Dr. Seema Sehrawat: I have had a distinct pleasure of working with Michelle for the last, I would say, you know, the time I came to Chico State campus, so we have been in touch. Michelle is a board member for the Center on Aging and has provided such valuable insights to us and helped us really focus in the right direction, and you know, go there, and, you know, meet the needs for the community, students and faculty on campus. So, we are really pleased to have Michelle on our board. And then, finally, then she agreed to do a workshop. We were just very excited and happy that she did. And so, if you don't know Michelle, Michelle Morris is a professor in the Department of Nutrition and Food Science, who has done a lot of research and training on mindful eating and health at any size. And Michelle will be presenting this topic to you. Michelle also coordinates the dietetic internship for the Nutrition and Food Science Department. So, you know, we have the best person in town to come and [inaudible] [Audience laughter] on this topic, and we were very excited for her to do that. So...

Dr. Michelle Morris: Thank you.

Dr. Sehrawat: ...without taking any more time, I will turn it over to Michelle.
Dr. Morris: Thank you, Seema, for that warm and generous introduction. I appreciate it. And I would like to go ahead and turn it right back and give some thank yous first before I get into the content of today’s presentation. I’d like to thank Seema. You’ve been an incredible director of ICOA [Interdisciplinary Center on Aging], and I think, without your enthusiastic leadership, we wouldn’t be as far as we are today. And also to the director of the School of Social Work, which houses ICOA, Celeste Jones and Jean Schuldberg, who have both done so much in terms of gerontology education and research and outreach in our community for many years. And it’s, you know, really thanks to their vision that ICOA exists, as well as Dean Gayle Hutchinson, the College of Behavioral and Social Sciences. I work with incredible members on the board of directors. We have fun, and I think we have a common mission of improving the health and well-being -- all aspects of that -- of older adults in the North State region. And so, for that, I’m grateful. And you’re here, which suggests to me that you have heard of ICOA, but if you haven’t checked out the website, I would highly encourage that. And as Seema mentioned, there are a number of workshops and film series going on throughout the rest of the semester, and so many ways for you to get involved. This is an incredible interdisciplinary, trans-disciplinary, partnership, collaboration, between campus members, faculty, staff, students, across units and departments, and members in the North State community, who all really share a common vision for older adults. So, I would like to direct you to that and also let you know right now, I see wonderful -- just my best students -- a lot of note paper out and pens, and feel free to take notes if you like. This entire presentation is being videotaped, and the PowerPoint will be available to you. And so, with that, you can sit back and relax and take it in. If there’s something else that I’m talking about that sparks an interest, go ahead and take a note.
So, with that, let's get started. How many of you ever heard -- have ever heard of health at every size? Okay. A couple of you. Fantastic. Fantastic. So, what I hope to do today is to introduce you to this topic that I've very passionate about. This is part of my nutrition philosophy today. It wasn't always that way. But it is very clearly what I teach, what I prefer to conduct my research in and also my service activities. So, I'm delighted to be able to share with a new audience these topics. And so, by the end of today's session, I think that you will all be able to describe the pitfalls of a weight-based paradigm -- health paradigm -- which is what we currently live in. Also, to be able to describe the tenets of health at every size. I'll use the acronym HAES -- those are copyrighted terms. Describe the components of a mindful eating practice, and we'll get to actually put that practice into action with an activity today. And identify resources for further study of the HAES evidence-based -- as nutritionists and dieticians in our program, we have a strong focus on looking at the research and critically evaluating the literature for a strong evidence base, and I think HAES provides that. And perhaps you'll just be interested in some of the things I say and want to look further into these topics, and I'll give you some resources to do that.
So, it's not probably unknown to most of you that the number-one New Year's resolution for most people is to lose weight, and that's been going on for a long time. This is a rounder at Barnes & Noble here in Chico. And I didn't get the bottom half of it, but you can see, you know, all sorts of diets that are proposed -- the Paleo Diet -- don't even get me started. That's a whole ‘nother presentation.
And the "Blood Sugar Solution," "Aging Cure" down there.
Al Roker, how he did it, "Fat Chance," "The Wheat Belly," "The Eight-Hour Diet" -- I kind of laugh at that one. I'm thinking, well, I know the eight-hour diet. You go to sleep at night, you don't eat for eight hours [laughter], and there it is, right? So, I could have -- darn it, I could have written that book.
But it goes on and on. So, this is just one rounder. And I think I take it because I practice from a non-diet approach. And I don’t espouse any diets. And actually, the antithesis of that, or the non-diet, or health at every size approach. I see it as good news that this rounder -- even though, for the first 10 years I lived in Chico, was the first thing you would walk in and see at Barnes & Noble, for the first 10 years I lived here, from 2000 to 2010 -- now, it’s one back. And the first thing you walk in to is the Nook. So, I take that as good news, that maybe Barnes & Noble is making more money, or hopes to make more money, on that product, compared to diet books. But the reality is, this is still the second thing you see in January and February. And usually by March, people have fallen off the diet bandwagon, and then those are relegated to other areas.
What came out also at the beginning of the year, were some interesting articles. And again, you'll have all these references, you'll have all these slides, so you can look into them more deeply. And I would encourage you to do that, because oftentimes, what gets reported in the media, especially on television, little sound bites or little news clips, you might hear an interpretation of research studies, and this is a review article. I fully intend to look at all the original research that led to this. I haven't had a chance to do that yet. But this was a great article that came out of the peer-reviewed "New England Journal of Medicine," talking about the myths, presumptions and facts about obesity. And bottom line, what they did is, they reviewed the scientific literature for peer-reviewed articles, and they also looked at popular press. And they recognized that there was a -- just a preponderance of myths and misinformation about dieting, about weight loss, about weight and about obesity.
And so, a couple of the assumptions that I wanted to look at in more detail that are outlined in some other literature that I'll give you the references for, are two assumptions that I think are prevalent in our society today and help fuel the war on obesity. Number one, that obesity kills, and number two, that obesity increases disease risk.

