Jillian Lampert

Ann Elkins: I'm so excited to introduce Dr. Jillian Lampert, who is the Chief Strategy Officer at The Emily Program, which is a national leader in eating disorder awareness, treatment, and recovery. She co-founded and serves as president of the residential eating disorders consortium. She is also treasurer of the eating disorders coalition in Washington, D.C., which is an organization for eating disorders policy and advocacy, so she is in Washington, D.C. quite a bit.

I'll go off her bio because you can read more at believeinbetterproject.com. But I will tell you, I've had the privilege of working with her as a client of ours—I won't get emotional, but I will—for the last year. And it's been incredible. And what I love about her is she knows her customer deeply in and out. And so as a marketer, it's pretty incredible to work with her. And I love that, the last part of her bio is she hopes that her wonderful 15-year-old daughter has a great relationship with her body, loves her body, is a happy, healthy girl.

So here she is.

Jillian Lampert: So the words that I choose to describe who I am, and I'm sure this isn't an exhaustive list, but I'm a mom, as Ann said. I'm a wife, I'm a friend. I'm an advocate. I spend a lot of time trying to think about how to get better care to people. And I'm also a little bit odd in that list of things—I'm a mindful, neutral eater and I want to talk a little bit about that because I'm hoping that as we go through our time together, you'll think about what kind of eater you might be and how we're talking about that with people that we serve.

So, first I'm going to tell you a little bit about eating disorders. That's what I do all day long, and that's what Ann was talking about, The Emily Program. And then we're going to move on to some other pieces about how does it all fit together. So this is your crash course and everything I want you to know about eating disorders in one pretty infographic.

About 30 million people in America will have an eating disorder in their lifetime. It's a lot of people. It's about 6% of adult females, about 3% of adult males, and if you go into the younger age groups, it's a little higher, about 8% of adolescent females, about 4% of adolescent males.

We don't have very good gender research beyond that binary area, but that's what we have. So we know that the percentages are high and we should be concerned about that. A lot more people have disordered eating, and that is defined in a multiple sort of

variety of ways, but really a disturbance in their relationship with food and weight in their bodies and themselves.

So that's a lot bigger number. If you stick with eating disorders, diagnosable eating disorders, for a minute, I want you to think about the next piece that's up there, that every 62 minutes somebody dies in America from an eating disorder. That is a direct result of their eating disorder. Has the second highest rate of mortality in the behavioral health space.

So we have the opioid epidemic, which is of course very important and critical that we do something about. Right after that, people die from eating disorders more than they die from anything else in the mental health space. And you may not have known that. Most people don't. It's the third most chronic, most common chronic illness in adolescents. So there are a lot of people that we serve who are struggling with these illnesses and dying from these illnesses, and a lot of times nobody knows that that's what they have.

We treat about 30% of people with an eating disorder. Three out of 10 people get treatment. That's pretty uncommon in our health care system in the U.S. that only 30% of people with an illness actually get care. The other 70% don't get care. Why not?, you might be thinking. They don't get care for a number of reasons. They don't get care because of stigma, because people just kind of don't want to come in and tell somebody that they're bingeing and purging six times a day. That they're taking 150 laxatives a day, that they ran a marathon and then they went to the gym and then they went to the other gym. Because that's what this illness compelled them to do.

People tend not to talk about these behaviors because they're, frankly, pretty extreme and a little weird. How do you bring that up? You know, we sit down in break rooms all over the U.S. and we say, Oh, how was your day? It's great. So on and so forth. Oh, well, I'm on this new diet. It's the keto diet, the zone diet, the eat right for your blood type. It's really, as an aside, one of my favorite, weird diets. I don't know if it comes with a blood typing kit that you do first and then you know, or if you're just supposed to know or how that works. So people do lots of interesting things with their food and we talk about it a lot.

And we actually sort of applaud a lot of behaviors that people talk about that actually are pretty obsessive. That if you think about that break room, if people sit down and talk about their latest, greatest diet or the fact that they ran whatever number of miles. And lots of activity and healthy eating is great—I don't want you to get the idea that I don't believe in fruits and vegetables, and lots of activity. I am a dietician and have a

Ph.D. in nutrition after all. So I really believe in that stuff, but I believe that we have a difficulty in our relationship with it, as a nation, as a culture.

