain. And I said, No way, I'm not taking that I will not take that.

So afraid of being fat that I refuse to take a medication that could possibly increase my tolerance of life and, and mental regulation, emotional regulation, it might have done that. But I wouldn't take it because I was afraid of the weight gain on it.

And that's happening all the time. And that again, goes back to this weight stigma. People are afraid of being fat because of how they're treated socially, medically, your work life. And I know you've asked about doctors, but I can't help but go through all of society with that, because it's just the weight stigma is so bad.

Elizabeth:

Well, it's so interesting that you say that, because when you think about why are we afraid of being fat, it might not be because of the weight of our body or how we look, but rather how we believe other people are going to treat us or that other people are going

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to judge us for our bodies. And that is so brilliant. I had never thought about it like that. That's that I love that.

Deb:

Yes, that's exactly what it is to, you know, because I mean, this way stigma is that is out there really generate so much of the fear of being fat, because of how we're all judged. I don't want to be fat and go into a doctor's office and him telling me Well, you're too fat, you need to lose weight, because this is affecting your health or this is affecting your health.

Well, first of all, prove to me that is affecting my health. Second, what's going to if I was in, what would your treatment be for me? You know, if I didn't have all this weight on me, how would you treat me?

I mean, if I came into you with a sore throat, how would you treat that person? Yeah, if I was then and then tell me, you know, maybe we need to work. I would never take it. I would never, you know, doctor could never tell me to work on my weight.

I mean, that would throw me back into an eating disorder. And at the same time, that's me.

What about those who are on the edge and you they walk in and they think, okay, I'm eating, I'm eating 800 calories a day, but he thinks I'm fat. And I need to lose weight. So they continue to cut back or they continue to exercise to the point where they almost die. And the weight stigma is what determines how we live our life, you know? And that's what I'm fighting against.

We need to get rid of that, that I guess that's really what I'm fighting? Is this society, the diet culture, the weight stigma? Because with that so prevalent, we have no way of getting around you accepting me as fat, you believe that? I'm unhealthy? You believe I'm lazy?

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You believe I don't? I have no self control, you believe not saying you know, but people in general? believe I have no self control, because I can't control my weight. So I must be inferior and not the case at all. Yeah. Diet the best anybody?

Elizabeth:

Okay, so this has been so amazing Deb. What should people do with this information? And what are some next steps that they can take if they want to explore this more, or if they want to take action,

Deb:

they wanted to take action, get involved with them Health at Every Size movements, log on to Health at Every Size website? I think you can just type in a principles and get to them. It's actually based or from your society, the Association for size and diversity of health ASD Ah, and see what we inclusivity talks about.

Elizabeth:

Awesome. All right. So where can people find you, Deb?

Deb:

Instagram, at [diets_dont_work_haes](#) and then Facebook, I have a Facebook page and a group called diets don't work combined, both of them. One is a group kind of a support group, it gets the same information that the page gets, except that you can come in and you can ask questions and talk to us about the posts that we've made or questions you've gotten in your own life and struggles on how to accept growing body size or having to buy larger clothes or things like that.

And that is just called diets don't work under the group and page. And then of course, they have a website, which is [www.diets-dont-work.net](#). So Both of them and I've got blogs out there. I've got magazine articles that are being published and other podcasts that I'm on. Just check out my page.

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Elizabeth:

Deb has given so many amazing resources in this interview, like the intuitive eating book and the Minnesota starvation experiment. I will have links to those in the show notes. So check those out, as well as all of the resources to get in touch with Deb as well. Great. Thank you for being here.

Deb:

Thank you. Thanks for having me. All right. All right. Good talking to you again. Thank you. Bye.

Elizabeth:

Hey, thanks for listening!

If the show resonates with you and you have a friend, mother, sister or anyone else who you think would benefit, I'd love for you to share the podcast with them. You can leave me a rating and review in Apple podcasts which helps me create an amazing experience for you. And it helps other women who are done with dieting and want to get off the diet roller coaster to find it as well.

See you next week.