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So, I need to stop here and let you know that, as a health at every size proponent, I don't care for the terms "overweight" and "obesity." Overweight -- sometimes I use the air quotes, you'll know why now -- suggests that there's overweight -- some weight over which you should be. And, from a health at every size standpoint, that is not appropriate. And so, I don't care for those terms. I do use the term "fat," and I want to be really clear, that even though, in our society, that's taken on a derogatory connotation, right? That, like many other social justice movements, we'll talk about that in the second half of today's presentation, sometimes oppressed or marginalized groups have reclaimed terms to take away the power from the dominant group and take it back. And so, in a similar way, with the health at every size and fat acceptance movement, that term has been reclaimed. So I use "fat" as a descriptor. Just like I look out and I see there are some brunettes and there are some blondes and there are some blue eyes and brown eyes, and there are some of us who are taller, some of us who are shorter in stature, and some of us simply have more adipose tissue than others. And a piece of that is definitely genetically determined, okay? And so, Chico State certainly prides itself on appreciating and valuing diversity, and so this is another aspect of our diversity, okay? As well as the color of our skin, our height, our eye color, etcetera. So, I just want to be really clear that, when I speak of "fat," and that's difficult for a lot of people. Sometimes when I first start talking about it with my students, they're like [gasp], especially if there are some heavier students in the class. But I want to be really clear that there's nothing derogatory about it. It's just a descriptor. And I would love to live in a society someday where that word is just a word. Okay.
So speaking out sort of the assumption out there, the presumption that obesity kills, this was another fantastic article that came out from The Journal of the American Medical Association earlier in January that looked at the -- did some statistical analyses and looked at people in different BMI categories -- body mass index. How many of you have heard of body mass index? Look at that. Pretty much everyone, compared to health at every size. I want you to know, for this nutrition presentation, this is the only time I will be using that term, okay? Again, in the health at every size world, it's a weight-neutral approach. I'm really not concerned with body weight. But what this review article did was looked at almost 100 studies in the scientific literature that met certain inclusion criteria, that covered almost 3 million adults and looked at their relative risk, or a hazards ratio of all-cause mortality, or death rates, for the different BMI categories compared to quote/unquote -- bless you -- healthy weight, or normal body weight. And what they found was that, and this is consistent with some prior studies as well, that for folks in the quote/unquote overweight category, BMI 25 to 29.9, there was a 6% decreased risk of death. For folks in the obesity class 1, BMI 30 to 34.9, there was a 5% decreased risk of death, okay? So, for the higher-end statistical extremes, yes, there seemed to be increased all-cause mortality, but those are the statistical extremes. Okay, so the vast majority of Americans don’t fall there. If you kind of think back to an intro statistics class, maybe a bell-shaped curve, we might be shifted a little towards the right, true, but it's those tail ends -- and by the way, increased death rates for folks who are too underweight as well. But to give you a sense, for me, my height, 5-3, I can, according to the BMI charts, can weigh up to 190 and still be -- have a lower death rate than the current body weight I’m at right now. Okay? So, you tell me why that's not on the nightly news, that for longest-lived, being a little bit heavier seems to be protective. And we'll talk about maybe some of the reasons why that is.
But I just kind of -- I want to put that out there, because the assumption is that obesity kills and yet the evidence doesn't support that. The research doesn't support that. And I would encourage you to look at it for yourself and not take my word for it. So, the greatest longevity is in the “overweight” category. And in particular, and for this talk, for ICOA, I think it's really important to note that, for older adults, this is particularly true, and also for those with chronic disease. And it's estimated that, you know, 80% of older adults have at least one chronic disease. Some -- you know, almost half have two or more. But the usual suspects, right -- cardiovascular disease, certain cancers, arthritis, diabetes, hypertension. And there might be some protective benefit of having some extra weight. Or even in the absence of chronic illness -- some acute trauma, an accident, a fall, you know, think about the flu, what we're hearing about now. And then that leads to pneumonia and then weight loss. If you have a little bit of reserves, especially for older adults, that is protective.
Yet, what's reported? What do we all hear constantly? That this generation of children is going to be the first that doesn't outlive their parents. And I want you to know where that came from. And this is so sad, and this is part of why I'm so passionate about sharing the HAES message. Because, there a lot of misinformation out there. And what gets reported is not always supported by the science. That from the New England Journal of Medicine, a peer-reviewed journal, I've already mentioned it here today. I value it. But there was an opinion paper written. And the author stated that. It wasn't from an original research article. It wasn't even from a review article that looked at the literature. It was an opinion piece of somebody taking that, and yet, nutrition scientists, dietitians, researchers, certainly the media, have run with it. And you hear this all the time. It makes me sad, even though I think there are some wonderful things about the First Lady's “Let's Move” campaign, but when I hear her even say that...this was from an opinion piece, okay? Our life expectancy is actually increasing, not decreasing. So, that's one of those myths that's out there.
The other assumption, just briefly, is that obesity increases disease risk. And a lot of times, when you’re looking at the research studies that link things, sometimes people confuse correlation with causation. Just because two things are related or associated doesn’t mean that one thing causes the other. And we’re going to talk a little bit about the social determinants of health and, you know, a social justice case for HAES, discrimination that is brought on over -- heavier people in our society. That that can be stressful, and that higher stress levels can lead to increased cortisol, and cortisol can lead to inflammation and contribute to some of these very diseases. Not to mention the fact that some of -- most of -- the studies don't take into account whether people have been yo-yo dieters, or what we call weight cyclers, throughout their life. Okay, that that might contribute to the disease risk, okay? So, correlation versus causation, and there certainly are studies that -- this is just two, but there are others, too, that suggest -- Steven Blair's work and others that -- Glen Galasher [phonetic] -- that fit and fat men and women are healthier than unfit and skinny men and women, okay.
But certainly, we have a war on obesity, and probably most of you have heard that, despite the evidence to the contrary. And this was former Surgeon General Richard Carmona. Note the time -- 2003. Okay, remember what was going on at that time, post-9/11 and the spring of 2003. I remember where I was in spring break, where I heard about things going on in Afghanistan right then, and here we are, 10 years later, okay. But just remember what the feeling was then, and he stated, "When you look at obesity, what I call the terror within, a threat that is every bit as real to America as the weapons of mass destruction" -- which, I will note, were never found, right? [laughter] So, this is troubling to me, that this is the language we use, which is a war against our bodies. And I think health at every size is an alternative to that.
So, this is the only picture I can find [laughs] of myself where I'm not sucking in my stomach, where you actually see my belly sticks out past my chest. And as a child, as an infant, it's 1969. That's me with my mom. And certainly, I know that, even though we've been hearing, and as I've been studying and teaching nutrition over the last couple of decades, we've been hearing more and more about weight and body size and overweight and obesity. But diets have been around for a long time. And like many of you, or some of you are younger, but I was growing up in the 1970s, and Mom was, like many moms, were on and off diets throughout my childhood. And so, I grew up knowing diets and knowing about dieting and valuing a healthy body -- low body weight. Although not only by healthy means.
So, some of the pitfalls I just want to touch on today include the pitfalls of a weight-based health paradigm, and then I shared some of them with you, some of the misinformation that gets perpetuated, but also, then, get into the health at every size paradigm and talk more about that. And as I'm going along, by the way, this is just my teaching style, if you have any questions or comments, feel free to stop me. We'll have time at the end for questions as well. And we'll have a break in the middle, but feel free at any time. So, there is, in terms of long-term success, it's pretty dismal for dieting. So, even if -- even -- let me pull back and say, even if all the assumptions around weight in our society that are out there, the assumptions and myths, even if they were true, the solution to that seems to be dieting. And yet, dieting doesn't work. And if you think about, in [chuckles] the pharmaceutical industry, if there was a medication that didn't work, 80 to 95% of the time, do you think physicians would be prescribing it? If it didn't work, 85 -- 80 to 95% of the time? Yet that's the dismal long-term success rate for diets. And there's also physical and health and psychological risks associated with chronic dieting, or yo-yo dieting. And not to mention the weight-based discrimination that I think is prevalent today, often in the name, or for the purpose of what people say is, for their health. So, I think there are really many well-intended members of the health care team -- physicians, nurses, my own field, dietitians, nutritionists -- that just want to help. Just want people to be healthy. But I think, and I'm going to make the argument today, that, in some cases, with this war on obesity, they might be doing more harm than good, okay.
So, right, diets, in the long term, tend not to work. Over a period of time, and usually what we like to look at is a two- to five-year period. Most people can lose weight. It gets harder the more times you have to do it, because then you're really messing with your metabolism and working against yourself, but the weight maintenance piece is the hardest part for most people. So, when I read weight-loss studies, when I consider what's out there in terms of the literature, I want to ask myself, what's the length of the study. And oftentimes, they're reporting six-month periods, sometimes one year at follow-up. That's pretty common. So I want you to be good consumers of the information about weight loss studies and really take a look at that, that until I see two-year, five-year, right -- I'm not focused on weight anyway, with my health at every size paradigm. But every time somebody brings up a diet study, that's the first thing I'm going to say. What was their outcome -- what were their outcomes at two years and five years? Hmm, we don't know. Okay, there is a weight control registry out there. And if you look at some of the behaviors that people exhibit to maintain weight loss, substantial amounts of weight loss over a long time, it really borders on disordered eating behaviors, from my professional standpoint. But that's another story altogether. So, look at the sample size. Look at the control group. Look at where the money's coming from. Is Weight Watchers funding this? Is Jenny Craig funding this? Is Slim-Fast funding this? So, these are all the important points that I think you should consider. But really, this idea that the majority -- vast majority of people who lose weight gain it back. And so, of course, the diet industry has a lot of money to gain from this.
And Herman and Polivy, back in the -- even in the 1980s and since then, other researchers as well, have supported this idea that the -- one of the main reasons that diets, per se, fail, is because we oscillate between restricting our food intake and then not being able to take it any longer. And then, we quote/unquote, fall off the wagon -- I hate that term "willpower," because I think it's more than that. But you feel bad about yourself. And maybe some of you in this room even had that person -- well, I know Aunt Sally, she lost the weight, and she maintained it. So, we have that one person that was in that 10 to 15% of people who were able to keep the weight off. And we all think we could be that one person, when really, the vast majority aren't going to be able to do that. And so, most of us, though, we oscillate between being the food police -- good, I'm going to watch my portions, I'm going to exercise every day. And maybe we do that, and then it gets too hard, and that's the restriction side.
And then, what Herman and Polivy described as “disinhibition,” eventually that's going to lead to swinging the whole other way. And if you've ever had that idea, oh, I ate one cookie, I might -- I might as well just start again tomorrow, so bring on the ice cream. Let's go out and get some pizza, right? Just this disinhibition, this loss of that. And so, I think the goal would be, for me, that we raise competent eaters as children, that value eating a variety of foods -- okay, nutrient-dense foods, fruits and vegetables and whole grains. I can tell you, honestly, that in all the time I've been studying nutrition -- since the last 1980s at UC-Davis where I earned my undergrad and graduate degrees, and then later, at San Jose State, where I taught before coming here and became a registered dietitian, and the 12 years I've been teaching here at Chico State -- I go to a lot of conferences. I read a lot of literature. And one thing that's never changed in terms of nutrition recommendations and ideas is the value of fresh fruits and vegetables, whole grains. So, I think that's a pretty good plan. Okay, some people choose to eat meat, include meat in their diet. I think that's fantastic. You know, I would choose to eat a meat where I know where it comes from, maybe locally. I meant that's -- we have options for that. Lean meats, absolutely. Okay, dairy -- some people exclude dairy for certain reasons. Some people are lactose-intolerant. But if you do choose to have dairy foods, that's fantastic.
But just this idea where we could have -- put food in its rightful place. It nourishes us, and it gives us so much more in our society. If you think about -- you know, the Coffee Connections. Look, we're centered around a beverage that a lot of you -- are partaking in. And I certainly did this morning as well. But celebrations, birthdays, anniversaries -- my birthday week, earlier in January, my friends that knew me, somebody baked me cookies. My husband bought me an ice cream cake -- that's my favorite. And then, we went out to dinner. And so, in one day, I had three different desserts. But it was my birthday week. And guess what, being an intuitive eater, being a mindful eater, the next day, I felt a little sluggish. I'm like, I need a salad from Pluto's, okay? But that's about me listening to my body, that sometimes indulging in those sweet treats is about appetite and pleasure and celebration. And likewise, I have a friend who lost his mother, and he was talking about how wonderful it was, the church community at his mom's home had put on a wonderful reception after the funeral to make sure there was food. So, there's -- food has so much meaning in our lives. And I'd like it to have that joyful meaning instead of being stress and pressure and all these rules around it. And so, I think, again, this health at every size approach can do just that.
Health risks of weight cycling

- Nutrient deficiency
- Anemia
- Fatigue/weakness
- Cardiac arrhythmias
- Decreased sex drive
- Diarrhea or constipation
- Death

Health risks of weight cycling -- being a yo-yo dieter, being a chronic dieter, or in the scientific literature, what's referred to as weight cyclers. Certainly nutrient deficiencies can be possible -- anemia, fatigue, stress on the body, decreased sex drive, our gastrointestinal tract, depending on the methods of dieting we use. Sometimes laxatives, or abuse of laxatives or other things that can lead to constipation, or the flip side, diarrhea, even death in extreme cases.
And that’s somewhat related, also, to the psychological risks that can happen with chronic dieters. Up at the top, the preoccupation, what we call rigidity, around food rules, with eating or with our body weight. I think that’s really dangerous and slippery-slope territory towards disordered eating. And while not everyone, certainly, in our society has a full-blown eating disorder, I think we live in a society of disordered eaters. And that’s really a spectrum, where food and the idea of eating just takes up too much of our thoughts, too much of our time. If you wake up in the morning thinking about what you can eat, and or what you can’t eat, and all the rules, that’s that sort of rigidity, where food doesn’t have its rightful place in our bodies or in our minds and our hearts. Increased response to external versus internal cues – I’m going to talk about mindful eating today. I’m so excited about that and to have you have an activity and exercise in that. Some of you might already be great mindful eaters, and others of you might still eat with a lot of distractions, in a hurried way. Most of my students say that they’re either in front of the computer, a TV or something else, electronic device, while they’re eating. So, they’re really not paying attention to the experience of eating. So, those are the internal cues of noticing where our hunger is and where we feel it in our body and noticing when we're full and sated.
External cues might be, oh, well, it's 12 o'clock. It's lunch time. It doesn't matter if I ate breakfast at 10:00. And I'm not really hungry, but it's 12:00. Or, this restaurant, or this person at their home, served me this portion. So, I should finish the plate, because that's what they served me. Instead of checking in with yourself when you're halfway done with the plate to see, are you still hungry? Do you still want more? Okay? And just being -- and just noticing that without judgment. Mood swings, irritability, apathy, guilt and shame. Guilt is feeling bad about what you do. Shame is about feeling bad about who you are. And I think around food, and I'll share some stories from my students later -- they gave me permission to do so -- there's so much shame around body image and food and its place in our -- in our society and our world. And I think that's one of the huge psychological risks that dieting can lead to. Depression -- I speak in a little bit about fat discrimination and segmentation in our society as well. And again, ultimately, disordered eating. Now, not everyone who goes on a diet, certainly, is going to develop disordered eating or an eating disorder, but I do think it's true, from my own personal experience, and from the research, that suggests that everybody who has an eating disorder probably started with some harmless diet -- some diet, just to lose a little bit. Okay? And some of those people, then, were predisposed to being chronic dieters. And some of those chronic dieters were predisposed to eating disorders.
So, that's a little bit of the background, sort of the pitfalls of the current weight-based health approach that we take in this -- in our society today. But there's a lot of evidence for the health at every size approach, which really is a paradigm shift. And it flips some of our myths and assumptions and ideas about weight on their head. And Linda Bacon, a good friend of mine, and it's not lost on me -- a nutritionist with the last name of Bacon, got to love that -- Linda. She's great. She -- and Lucy Aphramor wrote a good review article, "Weight Science: Evaluating the Evidence for a Paradigm Shift," "Nutrition Journal," and again, you'll have all these slides, so you can look up this reference, is a fantastic online journal that you all have free access to. This would be a great article to take a look at if you're intrigued by some of the things I'm saying, and it's well-referenced, and you can look at some of the original articles. But some of the assumptions are myths that are tackled in this article, include things like, losing weight is the only way to be healthy, when in fact, many factors define health.
But everyone -- this idea that everyone can and should be thin. But certainly, genetics actually plays a large role in body weight and the HAES approach says we should accept, and even beyond that, respect and celebrate size diversity. It's just another aspect of human diversity. That overweight people can lose and maintain weight loss, when the truth is, and the research and the evidence suggest, that most people gain it back. Again, look for that timeline for those diet studies. And this idea that weight regain is due to backsliding. I think this is really particularly problematic, because it puts our weight, something that we can see and judge easily, as an external component of who we are, in this realm, this idea of moral goodness. That people who are slender have the willpower and the character, and that people who don't fit that mold don't. And so, I think there's a lot of moralizing around weight in our society that contributes, of course, to the stigmatization and discrimination against larger people. When likely, weight regain is really due to biological systems that are -- that regulate our weight -- hormones in place, metabolism, other things. So, a great -- a great article.
I’d like to check in with you now. I’ve been going on for a half an hour. And I want to check and acknowledge that sometimes, when people hear this information for the first time, it can create some discomfort, what we might call cognitive dissonance. Like, everything you believed to be true and certainly even in our curriculum and nutrition, often what's taught, and then this information about HAES, sort of a different approach, that's calling that into question, can lead to some feelings like, where'd Seema get this woman? Who -- how is she a nutrition professor here? They haven’t fired her yet? So -- or, just kind of concerns. So, I just want to check in with you and see if anybody has any questions. I know I've gone quickly. Comments. Want to share how they’re feeling about this information? Yes.