And frankly, any industrialized nation has these same sort of concerns. So people talk a lot about that, but they don't plunk down in the break room next to you and say, yeah, I had a really, really hard night last night. My spouse and I had a fight, and then afterwards I ate a gallon of ice cream and then I threw up. I can imagine what would happen at that lunch table—people would be like, Oh, look at the time, I have to go back to work.

So that's the setting in which I want you to think about these behaviors. We know that eating disorders are complicated. They don't make sense to a lot of people. They are a complex, multifactorial illness, a lot to do with biology, a lot to do with genetics.

We believe that if you're going to get an eating disorder, you probably are quite genetically predisposed to get an eating disorder. And there are a number of things that could trigger it. So if you don't have the genetic predisposition, you're in a great place, you're probably not going to get an eating disorder.

But if you do have the genetic predisposition, our culture, the messages that we give each other and the products we try to sell each other and the way we talk about things really put people at high risk to have that genetic predisposition triggered. So we need to be thinking about that.

The last piece I would say is that recovery is possible. I travel a lot, and when I'm sitting on the plane talking to people, a lot of times people will say, Oh, eating disorders are just like substance abuse, people never really recover. They're always struggling with it, and I say, well, you know, there's a debate in the field about what recovered is, or recovering, and we could talk about that, but you don't have to have an eating disorder your whole life.

You don't have to have a disturbance in the way you eat and think about your body your whole life if you have one of these illnesses. You can have the illness, you can recover, you can move on and live a full happy life that doesn't have to have eating disorder related behaviors.

You might be genetically a little more anxious, genetically predisposed to depression, genetically predisposed to a lot of obsessive thinking or perfectionistic thinking, or maybe just good attention to detail or maybe some strong impulsivity. All of those things can be traits that are actually quite productive.

If you think about it, we need impulsivity to have entrepreneurship. [If] people weren't really willing to take a risk, then we wouldn't have anything start. And if people weren't really attentive to detail, we would have a lot of misspellings in every media piece we read. And we would have a lot of things out of order that would be really important.

So those are traits that can be harnessed. They're also things that can be hijacked. So recovery is possible. People can go on to lead full, happy, healthy lives, which is why at The Emily Program, we try to treat as many people as we can. So that's my two minute, three minute, eating disorder sort of talk for you.

I want to talk about you now, though. So what did you have to eat last night? Which is kind of an unfair question because I ate with most of you last night, right? So I know what you had to eat, but maybe there was something else. I don't know. But here's the next question. How is that different or the same as how you usually eat.

When you think about your experience last night and then take a second to notice any judgments you had about it. And honestly, I was with you last night. I heard some judgments, so I know that there were some, right, there were some like, Ooh, I want more dessert. I don't know if I should. There were also judgments of, Oh, that's so beautiful. I don't want to eat it because it's so beautiful. Okay. I said that because the display was so beautiful, but there were judgments, sort of positively and negatively, and neutral. Neutral is a judgment as well, right? It's an opinion. It's a perspective.

So here's an odd question, right? If I had a blood pressure cuff up here, would you let me take your blood pressure?

Would somebody come up here and let me take your blood pressure? Right. Okay. And then, how would you feel if I announced your blood pressure to the crowd? Probably not so uncomfortable. If I had a scale up here, would you let me take your weight? Maybe. Some of you are like, oh, maybe.

How would you feel if I told everybody what it was? I want you to notice that you likely had a different response to what would happen if I took your blood pressure and told everybody, than what would happen if I took your weight and told everybody. Much less coming up here and getting weighed in front of everybody—has a much different connotation, doesn't it? Than taking your blood pressure.

So I want you to think about, why is that? That's because of how we think about it. Not because there's anything inherently different between those two pieces of plastic and metal and springs and all the other stuff that goes into those pieces of equipment. It's really what we bring to it, and it's also what we bring with us in other places, right?

Anybody been to this grocery store? You may feel like this is the grocery store you go to every day. Good foods—you can be proud of yourself. Bad foods—you should be ashamed of yourself. So I think the question we want to be asking ourselves and the people we work with is, is this you? Is this us?

This is a really strong message in our society. Strong enough that people make cartoons out of it, right? When somebody makes a cartoon, it's always an interesting commentary. And so what does this do for us, to us, about us? That we have words like this that construct this way of thinking in our minds that we don't even quite really think about.

So you can be proud of yourself if you go to the good foods. You are a good person. You are making good decisions. You should be—I love that part—you should be ashamed of yourself if you go to the bad food side. So now we're giving you an emotion and we're really encouraging you strongly to go there, right?

That idea of shame and maybe shame would be a motivating factor. Shame is not a motivating factor for positive behavior.

What about this? [showing new slide] Is this true? I'm not sure how you swallow the pumpkin. I just want to be clear about that first, being, you know, October and all, I don't understand that part, but be that as it may.

If you look at these pictures, right? You have this smaller silhouette that has all sorts of fruits and vegetables and leafy things that don't look like salad greens, but okay. And a pumpkin and a lot of other fruit and vegetables with a smaller silhouette. And then on the other side you have this larger silhouette that has really, frankly, it looked like a gigantic hamburger bun, and I'm not sure what that's about, but you have your donuts, you have your pretzel, you have your sausages, you have your toast with butter, you have a burger, and it's in a bigger body.

This is a picture from an article about diet fads. And it probably was in that article about diet fads, because this is sort of compelling, eye-catching imagery that people instantly identify with and they say, oh yeah. And the picture take-home message is really meant to be, if you eat the pumpkin and the strawberries and the leafy greens and the raspberries, you will be thin. And if you eat the hamburger bun and the donuts and the pretzels, you will not be thin.

If you eat what's in that thin silhouette only, you will die of malnutrition. That's just how it would work. You would have no protein, you'd have no fat. Things would go poorly for you quickly. And if you eat the things that are on the other side, you will not die of

malnutrition. And depending on how much of it you ate and the manner in which you ate it, you might actually be just fine.

But that's not what this picture is telling us. It's telling us, based on all of our cultural messages that if you eat the things that lead to a larger silhouette, you will be larger. And if you eat the things that lead to a smaller silhouette, you will be smaller—and back to our good food, bad food, you can feel better about yourself.

So I'm going to propose that Carl Jung is right. That shame is a soul-eating emotion. There's a lot of research demonstrating that shame motivates only negative behaviors. And there's a big discussion in this sort of obesity, and I say that in quotes because I have a lot of thoughts about how we frame obesity conversations in our country and around the world.

But there's a lot of conversation about maybe just a little more shame might be helpful in motivating people's behaviors. And a bioethicist came out a couple years ago and said, you know, a little more shame would actually help people to change their weight. And I thought, well, that's not how I read the research.

And I don't think that that's the motivating behavior we want to pick. And it's certainly not the motivating behavior we want to pick for children. And that's one of the biggest concerns I have, is that we as adults are sort of used to the shame around food, and we really, I'm sure unwittingly pass it on to kids.

So as an example, this is a Facebook post, not of somebody I know that, but was pulled out into an article. My friend, mother of eight healthy children, which this note was relating to number seven of the children, received this today from her three-year-old's kindy. It's Australian, isn't it fun? Kindy is what they call preschool. It's so much fun. I would think we should change that. First of all, let's just have more fun words for preschool and kindergarten.

Your child has, fill in the blank, a chocolate slice, a slice from the red food category today, please choose healthier options for kindy. What is this message saying to this parent, to this kid? Imagine, take a minute and think about what generated this note, right? The kid sat down at the preschool table with their other friends in kindy, took out her lunch, and somebody noticed that she had chocolate in her lunch and went over to the table and wrote out the note with the sad face.

Again, that's the judgment. The sad, you've-made-a-mistake face and sent this home. What is that parent supposed to do with that? What the parent did with it, which I love,

is that the friend commented I told her to put in two slices tomorrow and tell them to get lost. We don't have to feed our kids shame and we don't have to eat it ourselves.

We don't have to engage in that soul-eating emotion. And how do we do that? So my proposal for all of you to think about is what if we really did try to make peace with food? What would that look like? What would it look like to be a neutral eater? To eat when you're hungry, stop when you're full or satisfied.

What would it be like to say, what do I want today? What do I want at this meal? What if last night when you approached that food spread and you stopped for a minute and said, I wonder what I want to eat, am I hungry, how hungry am I? I mean, I appreciate the beauty of this food and the fact that we're together and it's this amazing environment.

I mean, I appreciate all of the other inputs into that. Instead of walking up with a shame backpack that the society has given us that says, I don't know if I should eat that, or if I eat that thing, I'll be a better person. Right? And you may or may not have said that directly, but your brain hears those messages all of the time and they just sort of swirl around in the air.