**Audience member:** Okay, something that you said about how, in all your years of study, you know, there's fruit, vegetables, that were always consistent, and grains.

**Dr. Morris:** Yeah.

**Audience member:** But I've been hearing recently, too, and that goes along with what you're saying with that -- this isn't what I've been taught, but that grains aren't healthy, I guess, just that -- and I guess I think of grains, as in breads.

**Dr. Morris:** Okay.
Audience member: So, could you maybe...

Dr. Morris: Sure, absolutely.

Audience member: ...help me break apart from mentality [chuckles].

Dr. Morris: Absolutely. And how many of the rest of you maybe share that idea, that -- this idea that maybe grains aren't so good, or that -- yeah. And grains, typically a lot of people think of breads, absolutely, or pastas. And in the diet world, oh, those -- remember? Don't eat pasta. Don't eat bread after 4:00 p.m. -- all these things. So, there's a reason why you have these ideas, right? But grains absolutely can be a part of a healthy diet. There are some people that there are certain proteins and certain grains that cause them intestinal distress. And some of you maybe have heard of gluten intolerance or celiac disease, and so for those people, they would avoid certain grains -- wheat, barley, rye, sometimes oats, only -- because they don't contain gluten, but they could be contaminated with gluten. So, I think that's [inaudible], and unfortunately, for a lot of people, gluten-free, boy, the food manufacturers have picked up on that. They can make some money there. So, now, it's become this diet, that oh, if I just lose that -- remember, one of the diet books, "Wheat Belly"? Or this idea of, well, if we just get rid of grains. So, I think that's fed that idea a bit, okay?
For people who don’t have an intolerance to grains -- and I am a big believer in mindful eating, that you should start paying attention to how foods make you feel. So, I'm all for that. But for many of us, grains make us feel just great. And there are qualities in whole grains, specifically, where they haven't been processed and manufactured and taken out a lot of the good stuff, like fiber and some of the antioxidant nutrients. So, a whole grain contains the bran, so -- you know, a grain of wheat -- the bran and the germ with the vitamin E and all the good stuff. Whereas, the processed bread, you could take out the fiber, take out the germ. Okay, so there's different qualities of grain, sure. But it's also true for me that, you know, the ice cream cake from Baskin Robbins [chuckles], has pretty processed grains, and I enjoy that, too. And I got friends here that know that I do, right? So, yeah. So, does that help? So, I think being a mindful eater, for some people, there are certain grains, and I think this idea of gluten has really gotten out there and gotten hold. And I think part of it because food manufacturers have recognized they can make a lot of money. Not just for people who are diagnosed with celiac disease, but then people who say they feel better. And maybe they do, okay, but try those whole grains. But then, also, turning this into more than just a GI upset and more into, oh, I can lose weight. Well, if you restrict calories enough, you will lose weight. Actually, not everybody. It depends on your metabolism and how much you've done to screw with it previously. But -- that's what I'll say about that for now, but I'd love to share some more information with you afterwards, yeah.
**Cognitive Dissonance**

- Paradigm shift can lead to discomfort

*Audience member:* Thank you.

*Dr. Morris:* Uh-huh.

*Audience member:* Do you think the prevalence of celiacs and gluten intolerance has, like, gotten larger? Or, do you think that it's just the media and does relate to GMO?

*Dr. Morris:* Does it relate to...

*Audience member:* Does it relate to GMO, like...

*Dr. Morris:* Oh, okay, yeah. So, the question is, you know, has the incidence, or prevalence, of celiac disease increased, you know, and is it related to other aspects of our food supply, including genetically modified foods and etcetera? And those are great questions.

*Audience member:* Have they been answered?
Dr. Morris: And I don't know that they've been adequately answered. And I think that, in some cases, people are -- there's better testing and research, and people are more aware, so they might get diagnosed? So, maybe previously undiagnosed folks with celiac. Now, it might be on the physician or the other health care team members' minds to test for that? And so, they're being diagnosed. Is it -- is the incidence higher? I don't know the research on that. I will say that. I think definitely, the incidence of people thinking that they have a gluten intolerance or insensitivity has raised. But I just wonder if part of that is the -- what we've been fed, pun intended, by the media. And by marketers that are smart, that, you know, the low-fat products, the Snackwell phenomenon, you know, that's kind of gone by the wayside, low sugar, all the sugar substitutes. Now, it's going to be gluten-free foods. And you can walk into any grocery store in this town, not just the specialty stores, and find tons of gluten-free foods. And the GMOs -- that's another great question. And I do -- I do support sustainable food practices and eating local as much as possible, and organic But quite frankly, for produce, I am concerned that people just eat more fresh fruits and vegetables, organic or not. Okay, but you mentioned another hot topic in nutrition, the genetically modified organisms. Is that contributing? I think that there are a lot of things -- environmental aspects that contribute to our health and wellbeing. And I think the jury is still out on that one. And certainly, my knowledge level is not at a level where I want to comment more on that right now. Yeah. Thanks. Yeah?
Audience member: There's been so much about the increase in diabetes from overweight. Do you think that that's more a matter of what people are eating and that it's not necessarily higher weight?

Dr. Morris: I think -- so, Gwen's asking about, you know, the increased incidence in what we're seeing with diabetes. And I would say, especially among children, our type 2 diabetes even earlier. You know, so one aspect of the weight and other aspects as well. I think it's complicated. I think there are many factors, and weight might be one issue. And what I would always come back is that, even if weight were the sole determinant, which I don't believe it is, but even if weight were, then the solution we have to that of dieting doesn't work. And especially for dieting with children. We would always encourage children to -- even before I got into HAES -- encourage children to grow into their body weight, to really focus on the behaviors -- their dietary intake, their physical activity levels -- and not put them on a diet. Because I think that can lead to lifetime of chronic dieting, body image issues, potentially the risk for eating disorders And so, I think the diabetes piece is complicated, and I would want all people to look at their behaviors around diet and physical activity and other things, yeah. Yeah. But weight is probably a piece of that. But again, the association is not the same thing as cause and effect, right? So, we see higher-weight children, more diabetes, correlation or causation? And so, these are questions we just have to ask. But I think it's complicated. And I think it's more than just the weight. Types of foods, lack of physical activity, other things, too. So, thank you for those comments. Those are great.
And so, ultimately, really, it's just about shifting the focus. Just shifting the focus from weight management for overweight and obese people to health promotion for all. And this is where we focus on behaviors -- that all people would probably be better served to eat more fresh fruits and vegetables and whole grains, if they can tolerate it, okay. And get plenty of water, get plenty of rest, have good social support, great physical activity, focusing on those behaviors versus a number on the scale. That's the difference. And I want to be clear at this moment, because sometimes this is misinformation, or myths, about the HAES paradigm, so I want all you to hear it from me, to say that there's no judgment about gaining weight or losing weight. As a nutrition counselor, when I work with family members, friends, you know, they might have a goal of weight loss. And that's okay, if that's their goal. That's just not my focus as a HAES-registered dietitian. Okay? So, somebody might have a goal to gain weight. Somebody might have a goal to lose weight. That's okay. There's no a judgment there. It's just weight-neutral. It's just not what I'm concerned about. And towards that end, I really try to be careful about body bashing or diet talk.
It's not uncommon, especially around groups of women, and I love to see -- we've got one man here. I love it. Fantastic. But you look around the room, and you might see a lot of women here, and it's not uncommon for us to be in -- for us to be in groups and hear this talk about dieting, especially around food -- I should, I shouldn't. From a HAES standpoint, we shouldn't “should on” ourselves or others. Stop “should-ing” on yourself. That the body bashing, the talking, I try not to participate in that. So, when someone comes in the room and just, oh, you know, someone says, oh, I've already lost, you know, two pounds. And people, are, "Oh, great, what are you doing? How are you doing it?" And I just choose not to engage in that talk. Okay? So, I can say, you look beautiful. You look well. You look happy. You look healthy. That's a gorgeous color on you. But I don't want to -- I'm not focused on the weight, okay? So, people are allowed to have their goals. Health at every size is not saying that I want everybody to be 5-3 and 200 pounds. Health at every size is not saying that every larger person is healthy. But it's also not saying that every smaller person is healthy. It's focused on the behaviors. And I want to talk about thin privilege a little bit more later. So, it's a weight-neutral approach. Takes the focus off of weight. That's all.
There is some HAES research out there. It's growing. Linda Bacon conducted a study through her work at UC-Davis. She worked with women in their 30s and 40s. They met that BMI category of 30. I told you I wasn't going to mention BMI before, but I need to for the study. So, they were in the obese category. And they were -- it was a randomized clinical trial, so good, strong study design. And over six months, the women in the traditional diet group met once a week for six months, and the women in the HAES group met once a week for six months with trainers. And then, the second six months, they met once a month. And they were followed up at two years. And what they found is that the women who were in the HAES group, who learned about intuitive eating and mindful physical activity and respecting a diversity of body shapes and sizes, and the diet group had some traditional ideas about restricting calories and exercise recommendations, certain matter of minutes, etcetera. The women in the -- at the two-year retention had significant improvements in their physiological measures.
So, this is regardless of weight loss. They did not significantly lose weight. The HAES group did not. But yet, they still had improvements in blood pressure and blood lipids -- cholesterol levels, triglycerides. Their health behaviors, their PAs for physical activity and eating disorder pathology went down. So, their disordered eating behaviors. And psychological outcomes -- their self-esteem scales, depression scales that were tested -- body image and mood. And equally -- and this -- at follow-up, at two years, those changes were sustained in the HAES group. In the diet group, they did lose weight, but most did regain it back by year one. And the other improvements were not -- so, they also improvements in that first year of blood pressure and blood lipids, but then, it rebounded back when they gained the weight back. Another important point from this study is in the International Journal of Obesity, and the follow-up in the American Dietetic Association Journal’: that the HAES group had higher retention rates. So, at that one year, .41% of the women in the diet group had dropped out of the study, whereas only 8% from the HAES group had dropped out. So, more of a sustainable solution. So, I think there will be more studies as this gains some traction.
ICOA is about the needs, specifically, of older adults. And for some of you who work in the community or on campus and work with older adults and want a good general review article, information about the nutrition needs of older adults, it’s summarized well, from the professional academy for dietitians, the Academy of Nutrition and Dietetics. And this is a position paper on meeting the needs for health and wellness for older adults. And it supports, also, the idea that a little more weight on older adults can be protective, and also that an individualized approach need to be taken, and even goes so far as to say that, for overweight -- older adults in the overweight categories -- it may be best not to put them on a diet for weight loss, that you really need to look at the pros and cons of that. So, I think it takes it one step further, and it’s a great article.
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Dr. Sehrawat: For falls, falls is the number-one reason that most of the older adults that move from their own homes and to an assisted living place or a nursing home, and they cannot be independent. So, having a little extra body fat really -- if you even have a fall, it's not going to be as detrimental as if you had very little fat around your body. So, weight is really good for fall prevention in older adults.