So my supposition based on the research in my proposal to you is that we could actually fix a lot of problems if we could change the way we relate to food and how we relate our bodies and ourselves to each other and to the way we take care of them and feed them and move them. So if we had more peace with food, which I love the fact that somebody made a peace sign out of peas, and can we just appreciate that for a moment. Fantastic use of peas.

Having peace with food gives less worry, less guilt, less shame, less waste of time. How much time do we waste in our society? Time and money? How much self love do we squander not giving ourselves the opportunity to have peace with ourselves?

We could have better health physically and emotionally. We could be better role models for the children that we interface with. We could be better role models for the adults we interface with. We could have a much more connected life. If you didn't have to spend time worrying about what to eat and how you'd feel about it, you could actually have time talking to people. If we didn't have the conversation in the break room about what diet you're on, you could actually say, how are your grandchildren?

Or how was that trip you took? Why do we waste the time getting through all the eating stuff before we get to the real important stuff of who we are as people and how we connect to each other. Connecting on food is as easy as connecting on the

weather, and sometimes the weather is interesting and worth connecting on, but really we spend a lot of time connecting on food and it's not that interesting.

It's just not. It's not that important. If we have less self-judgment and criticism about how we ate and what that meant and how it meant about who we were, we would have so much more time for innovation. We could fix a lot more stuff if we stopped worrying about this stuff. We could emphasize self love because as it turns out, self love is a huge part of what's going to help improve the health care of our country, because it'll help improve the health of our country—of the world.

And then what if we had more freedom to be who we are and who we're called to be? What if that were the way we lived in our relationship with food? Really there would be different kinds of advertising, different kinds of products, different kinds of messaging, a whole different industry. And more peace inside and out.

So something like this is the way that we could think about this from a mindful eating approach. This is just one example. There's lots of interesting literature and books out there that are very accessible to the public on mindful eating. There's intuitive eating, mindful eating, neutral eating, lots of ways to think about it, but the concepts are all kind of the same.

What if we actually sat at a table while we ate. So think about if you're like me, you have in the last week eaten in the car, right? Going somewhere, because that's just how it happened. And hopefully you ate something like, you know, a one-hand item that was not drippy and you know, you're trying to eat your sandwich and put on your mascara at the stop light. Like I see some people doing.

We eat in the car, we don't sit down. We eat in our kitchens. We eat standing up. We eat in front of our televisions. We eat on the couch. We eat in so many places that are not a vehicle actually, for serving food. We don't eat on plates with silverware some of the time, right?

So what if we sat down, actually had silverware and had some time to really notice what we're eating and not be watching the TV. Or not having something else on or trying to multitask on our phones and something else while we're doing it. What have we actually paid attention to, what we were doing?

What if we ate what we ate. Eat while you're eating. What would that be like? What would it be like to not eat from the package and actually put it in a bowl or on a plate? These techniques are so simple and if you think about it, you know, not that odd, like it

seems that that's kind of how eating could work. And yet, it doesn't work that way for a lot of people. And for a lot of us.

There's something really incredible, if you look at the research on eating out of the package versus putting it in a bowl and eating it, you will eat much differently. And you will experience it much differently. That a package this big was not meant to be eaten out of. It was meant to be taken out of and put on something else to then be eaten and probably was meant to be shared.

So the way we think about, how do we do that? There's some other things on here like chewing 25 times and eating with your nondominant hand. Those get a little iffy for me because those are attempts in a pure sense, to get people to slow down, which is a great idea. Most people eat, or many people eat very quickly and they don't notice what they've eaten.

The part that I'm concerned about is if you go on a lot of dieting websites, you will also see these suggestions in the attempt to get you to eat less, which is not what I'm proposing. I'm proposing to eat more attentively. So take those as you will.

The last part in this, they ignore the health claims, I love, because health claims on packages, they get people to buy things. Sometimes they're accurate, sometimes not, and sometimes are not that meaningful when it really comes down to it. But we like them as consumers because they're interesting to us. So how do we use our marketing skills to make other things interesting to people that are actually helpful to them versus this stuff?

So if we could do this, I think we'd have more, certainly have more peace inside and out. We would have less disordered eating because if you are pursuing the promise of weight loss less, if we were pursuing the balance of life, of eating well, of moving well, whatever that means for you. Of coping well, again, whatever that means for you.

We all cope in a little bit different ways. We don't spend a lot of time teaching our sort of society at large ways to cope that are just sort of ubiquitous and in the water. That we should really be teaching people how to manage emotions because we're humans, we all have them.

We tend not to do that as much as we probably could. Certainly as much as we could. And what would it be like if we did? What if our society could cope better in ways that worked for them.

And what if the other, the last part of that, there's eating, sleeping, or eating, moving, coping and sleeping. What if we paid attention to how we're sleeping. There's a huge

part of sleep that influences how we eat and how we move. So eating, coping, sleeping, moving. If you are doing well in all four of those categories, a lot of things would go better. For you and for our health society at large. And you'd have lots of great outcomes, like less excessive weight gain, less diabetes, less teen smoking.

Do you know that a huge chunk of our teens smoke or vape to control their weight? And a significant chunk of adults smoke or vape to control their weight? That is probably not a healthful option to manage what your body's doing.

And the last part of this is how we really feel. If you think about your closet or those wherever you keep your clothes at home, what if you just got rid of those clothes that don't fit?

Those clothes are not right for you. Why do they get to live with you and take up your space? You could give them away. You could do whatever you want with them. Get them out of your space in your life. How much baggage in terms of clothing and shame again, is in that space. Get it out. That's a simple enough thing to do. Maybe.

Once you start taking them out and the temptation to decide if you want to try them on or see if they fit, gets a little messy. Just get them out. You know that they're not right for you right now, and that's not your fault. They're just clothes. They're just fabric. Go let them have a new life.

And what would that do in terms of our hearts? We'd have so much more space in our hearts for gratitude, for love, for peace. When we let go of this, like what I should be doing, idea. So it's a little bit of a sort of radical new way in some ways, to think how to think about it, how it would help us feel.

We've had the privilege and honor to work with Jessie Diggins, who's the Olympic gold medalist in cross-country skiing. And she has a phrase that she says is, “Don't call me pretty, call me brave.” That's her word. So if you see up here, her word is brave. We had this on the wall for a big event we had, and we asked people to put in their word.

What would you want to be called instead of something that's related to your appearance and the words are beautiful, right? Resilient, intelligent, compassionate. That's not about appearance. That's about self. That's about self-love. Brave is not an appearance. Brave is inside. What if we did this across all the ways we think about who we are and then really as it relates to our bodies.

I love this quote, “And I said to my body softly, I want to be your friend. It took a long breath and replied, I've been waiting my whole life for this.” We walk around with that

and if you walk around the people that walk around in this world not befriending their bodies—it's a vehicle that gets us through everything we do.

How much closer do we need to get to being able to intervene on health outcomes than taking care of ourselves? But not in the traditional way of taking care of ourselves that we think of—really taking care of ourselves and knowing who our self is and caring for that self. So I want you to go back to thinking a little bit about yourself.

So, if this worked for you, or if you could change some things about how you do it. How would this work for you? And then how would it really work to change the world? So if we were eating mindfully, you ate when you're hungry, you stopped when you were satisfied. And really that's a, you know, one little block on a slide.

It takes a lot of work. It takes a lot of attention to know, what does hungry feel like for you? Do you get light-headed? Do you get crabby? Do you get distracted? Does your stomach growl? Do you not really notice? Hungry is different for each person and so is satisfied. And I don't mean full, I'm putting satisfied in there purposely because many people, when they say I'm full, they've eaten … you know that bite you take and you're like, oh, that was the bite. And now I'm overfull, right? You gotta work up to that line and you're like, Oh, there it is. Too full. So how do we really help ourselves to know where that is until we're satisfied? Because as it turns out, for most people, not for all, but for most people, we know that we're going to eat again relatively soon, right?

Most people eat anywhere from two to six times a day. If you have food security and you have a rough idea of where your next meal will come from, it will not be the last time you ever see a brownie or a donut or that amazing fudge cake. Or that amazing cheese platter or that amazing, whatever it is, they will happen again for most people.

So that's a lot of skill. The second step is significant as well. What if we did befriend our bodies? Your body's been waiting its whole life for this. What if we did that? What if we stopped judging ourselves by how we eat, what we look like, what we weigh? It's a piece of plastic with some springs, it doesn't really give us a measure of health.

What if we befriended our bodies? And then what if we brought it out to other people? What if we role model this for other people? What if the next time somebody talked in a break room about being on the diet they were on, you said, you know, I'm really not interested in hearing about that. I'd really like to hear about you. And how you are and what's going on with you. Could we talk about that? I really want to know you. I want to see you and know you.