Dr. Morris: Yeah. Thank you for that, Seema. Thank you so much. And that's one of the things it brings up. A fall -- absolutely. Absolutely. So, I think another problem with focusing for older adults, or actually for all of us, this fits. If we just focus on something so simplistic as weight to determine our health, we don't take into consideration all the various factors that contribute to health, and the social determinants of health. This is just a graphic that's simplistic that really takes a look at our physical environments, our social environments, our lifestyle behaviors and our economic environment, along with our genetics, that influence our health and wellbeing. Okay, so dietary intake, physical activity, is one piece of that, but when we focus just on weight, I think it's a detriment of older adults, and all of us, really, because we have to consider all aspects of health and wellbeing. Wealth here, we talk a lot in my classes about, you know, socioeconomic status, that poorer individuals tend to have poorer diets. And this is true for older adults as well.
And I was pleased to hear last night, in President Obama's State of the Union address, this idea of maybe raising the minimum wage so that people can live at a living wage. Some of you might have seen that, where he talked about the fact that someone working full-time at minimum wage, making $14,000, is living below the poverty line -- the federal poverty line. Okay, there's a problem with that in our society. And so, I think that weight is something easy for health, for people to measure easily and fixate on, but then that takes the pressure, I think, off of our lawmakers and our policymakers. If we don't put the pressure on, look at these other aspects that influence health. Access to quality care. Healthy living environments. Affordable housing. Jobs. Economic growth. Living wages.
So, mindfulness. Let's talk about mindful eating. I think that term is being used more and more. At least, I'm hearing it, but maybe it's because I'm living it, right? Right? You think you want to buy a new white car, and all you see are white cars [chuckles]. So, but mindfulness out there around mindful eating in other areas, and you know it's hit popular times when you've got a "Mindfulness for Dummies" book, right? But "Eat, Drink, and Be Mindful" is something I use in one of my courses. It's a workbook that I'd highly recommend, if you're interested in this topic more. Susan Albers does a great job in that. "Mindful Eating" -- we're going to do an exercise from Jan Chozen Bays' book.
And I think mindfulness science has brought that term to the forefront, and John Kabat-Zinn might be a name that you've heard of before related to mindfulness-based stress reduction, and I just saw on campus announcements, are there students here today? Yeah, fantastic. So, I just saw on campus announcements that CADC (Campus Alcohol and Drug Education Center) is going to be doing some mindfulness-based stress reduction classes for students. I think that's fantastic. That's -- I'm not sure who's doing it on our campus. I know some local people in the community, Steve Flowers...and Ponzio -- is Steve doing it for CADC?

**Audience member:** I don't think Steve is.

**Dr. Morris:** Okay, yeah, and Ponzio, a friend of mine. So, this is fantastic. Just the idea of it, mindfulness practice, can lead to changes in our brain chemistry and how powerful this is. So, you know, there's science behind it.
And mindfulness, just simply put, from my perspective, is about a focused attention in a very purposeful way, that's non-judgmental. It's us being an observer of our thoughts. And in this way, when we start to have more of a mindfulness-based practice, paying attention in this very particular purposeful way, we can start to really see how our mind works, and gets off on stories, and how we can really identify, sometimes, with our thoughts. And that can, in turn, influence our feelings, our emotional state and our actions. And around food and nutrition, this is one area.
Of course, there are many barriers to mindfulness. The two big ones that I can think of in my own mindfulness-based practice are this idea of craving, or desire, for something else. Or, the flipside of that, not wanting something -- aversion to something. And in both cases, really, it's about not being okay with the present moment. And when we're -- we find the present moment unsatisfactory -- some of you might be sitting here going, "It's too hot," or, "I really should be getting to class now, but I don't want to get up and interrupt," or, "I'm not sure I'm liking what she's saying," or, "Does this mean I should stop the diet that I started yesterday?" Or, [laughter] you know, all these things. When the present moment isn't satisfactory, we want anywhere else to be. And the two main places we go to are the past -- we might fantasize about how great breakfast was, or how great that conversation with our partner was yesterday. Or, you know -- or, you know, rehashing the past negative things that happened. Or we might jump to the future and fantasize about how great it's going to be. Right now doesn't feel so comfortable. Maybe you've got a lunch plan. I've got a lunch plan. I'm going to Celestino's, my favorite pizza place across the street, just steps from my office. And how the future will be -- if -- when this, if only this. For a lot of us do that around weight and body image. When I lose the weight, then I'll -- you know? But we can do it for other things, too. When I have a partner, when I have a new job, when I retire -- all these things. So, getting stuck in the past or the future, these cravings or desire for something different than what is takes us out of the present moment.
And how much of us spend so much of our lives not being in the present moment, and certainly around food, this is an area where we can start to practice. And I think, when we go into autopilot, we can start to assume -- another assumption here -- that our thoughts are the truth, the universal truth, when they may not be. And we can -- that can lead to mistaken and unexamined assumptions based on fear and ignorance, using the language of mindfulness-based training. So, I like this frog. He's wanting to live in the present moment, right? Talk about animals living in the present moment, so one of my favorite physical activities is walking my dog, Lucy, in the park. And any of you who walk a dog -- she's a yellow lab, and she's 70 pounds, and she pulls pretty heavily. She could knock me over if she's going for a squirrel quickly, so I just let go of the leash now. I know better. But she is sniffing and constantly in the present moment. So, she's part of my mindfulness-based practice. I'm walking, I'm getting exercise, I'm enjoying the beautiful sunshine. How can we not appreciate living in California? This, my friends, is why we pay the high cost of living to live here, right? This beautiful spring that we have. But I noticed that she's constantly in the moment -- this smell, this smell, this smell, this smell, this bush, this tree, that squirrel, that bird, this bush. And I'm planning my whole day -- do, do, do, do, do -- I've got to do that presentation. I've got to remember that reference. I've got to -- and she's just in it. So, I think animals can really teach us a lot in the natural world.
Mindfulness is simple, but it's not easy. And it takes some cultivation and some discipline, especially around mindful eating. Self-observation, inquiry, quiet, looking at and feeling the present moment, no matter what is going on.

Mindfulness is simple, but it's not easy. And it takes some cultivation and some discipline, especially around mindful eating. Self-observation, inquiry, quiet, being okay, feeling whatever's going on in the moment. I like this.
How many of you have ever seen MyPyramid? It's a dietary guidance system for the USDA Department of Health and Human Services. Okay. And then, it changed to MyPlate recently. And this is a take-off on that by Susan Albers. I mentioned her book. It's one that I use in one of my courses. And she kind of messed with that graphic -- the MyPlate graphic -- to be a mindful eating graphic. And I actually prefer this one over the MyPlate. There's nothing wrong with dietary guidance systems. But I prefer that people focus on being in tune with their internal cues of hunger and satiety and appetite, and less on portion sizes. But that's just my philosophy.
So, what I'd like to do now is have an activity. And after this activity, we will take a break. So, you can use the restroom or get some more coffee. But Seema, if you could help me out, I would appreciate it, or some of your students as well. So, in the spirit of St. Valentine, who we're celebrating tomorrow, I would like for everyone to have a chocolate. And don't eat it yet. It's part of the activity. It's part of the activity -- a chocolate. And in the exercise, you'll hear Dr. Bays talk about mindful eating. And she uses a raisin, and that's okay, too. I didn't have raisins at home. I had craisins. We're fans of the craisin. And so, some of you, I do apologize if you have a food allergy or intolerance to either of these. But if you do, I think you can still get something out of it. I think you can -- I think you can listen and still participate. But I have craisins, so you can choose what you want to do this activity with. Don't eat anything yet. But if you would like to take a napkin and do it with a craisin instead, that's fine. And I'll pass this around. And all you need is one, believe it or not. So, again, you can choose to do this, and I want everybody to get set up. And I will get the -- it going.

Dr. Jan Chozen Bays (voice from recording): This is called the basic mindful eating meditation.

Dr. Morris: I'm going to grab one, too.