That would be different. That's a gift. And what if we taught kids this and in fact, what if we actually let kids keep doing this? This is kids' original ways. When we were all young, we ate when we were full [sic], we stopped when we were satisfied.

My daughter, when she was three would hand me back a sort of slobbery half eaten chocolate chip cookie because she was done. And most adults would just eat the rest of the cookie, even though they were done. But we eat it because you grew up with starving children in some country somewhere. I never understood how me eating my dinner would help them because I wasn't exactly going to box it up and ship it to whatever country that they needed. I don't mean to make fun of hunger around the world, but it won't help anybody if we overeat.

It doesn't help us to eat something that doesn't have any impact on them. We could think a lot about our food systems and waste and how we package things. There's a lot we can think about in that realm, but finishing something just because we have it does not help us and it does not help anybody else.

So what if we let kids actually do that? What if we just let them eat their chocolate slice at kindy and be happy about it. And not tell them and their parents that they're wrong and need to be ashamed for a normal behavior.

And then the big step. Choose your media exposure wisely, right? There's media exposure everywhere. We can choose our messaging. Speak with your spending power. If you find a company that really has great messages about weight and relationship with self, tell your friends. That's how this world works, right? That if we support companies that do good things, they will do more good things.

And the companies that don't do good things won't do as well. We have the power and that's really important. We forget that we have the power. We're actually the consumers. We get to make the decisions. We can make different decisions. And as we do this, as this movement grows, our expectations change.

Consumer behavior changes and demand will shift, and the sellers of the messages will change. And that's where, I would propose, the world actually will change. Because we will have changed it, which is awesome that we can do that with some pretty simple steps. This is not a bazillion dollar investment.

This is a day to day, moment to moment opportunity we have, to change the way we think, to change the way we relate. And the beautiful thing is, you can keep doing it all day long. If it doesn't go well, you can do it again. You're going to get another

opportunity very quickly to try again. So it's a renewable resource that's always there for us.

So the two things that I just wanted to give an example of where there's a lot in the body positivity movement now. This photo is all bodies are good bodies. We really have a message around which are good and which are not good bodies in our society. And there are lots of messages that are trying to sort of turn toward positivity.

There's a lot of controversy about who's doing it right and, and all of that. But the concept of like, yeah, bodies are all okay. Revolutionary, right? I don't think it should be, but it seems to be. That's gaining a lot of positive momentum on social media, in retailers. Let's support that so that indeed all bodies are good bodies.

These are all seemingly female bodies. A lot of the body positivity movement is focused on females because we've spent so long doing such a strong cascade of messages to women about how their body should look. But I don't want to disregard all other gender bodies because we really have stepped up our game and helped, you know, lots of people feel bad about the bodies they're in, whatever gender they are.

So we have a lot of work to do across the gender spectrum with body positivity.

One of the things that we're doing, WithAll, which is a nonprofit that I am on the board of, that really we're trying to talk about simple solutions of what we can do.

And we've come up with this five-step What to Say, because a lot of times we hear what not to say and I've given you lots of ideas of what not to say, but I want to give you some ideas of what to say. What if we said things like, you're you and you're wonderful how you are. You're strong.

What if we didn't comment on people's appearance the way we do? What have we commented on the appearance of who they are? Wow, you look really excited. Tell me what you're excited about. Not, you look really pretty or you look very handsome. That may be true. You may think they're pretty or handsome.

See them for who they are, more than just what they look like. And if we really did that, things would change. It really would shift the whole world.

So our premise is simple. It's make peace with food. That's what we're trying to promote, The Emily Program and a lot of other things that we work on.

It's also really cool when an Olympic gold medalist decides to do this with you. That kind of voice where people are really hearing it from not just, oh, you guys are eating

disorder experts. Not everybody has an eating disorder. That sort of, you know, if people aren't connected to eating disorders, they start to tune out.

This is a much larger message. So I'm super appreciative of Jessie Diggins for sharing that message with us, but I think this is an opportunity for all of us. How will you take this message and try to go out in the world to make peace with food?

Thank you very much.

Ann Elkins: Well, I have lots of questions for you. I'll ask one and then I'll see if anybody else has questions. We all interact with many people throughout the day in health care. And this is not a job or a career for you. You're on a mission. So tell us a little bit about what drives that passion every day.