Dr. Bays: In this exercise, we're going to experiment with bringing our full awareness to eating a very small amount of food.
Dr. Morris: Any more chocolate?

Dr. Bays: Preparation. For this exercise, you will need a single raisin. A raisin is best, but other foods will also work, such as a dried cranberry, a prune, a single strawberry, or your usual type of cracker or maybe a chip. During this exercise, you will be pretending that you have never seen this thing before. You don’t know its name. You don’t even know what it’s for. You have no idea what it is. You begin by sitting quietly and assessing your baseline hunger. How hungry are you on a scale of, let’s say zero to 10? Zero is not interested in food at all, and 10 is, I’m famished. Where do you look in your body to decide how hungry you are? Do you have a number from zero to 10? Now, we’ll use your imagination. Imagine that you’re a scientist on a mission to explore a new planet. Your spaceship has landed, and you’ve found that the planet is quite hospitable. You can breathe the air, and you can walk around on the surface of the planet without any problem. No one has seen any obvious life forms yet, and the planet seems to be bare dirt and rocks so far. The food supplies on your spaceship are running low, and everyone’s getting hungry. You’re the science officer, and you’ve been asked to scout out this planet and look for anything that might be edible. As you walk around, you find a small object lying on the ground, and you pick it up. At this point, you want to place the raisin or the other small food item on the palm of your hand. You’re going to investigate this little thing that you have found with the only tools that you have, your five senses.
Please imagine that you have no idea what this object is. You've never seen it before. Which is actually true. You've actually never seen this object before the last few minutes. First, you investigate this object with your eyes. Look at its color, shape and surface texture. You can touch it with your finger and move it around a bit. As you look at, what does the mind say that it might be? Now, rate your eye hunger for this item. On a scale of zero to 10, how much hunger do you have for this object, based on what your eyes see? Remember, zero is no hunger at all, and 10 is, I'll eat it right now. You have a number for eye hunger? Next, you're going to investigate the object with your nose. Smell it, and move it away. Refresh the nose. Breathe some fresh air, and then sniff it again. Does this change your idea of whether it might be edible? Now, rate nose hunger. On a scale of zero to 10, how much hunger do you have for this object, based upon what your nose is smelling? Next, you investigate this object with your mouth. Place it in your mouth, but do not bite it. You can roll it around, and you can explore it with your tongue, but don't bite it. What do you notice?

[ Pause ]
Now, you can bite this mysterious object, but only once. After you bite it once, you can roll it around in your mouth and explore it with your tongue. What do you notice?

[ Pause ]

Now, rate mouth hunger. On a scale of zero to 10, how much hunger do you have for this object, based upon what the mouth tastes and feels? In other words, how much does the mouth want to experience more of it?

[ Pause ]

Next, you decide to take a risk and eat this unknown object. You chew it slowly, noticing the changes in the texture and the taste.

[ Pause ]

You swallow it. You notice whether there is still any bits in the mouth. What does the tongue do now, as you're finishing eating it? Notice how long you can detect the flavor. Now, rate stomach hunger. Is the stomach full or not? Satisfied, or not? On a scale of zero to 10, rate stomach hunger. In other words, how much does the stomach want more of this food?

[ Pause ]
Because aware of this food passing into the body. Absorption of food actually begins as soon as we begin chewing. And then, of course, as the food passes down into the stomach, absorption is occurring. Are there any sensations in the body that tell you that this food is being absorbed? That it's moving into the body? How is it being received by the cells in the body? What do you notice?

[ Pause ]

Now, rate cellular hunger. On a scale of zero to 10, how much would the cells like to have more of this food? Now, we move to mind hunger. Can you hear what the mind is saying about this food? A hint is that, often the mind talks in “shoulds” or “should nots.” Does the mind think you should have more of this food or should not? See if you can rate mind hunger on a scale of zero to 10. How much would the mind like you to have more of this food? The last is heart hunger. Is the heart saying anything about this food? On a scale of zero to 10, how soothing or comforting is it? Would the heart like you to have more of this food? At first, we might find that this exercise is difficult, or parts of it are kind of strange. As with all aspects of practice, the more you do it, the more your awareness opens up. If you try this exercise with many kinds of food and drink, gradually, you'll be able to sense and rate the different kinds of hunger more easily.

[ Pause ]
This exercise is called asking the body what it needs. This is...

[ Silence-end of recording of Dr. Bays ]

**Dr. Morris:** Okay. Thank you for participating with me in that exercise. It can be pretty odd. The first time I did it with a class, somebody had already swallowed it. They were, like, "Oh, I wasn't supposed to chew it?" And we had to start over. So, you know, it's hard for -- sometimes, to stay that slow and that observant of what we're tasting and taking it in with our different senses. So, I do appreciate you participating. Those of you who participated in the mindful eating activity, what did you think? Share. Please.

**Audience member:** That was the best craisin I ever [laughter] ate in my entire life.

**Dr. Morris:** The best craisin she's ever eaten, yeah.

**Audience member:** I mean that sincerely. [Inaudible].

**Dr. Morris:** Thank you for sharing that. Well, what made it the best? What do you think?
Audience member: Well, I wasn’t very excited about it, looking at it. I was more excited when I smelled it. And then, that first bite, I really wanted more. It just -- the really, just sitting with it and tasting it. And it filled me up a little bit more than what I thought it would. I don’t know if that makes sense.

Mr. Morris: It does make sense.

Audience member: But it just -- I don't know.

Dr. Morris: And I see some other heads shaking, so it does make sense that you think, well, one craisin.

Audience member: Yeah, right [chuckles].

Dr. Morris: You kind of get a different perspective on -- you know, eating one grain of rice a day and this idea of, like, how could that be enough?

Audience member: But I didn’t just swallow it and go on to something else.

Dr. Morris: Yes.

Audience member: It was just really being with it. It was delicious.
Dr. Morris: Yes, we have -- thank you for sharing that. Thank you. Others? Other thoughts?

Audience member: We couldn't get past the wrapper. When it -- when it was time to -- the smell was obviously enticing.

Dr. Morris: Yes.

Audience member: But when it was time to bite down, I didn't unwrap it. I just was just going with the meditation, and I could not just bite down on this wrapper, if that makes sense.

Dr. Morris: Yes.

Audience member: So, I...

Dr. Morris: Wait. Did you have the chocolate in the wrapper in your mouth?

Audience member: Yeah. Well, so when it came time to taste it...

Dr. Morris: Okay.
Audience member: ...I just tasted the wrapper. I didn't unwrap it, because I just...

Dr. Morris: Interesting.

Audience member: I know that kind of sounds bizarre, maybe, but I was just trying to do...

Dr. Morris: Interesting.

Audience member: ...my best at following those steps. And I didn’t...

Dr. Morris: Really good. You’re really good. Okay, yes, I maybe should have brought unwrapped chocolate [laughter], but you took it...

Audience member: [Inaudible].

Dr. Morris: No, I love it. You took it to the whole next level. She followed the instructions. You're on -- you're a stranger on a new planet. See something. She -- you get an A-plus for following instructions. Boy. So, I get that.
Audience member: So, I was -- because I knew I had the option of a craisin, too, and so I was -- ended up craving something different. I just -- you know, I...

Dr. Morris: Fantastic. What a -- what a great -- what a great thing to share.

Audience member: Sorry.

Dr. Morris: No, it's -- don't be sorry. I thank you, because that's a great thing to share. Look at how mindful that was. She was following the instruction, and she bit down on the metal -- metallic taste of a foil wrapper. And said, this isn't working for me. I want the craisin. That's mindful eating. Because sometimes -- this is another kind of myth around health in every size. Oh, if you let people eat what they want, be intuitive, be a mindful eater, they'll just want to eat a Krispy Kreme and In-and-Out all day. You could kind of drive down there and walk back and forth between the two now, right? And that's not the case. Because sometimes, you're going to be eating a salad and really be craving a chocolate chip cookie, and sometimes you will be craving a -- eating a chocolate chip cookie and craving a salad. Some people find that hard to believe, because they've been raised, they've lived for so many years, dare I say even decades, restricting themselves from certain foods that they feel like, if they allow themselves to have it without the guilt and the shame, that they would go overboard.
But I’d be willing to do this exercise, and I’d put a whole lot of money on it, for any one of you sitting in this room, and anybody else I know on this planet, that if I gave you just chocolate chip cookies, it'd be pretty quick before you'd be sick of it and you'd want something else. I’d be willing to do that experiment. In fact, that's an experiment I do sometimes and work with people to get something in their food that's been a forbidden food in the past and get so much that they couldn't possibly eat it all, to stock their fridge or their cabinet with that. And it can be really frightening. I wouldn't do it with -- I would make sure that person was ready for that sort of an experiment. But it's this idea of, there will always be enough. And so, when you're done with it, when you're satisfied, you know there'll be more later when you want it. Really unpacking that idea of the restriction. So, that is just perfect, what you shared. Thank you. That was really mindful. Yeah, Seema.

**Dr. Sehrawat:** I really like what you just said, because I crave sugar, and you know, in my culture, and I'm not talking about India as a whole, but specifically my village, we eat dessert before we eat the main course. So, that's what we do, so now, you know, I'm just trying to just be more mindful. So, if I have all my cookies and things, all my Indian sweets there, I know it's there, and I don't have to eat them. But I know they are in the fridge if I want them.

**Dr. Morris:** Yes.
Dr. Sehrawat: So, the just feeling of, you know, I'm not forbidden from them.

Dr. Morris: Yes.

Dr. Sehrawat: I have access to them. And then I go on and eat other things and may not even eat them. So, I think that's really good.

Dr. Morris: Yeah.

Audience member: What is that -- I found, when eating this chocolate, it's just my husband and I now, and in the length that it took me to eat that one chocolate, and then, at the end, I was very satisfied and had no desire for more, we eat a whole dinner on a big plate in that same length of time...

Dr. Morris: Which was about eight minutes. Not uncommon. Thanks for pointing that out.

Audience member: And then -- and if it's really good, I want more. You know? So, it's interesting to see how just doing that little exercise, what a difference in that how our society, we eat so much. You go out to dinner, and it's huge servings, enough for a whole family, you know, on one plate. And so, it's just interesting.
Dr. Morris: Yeah.

Audience member: To see that exercise.

Dr. Morris: And I mentioned the slide before this activity was this idea that it's simple, but not easy. And I'm not -- want to be really clear that I'm not trying to make it sound like it's easy. It takes a discipline, but not the discipline - rules, rigid, more food rules, uh-uh. But this idea to keep practicing. Mindfulness is non-judgmental. Be gentle with yourself. And recognize that this is pretty much the culture we've grown up in. And maybe you can practice this with your lunch today, or your dinner this evening, or a dessert later. And again, it might take you a while. It took me years. It took me -- let me say that again -- years to be able to eat the way I do now and have my attitudes. Whereas before, I had a lot of food rules, and that was not a healthy place for me in my younger years.

Audience member: I've lived with people who, a bag of chips is not to sit down and have a few, but they eat the whole bag. And it's, like, not even really thinking about what you're eating, you know?

Dr. Morris: Yeah. Yeah, so...

Audience member: And that's a lifestyle.
Dr. Morris: Right. So, that's mindless eating. Right? So, I'm saying, put the focus on, your attention on, when you can, to the extent that you can, and it's a practice of being present with your food. And that means getting rid of distractions -- TV on, reading a book, texting, working at the computer. Take time to be with your food. Because only then, when you're mindful and fully present in the moment, can you check in with yourself and say, am I still wanting this? Do I want something different? Am I satisfied with just one? Yeah. Melanie, did you have a comment or question? Okay. Yeah. All right. So, thank you. Thank you so much for sharing that.
And again, it's not easy, but with practice, I think you can learn to do it more and more. And I do believe, as a health at every size dietitian, that, if we could focus less time on dieting and weight and focus more on training people to be mindful eaters, I do believe that we would crave a variety of foods, right? And we would get rid of the guilt and the shame and the kind of psychological damage that's been done by living in a disordered eating sort of culture for so long -- for so long. And that's great segue into the next aspects, but before we get into the social justice cause for HAES, I wanted to mention, mindful physical activity. As you can imagine, everything that I've talked about in eating, we can also talk about in terms of physical activity. Sure, there are guidelines out there for minutes and, you know, exertion levels and all of that, but if we can remember what it was like to be a child and want to move our bodies. I've been around Mel's kids, and a lot of kids, like on campus, and they're just in constant motion. And, you know, when did we learn to not do that? Think about those of us who grew up in this culture, and in school, what do we do? We sit you down just like this and say, "Stay seated." And then, for much of our lives, we live this sedentary life, where it's seated. And we lose some of that joy around movement. And then, it might have become for us, at some point, I need to be on this machine, this many minutes, to burn this many calories. So, HAES is not concerned with burning so many calories. HAES is about moving your body, to be fit.
And for older adults, nutrition is absolutely important, but to maintain functional status, cognitive status, physical activity has so many benefits -- maintain lean body mass, which is a big -- or, muscle mass, a big predictor of our longevity, our health and wellbeing, our ability to perform activities of daily living. So, physical activity can help with our muscle mass and maintaining -- come on in -- maintain our lean body mass -- no, it's okay -- maintain our basal metabolic rate, help with our bone health. You know, aerobic activity, strength training, balance, flexibility, all of that is so important for aging well. And so, I would just encourage you now, because, along with those New Year's resolutions to lose weight, the second one, usually, for most people, is to get more physically active. Did anybody make that resolution this year? I did. I did. Right? So, what are some barriers to all of you to being as physically active as you want to be? If there are some of you sitting here like me who say, I should be more -- what are some barriers? Yeah, go ahead.

**Audience member:** I don't have enough time, and I don't make it a priority.

**Dr. Morris:** Thank you. So, time, number one, always people say, and making it a priority. Thank you. I think about the -- I won't even say which ones. Melanie, don't say -- the TV shows I watch that are a huge waste of my time, but I've made that a priority over physical activity or other things? Yeah. Go ahead. Other barriers?
**Mindful Physical Activity**

**Audience member:** [Inaudible] walk and read a textbook, so [inaudible] hours and hours and hours on end...

**Dr. Morris:** Right.

**Audience member:** In class and studying. And then you’re tired, because that’s actually tiring to do.

**Dr. Morris:** Yeah. So, as a student, she's mentioning, for those of you who might not have heard over here, the life of a student, studying and reading a textbook, and then, that can be tiring. And then, after that, maybe you don't want to go to the gym or get out and be physically active. Absolutely. What else? Any other barriers?

**Audience member:** A kind of barrier is not really knowing what you like to do. I mean, there's so many things out there, and I see so many people think, oh, well, I shouldn’t try that, or I shouldn't try that, and I can't run, so I can't join a dance class. I can’t do this.

**Dr. Morris:** Yeah.

**Audience member:** You know, just bringing out what it is that you might actually enjoy
Dr. Morris: So, explore. Have a child's mind. Have the beginner's mind, what we talk about in mindfulness practice. Explore. Try things. For students on campus now, you are so lucky to be here at a time when we have the WREC (Wildcat Recreation Center). I have student nutrition interns over there that do free nutrition counseling. And the WREC is a fabulous facility. When I first started teaching here in 2000, Acker Gym just didn't have the facilities - - let's just put it that way -- that you now have available to you. And those of us who are faculty and staff, we can also partake of activities over there, or we can go outside in our beautiful community, and most months of the year, really take advantage of Bidwell Park. I like -- again, that should-ing. I should do this, or I shouldn't do that. Find what you enjoy. You know, find what you enjoy. I like dance. Got my husband to a ballroom dance class with me on campus last semester. So, the tradeoff is, this semester I'm doing CrossFit with him [laughter]. And I don't know -- I'm doing it for the semester, because that's our agreement. I don't know that at the end of the semester, I'm going to continue doing it. I don't know if that's going to be for me, long term. I really love walking in the park with my dog, and I really love yoga at Chico Sports Club. That's what draws my heart, okay? But I'm enjoying learning about things and doing things that I hadn't done with my body before. So, explore. Don't be afraid to try new things. Have that child's mind, or beginner's mind, around physical activity. And just incorporate it into your life.
So, we’ve been -- again, just like with the food rules, been so instructed in this many
minutes, this much time, that I remember when the recommendations went from, you
know, 30 minutes a day to 60 minutes a day, and a lot of people said, I wasn't even getting
30 minutes a day. Forget it. Might as well sit on the couch. Well, no, you're gardening, and
you're running around after kids, and your yard work, and taking the stairs and just going
for a walk at lunch. That all is wonderful and confers the benefits of physical activity. So,
enjoy that, and enjoy it throughout your life. I'm a big fan of walking. You need a
comfortable pair of shoes, and that's it. You can do it when you're traveling. You can do it if
you're stuck in airports a lot. You can do it on a 10-minute break or a 30-minute lunch
break. You can do that. But find what’s enjoyable for you. And that's a big part of it.
I've talked about the physical, psychological, you know, benefits or pitfalls of dieting and the benefits, the flipside with health at every size paradigm. And I want to talk about that third component, not just mindful eating and intuitive, mindful physical activity, but also the accepting and respecting diverse body shapes and sizes that we come in. And I think this is something that I really feel passionately about. It's really the social justice angle, and argument, making the argument for HAES. And I was invited to contribute a textbook chapter on this topic in the fall. So, hopefully that textbook chapter will have come out soon. I'll be able to share it more widely.
But this is something that's near and dear to my heart. And social justice, just to remind you, if it's -- or, if this is a new term for you, a socially just society is based on the principles of equality and solidarity, understands and values human rights, and recognizes the dignity of every human being. And certainly, there are historical, and even contemporary, examples of folks -- the civil right movement, women's movement, LGBT issues -- issues around equality in same-sex marriage now. Folks who have fought for equality for all of us.
And there are differences that exist between us, and we should celebrate those differences. And in a socially just world, we would celebrate those differences. On this campus, the Diversity Academy was something that I was able to participate in last summer. And if that happens again this summer, I would encourage those of you who are members of the campus community to participate. It was a wonderful two-week workshop with Susan Shaw. And she talked about differences socially constructed binaries that confer dominance or subordination on group members, whether it’s based on gender, race, social class, ability, sexual identity, age, religion, country of origin. And those of us in the HAES movement, and this was the argument I made in the chapter for the textbook that I authored this past summer, was that health at every size advocates really think that size or weight should be included in this list. It is an area of difference that is not currently protected by laws in most states in this country.
And I think that it warrants protection, because, if you think about weight in our society, it really has some of the common elements that all oppressions do. Okay, a defined norm. Well, in our society, that's the BMI. Institutional economic power, threat of violence, blaming the victim -- oftentimes, oh, if that person just had more willpower, if they just tried harder, they could lose the weight and maintain it. Othering, stereotyping -- usually that's done to confer some more dominance, right, and keep the dominant separate from the subordinate group, which, in our society, the dominant group are thin people, subordinate group are heavier people. Othering, stereotyping, invisibility, or even isolation and marginalization in our society.
And this cycle of oppression from Susan Shaw that she shared with us, I think, also fits. Because, if you think about discrimination against fat people, that's a systematic mistreatment of a target group, which then generates misinformation and ignorance about these people, which becomes socially sanctioned attitudes, feelings, beliefs and assumptions. I won't ask you to do it here, but sometimes, with my classes, I ask you to think about, what are some of the stereotypes we have about larger people? And maybe some words are coming into your mind right now. And just to be gentle with ourselves, and recognize that we grew up, and we are in, a culture that supports that. And to be gentle with yourself the next time you have one of those thoughts. And to say, oh, right, that's just a thought. It doesn't mean it's true. To be gentle with yourself. Okay, be mindful. But, so that's the stigmatization against fat people that then contributes to justification for further mistreatment, and again, discrimination, which is when they're treated differently.
So, the HAES paradigm, I argue, is a socially just alternative to our current weight-based health paradigm. And a friend of mine, Marilyn Wann, started this "I Stand" campaign. She had folks contribute photos. And this gentleman is a professor, and he's saying, "I stand for a world in which 'fat' is just a word." Again, kind of reclaiming that term from the marginalized or oppressed group.
I wanted to share with you -- one of the resources is the National Association to Advance Fat Acceptance, or NAAFA. It's a non-profit civil rights organization that works to end size discrimination -- education, policy efforts, advocacy efforts. And Rebecca Puhl and Kelly Brownell, this article is a great resource as well that looked at perceptions of weight discrimination and compared that to racial and gender and ethnic discrimination in our country, and found that weight discrimination was very close to the levels of racial discrimination in our country today. But socially sanctioned. And again, I think because we add that moral argument to it and say, oh, it's -- we're really just for the good of their health. Right, so it's allowed to pass.
Just some facts from that NAAFA website. In the workplace, we know there's discrimination. Even more so for women, that heavier individuals tend to make less money, and this is more pronounced among women than men in the workplace. And that 93% of human resources professionals agree that obesity is stigmatized and say that it's not adequately addressed in their organization.
In our education systems, children report being experienced weight bias from a teacher and even more so from their peers. Okay. And teachers tend to have lower expectations for heavier students. If we look at our education spaces, and inclusion there, we notice that, in many of the classrooms -- this is a fabulous, newer facility, and so, I'm happy to see that we're in this room today -- but if you look at some of the classrooms I teach in on this campus, not to mention in the K-through-12 system here in town, too, I'm sure, there are these desks, these little chairs and this desk that comes over that, for a larger person, would not work. Would not work. So, I encourage you, all of you, in your workspaces, if you have waiting rooms, offices, to have chairs without armrests, you know, so that larger people can feel welcome in our spaces. And I think in our educational system, that's incredibly important. So, it sort of suggests who has a right to be here -- who is welcome here.
And in health care, I hear so many stories from larger people who do not go to the doctor, do not seek out preventative health care, because they don't want to be told, again, "You should lose weight." I walk in for a cold or the flu, and the doctor says to me, "You really should lose some pounds." Okay, great, but the, you know, laryngitis I've got? What? And so, that we would think that, in a health care setting, you would at least want to know, what would that physician or nurse practitioner or anyone else say to somebody who was lighter in weight? It's not always about the weight, okay. And also in a study of 400 doctors, one out of three associated obesity with non-compliance, hostility, dishonesty and poor hygiene. So, these stereotypes are damaging and impacting the quality of health care that people receive. 31% of nurses in one study said that they would prefer not to treat a fat patient. And I'm very sad to report that, in my own field of study, some research with dietetic students and registered dietitians in the field, they held some of the same stereotypes as nurses about patients who were heavier. So, I'm working hard in my program to change that.
Weight bias is just so prevalent in our society. Thank you so much for coming.

**Audience Member:** [Inaudible].

**Dr. Morris:** Yeah. You're welcome.

**Audience Member:** [Inaudible].

**Dr. Morris:** No, that's quite all right. That's quite all right. It's so prevalent. And this is a picture I chose on purpose that I don't value, but I wanted you to become aware of it. Again, start being mindful. Notice this. This is what we call in the HAES world a headless fatty shot. Headless fatten. Again, I reclaim that word, "fat." I don't mean it disparaging term. But notice on the nightly news, notice in magazines, notice on websites, how often larger people are cut off at the head. To disempower them, to disembodied them, that we're focused on the body. Right. Notice how often that you see that. And so, that's a problem. Weight bias is just -- is so prevalent. Some of you -- we have a minute, so I'll show you this. A couple of examples, and again, some of you might have heard of Jennifer Livingston. Last -- I want to say it was last fall, this was the news reporter that somebody -- I want to say she was in the Midwest, and somebody made a comment about her weight. And then, she responded to that on air. Some of you saw that. You can look at it more later. We just live in a culture that -- let's see if this works. Jonathan Antoine, this was something else that got some good coverage.

[Singing from a video].
**Dr. Morris:** Yeah, we'll be skipping that [laughter]. Just notice this.

**Plays Video From UTube, a clip from the British TV show, “Britain's Got Talent”:**

[ Music and Cheering ]

"Britain's got Talent."

>> Simon Cowell: Hello.

>> Charlotte: Hi.

>> Jonathan Antoine: Hi.

>> Simon Cowell: Hi, how are you?

>> I'm fine, thanks. How are you?

>> Simon Cowell: Good. Nice to meet you. What's the act called?

>> Charlotte: Charlotte and Jonathan.
Simon Cowell: Charlotte and Jonathan. Okay. How old are you both?

Charlotte: I'm 16.

Jonathan Antoine: And I'm 17.

Simon Cowell: Okay, and you thought the combination would work. Whose idea was this?

Charlotte: It was our singing teacher's, actually. She thought it would good to try us out together, and we both sounded quite good when we sang what we did.

Simon Cowell: Okay. You're not saying much, Jonathan. Are you shy?

Jonathan Antoine: Ah, sometimes. I've always had a problem with my size since, like, I can remember. And when I was in, sort of, primary school, it was back then, really, that I had sort of the [inaudible] taken out of me, and it kind of damaged my confidence quite a bit. When people would say something to me, I just -- it would just take a little piece out of me, in a sense.
Charlotte: I'm quite protective of Jonathan, like, if someone -- if I was there, and someone stood there and said something to him, I wouldn't sit -- I couldn't sit there with my mouth shut. Before you make a judgment on someone, I think you really need to get to know them. It's not -- it's cliche. It's not judging a book by its cover. You've got -- you've got to read what's inside.

Jonathan Antoine: Charlotte's been a really big help for me in terms of confidence and making me a better performer and I really don't think I'd be going up on stage today if I didn't have Charlotte by my side.

Simon Cowell: And do you think you could win?

Jonathan Antoine: Yeah.

Charlotte: Together.

Jonathan Antoine: Yeah.

Simon Cowell: All right. Good luck.

Good luck.

Charlotte: Thank you.
Jonathan Antoine: Thank you [cheering].

Here we go.

[ Music ]

[ Singing ]

[ Music and Cheering ]

[ Singing ]

Awesome!

[ Singing and Cheering ]

[ Singing ]

[ Singing and Cheering ]
[Singing]

[Singing and Cheering]

[Singing]

[Cheering]

**End of UTube Video Clip**

**Dr. Morris:** You get the idea. Yeah. So, every time I see that -- where do I go back to this -- every time I see that, I'm just reminded that we just live in a culture where assumptions are made about larger people. And we see this all the time. It's just pervasive. And again, just to be gentle with ourselves and notice it for ourselves. There's something called, you know, internalized oppression, or thin privilege, that we all take it in. And I would argue that we all suffer from this war on obesity and war against our bodies, no matter what size we are. That those of us in the lower weight ranges have this protection, right, this thin privilege, this package of unearned assets, where we get to walk and be in the world without question, even if our health is not great.
But if show up at Krispy Kreme doughnuts -- well, there might be some people that have a nutrition professor being there, but it won't be about me eating a doughnut or a Big Mac. But a larger person goes to those places, and then we have all these judgments and ideas that we think we know about what their behaviors are. So, notice that. Notice that in yourself when you have ideas. Because we don't know what people's behaviors are. And there are many people walking around with eating disorders that are in a quote/unquote healthy body weight range who are doing some really unhealthy behaviors and are not as fit and as not -- are not as healthy as larger people. And so, to really question our assumptions. And again, we take in that internalized oppression, and that impacts all of us in the thin privilege as well.
And I think this extends to when folks say they're trying to help. The -- we hear a lot about the childhood obesity epidemic, and again, a lot of the campaign efforts, I think, are doing more harm than helping. And this was a Georgia anti-obesity campaign. The billboards were actually taken down, but can you imagine being one of these children, or the children they represent in this school, when you have a month that's Childhood Obesity Awareness Month? That you have posters and information saying, you -- we don't want you to be here. And it drives me crazy when I hear people say, well, you know, Michelle, there's bullying, and a lot of kids are tough on the fat kids, so we got to help them lose weight so that they're not bullied. For no other group that's discriminated against, that is oppressed, do we say, you should change who you are so you will not be discriminated against. And I argue that we shouldn't be doing that for children or adults as well. No, we should tackle the discrimination head-on. We come in diverse body sizes, shapes, colors, and this is not okay.
And, you know, even in the highest court in our land, we are all impacted. We live in a culture that has these biases and assumptions and ideas about weight. Sonia Sotomayor, it was -- it was fun to see her greet President Obama at the State of the Union address last night. He, of course, nominated her to the Supreme Court, the first Latina to be on the Supreme Court. I'm reading her book right now, it's -- this was a review in "People" magazine of her book. And I'm reading her book right now, and it's fabulous. But, what you probably can't see, I'm going to read the byline down below this picture. "When she's on the bench, Sotomayor wears a custom robe from Trajes Gobernador in Puerto Rico." Her quote, "Robes make you look huge," she says, "I wanted a tailored one." So, for all this woman's accomplishments -- is the first in her family to go to college, this woman from New York, to be the first Latina Supreme Court -- on the Supreme Court...and she has a concern, and then the media chooses to highlight that fact. I'd be, like, bring me a robe. I'm wearing the robe. I'm sleeping in the robe. I'm going to grocery store in the robe [laughter], you know? But that -- that's how pervasive it is. We would hope our judges are without bias, but again, weight bias, it's just so prevalent in our society. To be gentle with ourselves, to recognize that.
And it's also true that money fuels this war on obesity, and the war against our bodies. That HAES -- why is HAES, if you're even resonating with some of these ideas, it's working for you, you're like, hm. Why did most of you, when you walked in this room, had never heard of it? Well, HAES doesn't pay. And it's the politics around fat and money. So, you want to follow the money and recognize the beauty industries, the bariatric surgery, weight-loss industries, and diet industries have a lot of money to lose if we were to embrace health at every size. And there are a lot of conflicts of interest...
...and also confirmation bias and implicit attitudes about fat that lead to assumptions about fat. And this has serious implications for the research that's conducted around weight and health. The media reporting around these issues. The grants that get funded, the research that's conducted. And even as far as public health policy around weight and health. There is bias. There's confirmation bias. There's implicit attitudes that fuel this. Even in that article I mentioned earlier that came out about the myths and presumptions and facts about obesity, it kind of outlined all the myths and facts and presumption, and then, at the end, kind of tied up by saying, but we need to do more. It's like, really? So, even in that article, it's kind of like more of the same. We're so tied to this idea.
In my community nutrition class just this week, there was an assignment, where I talk about HAES, to write a paragraph description describing an early memory about body image or weight and share with the class. And I asked permission, without using their names, just to share some of the words of some of my students. And this is why I'm so passionate about sharing the HAES message, because I think so many of us in our culture today, and certainly, maybe in particular, those studying nutrition and dietetics, get really hung up on food.

So, one student wrote, "I remember truly enjoying gymnastics and realize now why I chose to give it up. When I hit puberty, I began developing, and it became harder and harder to keep my balance. I remember overhearing an adult telling my mom that young girls had to stay small to be able to complete in gymnastics, and I realized that was a description that no longer fit me. So, I felt like I did not belong in gymnastics any longer. After that, as I continued to grow up, I was very self-conscious of my developing body, especially being a tomboy. I was embarrassed that I no longer had a slender build and small chest like a boy."
"My first memory of body size and body image was when I was around 11. I was raised mainly by my father, and I remember him telling me to suck in my stomach to look thinner. I started gaining weight at about 11. I was healthy and physically active, but I started to get some insulation on my body. My father's idea of what a woman should look like did not line up with my body type, and he started pushing me to lose weight. He felt that a woman should be able to stand with her feet together, and there should be a gap between her legs and thighs should not tough. He began restricting my food and forcing me to run after school. I think this set me up for a negative relationship with food and deprivation that continued for many years until my ideas shifted."

Another student: "Once upon a time, I lived in a world where I wasn’t concerned about weight or body size. I ate what I wanted, I dressed myself in any kind of clothing I wanted. I never compared my body to anyone else's. When I turned 12, things changed. It was in the seventh grade, and I just started attending a new school. And when it was time for P.E., we went into the locker room to change our clothing. Then it began. The other girls would comment, 'Wow, you are so skinny. I wish I could be skinny like you. How do you do it?' Little did they know that the only reason I was skinny was because I was from a food-insecure household, and we didn't get to each much."
"As you can imagine, body image is not the easiest topic to talk about. I can sympathize with those who have struggled in their early years. However, I found myself facing this issue more as an adult. Just the other day, I found myself indecisive about what to wear. Outfit after outfit, I just couldn't find anything to wear. I stopped and looked in the mirror. It wasn't the outfit I was worried about. It was my body. I felt uncomfortable and stared in the mirror for at least a few minutes. I couldn't explain this behavior, especially since the only place I was going was to the grocery store."

Right. So, so many of us probably have our own memories about body image or diet or weight that impact us, and it's important.
I never give a talk about older adults or community nutrition in general without talking about the very real issue of food insecurity. And there are absolutely folks in our society who, at all ranges of the weight spectrum, suffer from food insecurity – who do not have access to safe, adequate, nourishing food to lead active and healthy lives. And there are many people in our community in Butte County, certainly in the state and in the nation, that suffer from food insecurity. And two programs I just wanted to mention, give a shout-out to, the older adult nutrition programs, there are congregate site and home-delivered meals. That's how I got into senior nutrition. My graduate work at UC-Davis, I investigated the impact of the congregate site meal programs on a dietary intakes and nutritional status of older adults. In addition to improving their diets, the socialization aspect that those programs provide is so important. So, if you know older adults in the community, that's a great resource here in Butte County. And also, CalFresh -- is it Natasha?

**Audience member:** Yeah.

**Dr. Morris:** CalFresh is a -- is an incredible program. You might know it formerly called the food stamp program, or the supplemental nutrition assistance program. In California, we call it CalFresh.
And a report that came out recently suggested that older adults -- they used the term "senior" -- are under-represented in terms of CalFresh recipients and that oftentimes, seniors may not know what it takes to be eligible, or there might be the stigma attached. But this is an incredible food nutrition program that helps improve the dietary intake of older adults. And that for many -- 130% living at the poverty line is your income eligibility requirement there, but for older adults, it might be even higher. So, this might be the same brochure you brought. I'm not sure.

**Audience member:** [Inaudible].

**Dr. Morris:** Yeah. So, if you work in the community, feel free to take some of these. I'll put these as another handout. And just really noting that we talked in here today a lot about, you know, preferences and wants and issues around, maybe, food and intuitive eating, mindful eating, but there are some people who, quite simply, don't have enough food to eat. And so, they're not deciding whether or not it's the -- have the chocolate or another bowl of ice cream or not, which might be the mentality some of us are in, but -- or, should I lose a few pounds or should I not, but rather, I don't have enough food to eat. Okay, and so, older adults, and increasingly with some of the agencies I work with in town, including the emergency food providers, they really noticed, with the recent recession, an increase in the number of people coming for their services -- families with children, and the other big demographic, older adults. So, I just wanted to make sure you had that resource.
And more resources. Again, some references — journal articles, a great place to start. Linda Bacon's book, "Health at Every Size: The Surprising Truth About Your Weight." If you're intrigued by any of the information that I've talked about, this is a great place to start. It's read for the -- written for the lay public, and this is a book that I require in my senior-level community nutrition course so that the students can learn more about the evidence base for HAES. There are websites. The Association for Size Diversity and Health, HAES community, and I mentioned previously, the National Association to Advance Fat Acceptance. From Linda's book, there's a live well pledge, and I brought cards, so that, if you feel so inclined, you can take one, take one for a friend. I have one in my kitchen. The live well pledge, says, "Today, I will try to feed myself when I'm hungry. I will try to be attentive to how foods taste and make me feel. I will try to choose foods that I like and that make me feel good. I will try to honor my body's signals of fullness. I will try to find an enjoyable way to move my body. I will try to look kindly at my body and treat it with love and respect." So, that's the live well pledge. You can feel free to take a card and share one with a friend if you'd like to. So, some great Web resources. And again, this whole presentation will be posted up.
Weighing. You know, I've mentioned all along that, as a HAES R.D. (Registered Dietician), it's a weight-neutral approach. I don't really concern myself with weighing. But, for many people, that's part of their existence. For many people, it's every day, or maybe it's once a week, or maybe it's every few months. It depends. And so, this is a question -- I chose this graphic -- I've never seen a woman look that happy to get on a scale [laughter]. So, I thought that was a great picture. I thought, what! What! And so, I'm wondering if there's anybody -- any of you -- we also have a gentleman in the audience, but I did bring my scale. And so, after everything I've heard -- you've heard today and talked about, do I have a volunteer or two that would like to come up and get on my scale? Please? A volunteer, anyone. Fantastic. Three of you, come on up. Are you sure? I really want you to. Come join them. Yeah, great. And I want you to get on my scale, and then, you can -- we can see what it -- what it says. Go ahead.

**Audience member:** So, I'm going to take my shoes off.

**Dr. Morris:** Take your shoe -- taking her shoes off. How many of us do that? And the clothes? Make sure we've gone to the bathroom? And what does it say?

**Audience member:** [Inaudible – steps on scale].

**Dr. Morris:** You can look. “Hot.” Nice! [laughter] I agree. Go ahead. [Inaudible]. All right. Melanie, come on up. You can put your shoes on.
Audience member: Weren’t you -- weren’t you by that scale...

Dr. Morris: I’ll tell you -- so, Melanie’s going to get on, and what does her...

Melanie: “Ravishing.”

Dr. Morris: Ravishing, yes [applause]. I agree. All right. And what’s your name?

Rana: Rana [phonetic].

Dr. Morris: Rana. Thanks, Rana, for volunteering.

Rana: [Laughs] “Adorable.”

Dr. Morris: [Applause] I agree. I agree. Today -- look, I -- this is the only [inaudible] work, you know, right? I don’t own a scale, actually, at my home. I also, too, fall into the hot. This is my “yay” scale. I threw out my weighing scale many years ago. That was part of my recovery from an eating disorder. This is made by my wonderful friend, Marilyn Wann. It can be ordered on Voluptuart.com, and all sorts of other HAES-friendly things. So, I want to encourage each of you to step on the “yay” scale before you leave today and encourage you to take the focus off of weight, consider the health at every size approach, and start enjoying your food again, and enjoying your body for what it has to give you. We all get to be president in this room, and I thank you for being here, because, without you, I wouldn’t have had anybody to talk to, and I thanked earlier my ICOA friends.
And this is -- this is my inspiration for studying nutrition and wellness with older adults. I showed you a picture of Mom earlier. This is my mom and dad, five years ago now, on the occasion of their 50th wedding anniversary, and yes, my mom was married as a baby [laughter]. She was 17 years old when she married my dad. And so, this is now five years ago. Now they -- this summer, it'll be 55 years. But they are living older adult healthy lives, and I want to do as much as I can to have resources and information to help support them in healthy aging, so I must acknowledge them. And I must acknowledge all of you for sticking with me here for a couple of hours. Thank you so much, and I'm happy to take questions [applause]. Thank you for being here. Thank you so much for being here, and -- 11 o'clock, as I said. So, some of you thought you were going to be here until 11:30. Probably like my students. You're, like, yes, out early. An extra half an hour. But can I answer any questions? Yes, Rana?

**Rana:** Well, I can't remember exactly how you said it, but what kind of suggestions would you give for individuals who are confronted with somebody saying, "Oh, you know, you need to do more to lose weight," or, so, if someone was to say those kind of comments to me, how can I -- what suggestions can you give so [inaudible] combat that with [inaudible]?

**Dr. Morris:** Yeah. Rana, I think that -- it's, Rana, right? Yeah, that's a great question, Rana, and yes, because so many people in our lives that just want our health and wellness. It's the top of their list, and they're -- you know, first of all, I might say, it's -- that's none of your business.
**Rana:** Okay.

**Dr. Morris:** That might be where I would start. But, that may or may not feel comfortable with some of you. In the back of Linda Bacon's book, this one that I -- that I highly recommend as a good primer on health at every size, there are some -- in the appendices, letters to friends, family members and physicians on how to talk about HAES and how to talk about what your beliefs are around this. So, it's a much more dignified way of saying, "None of your business." But I would -- and these are available online on the HAES community website, as well, so you don't even have to buy the book. So, these are great resources to help support you in talking to those people in your life that think that they might have something to say about your weight. Yeah, but would somebody say -- you know, I -- yeah, that's off limits. That's off limits for me for people to talk about my weight and make assumptions about my behaviors.

**Rana:** Right.

**Dr. Morris:** Because that's really what it's about. They think they look on the outside and they can make some assumptions about how you live your life, and it's not the case. It's not the case for thin people any more than it's the case for larger people. Yeah, question or comment?
Audience member: Just -- it's something you said earlier, your reaction to the Paleo Diet.

Dr. Morris: Oh, yeah.

Audience member: Just wondering if you had a word or two...

Dr. Morris: Darn it. I shouldn’t have said that. Yes, the Paleo Diet -- well, I would say, out of all those [books on the] rounders, that's the one that I hear about most. I would say, gluten-free, Paleo, kind of goes hand in hand. In this town, I won't even say the name. You know the name. But a big proponent of that diet, and he said some very disparaging things about our nutrition department, so I certainly have a bias [chuckles] towards that. But I just -- for me, I think most people can handle grains, and if you don't have an intolerance for grains, I don't see a problem with it. And we can talk about the Paleo diet, hunter-gatherer, more meats, meat-based, etcetera, etcetera. Well, hunter-gatherer years, we also lived until our, what, 20s or 30s? So, it just doesn't work for me. I don't think the science, for me -- again, though, I'm a mindful eater, and I want -- and I encourage people to be a mindful eater. So, for some people, that particular mode of eating might make them feel better. More power to you. It's just not -- it's just another diet to me. It's just another diet to me.

>> [Inaudible].
Dr. Morris: Yeah. So, it's just another diet. That's all. Yeah. And I just can't imagine a world without bread in my life [laughter].

Audience member: Yes.

Dr. Morris: I just -- I just -- and I choose not to eat meat. I eat -- I eat fish. So, you can see the Paleo Diet really wouldn't work for me. Yeah, and I think meat can be fine in a diet, by the way. Just want to really make that point clear. I just chose [inaudible]. Any other comments or questions? From my library, I brought some of my favorite books -- fabulous, "The Diet Survivor's Handbook," from Judith Matz. This, "Eating Mindfully." So, I'm just going to -- I'll leave these up front anybody wants to take a look at these before I leave. You can feel free. Thank you for coming. Yeah, and that's it.