Jillian Lampert: I think it's because it's just not that hard. There's so many big problems in health care and so many big problems in the world. And this one we can tackle and we don't need a lot of resource to do it. We just need a little bit of will, and permission, maybe? And so I'm so excited about it because it could really help.

So why don't we do it? And it's soul crushing to me—and you've heard these things too—when kids come home from elementary school, kindy, high school, college, and say, you know, somebody teased me about my weight today, or they called me whatever, that was derogatory about their appearance.

Why? We could solve that. There's so many things that are hard to solve. This one we can do, and it's really one of the sort of last things we hang onto to help ourselves feel bad. Well, let's let it go. And figure out what would happen. And I'm curious about what are we afraid of?

And that's, I think, the important question. What are we afraid of if people ate when they were hungry and stopped when they were satisfied? And I think I answered my own question. I think we're afraid that if we give people permission to love themselves, that the whole population will suddenly become way too heavy.

We'll be fat, we'll be obese. Whatever word you want to use, things will go terribly wrong. And our health care system will implode. All of the data from the things I'm suggesting shows that the exact opposite happens. So that's what I'm really curious about. Like what are we afraid of?

Audience member: Thanks Jillian. I go to the doctor from time to time and they take me by the scale and I say, no, thank you. And walk by, and they look a little puzzled, but I keep moving. I don't want to ruin my day every time that happens. But I have an

annual physical, you know, just a checkup coming up next month—actually in a couple of weeks—and I've already started thinking about how I should eat less so that the scale won't look as bad, because I will have to be weighed for that particular— and that's the way my mind works. And I totally understand all of that, but I would love you to address the health care system, primary care, what's said to me when I'm at the doctor's office, about these very things. How that conversation can change between patient and physician, for example. So could you go into that a little bit?

Jillian Lampert: Sure. I love that you walk by and say, no thanks.

It's one of the most fun things to do because they're totally stumped. They're like, what? But okay. That's usually how the conversation goes. And I think it's brilliant, like if you're going in for an ear infection, I don't know that the antibiotic you will get or not get for your infection is based on your weight.

So why do you need my weight. I don't think I'm getting enormous amounts of edema from the ear infections. I think we're good there. You don't have to get my weight. Why do we get weight? And we are just accustomed, we're acclimated to getting weighed. You walk in the door. There it is. Why is it in the hallway?

That's what I want to know. Why is it in the hallway? So weird. You don't take my blood pressure in the hallway. You take my blood pressure sitting in the room. Why do you take my weight in the hallway? That's interesting. So I think why do we need it? Right. Tracking your weight over a period of time is important, and tracking your height over a period of time is important.

I want to know if my skeleton is contracting and I'm shrinking, that's important information. There are some important pieces to it, but we use that as the ubiquitous vital sign. And so I often ask like, I know that you need to collect a certain number of vital signs. What else would you like to collect today?

Which also confuses people. They're like, how do you know we need another vital signs to bill? ;Cause I'm in health care, that's how it works. So what else would you like to do? Would you like to, you know ... so I think we can ask different questions and then also really encourage ourselves to say, what does it really matter in a couple of weeks if your weight is a pound less, so what. Really, so what? But you're right, we sort of live in fear that, you know, Oh, what's going to happen? I just had my annual physical last week and I was devising all sorts of clever things to say to the MA as she was doing my height and weight, I was very well behaved and I just smiled.

But why do we care is the first question? And the second question is, really, how should that dialogue be? That as a health care provider, yes, I know that weight is an

important piece of health, and in some situations, in some conditions it's very important, but we use it as sort of a, you know, if that's your hammer, everything's a nail and we need different hammers.

And I know we have a lot of different hammers. Why do we always use that one? And furthermore, telling somebody in an office, oh, I see your weight is up. Weight is not a behavior, which is really important to think about—weight, and losing weight or gaining weight is not a behavior.

Eating differently, sleeping differently, moving differently, coping differently. Those are behaviors. Losing or gaining weight is not a behavior. And so when we tell people to lose weight, what am I supposed to do? And in that, like we've talked about, in that short little time, you could say something as a health care provider to somebody who could leave them with weeks and weeks and weeks and intense struggle around, I'm not okay, my weight is wrong. What should I do? How should I manage that?

In our desire, in our structure in having to give people quick messages, people are going to go off and do all kinds of things that are probably very unhelpful. Last year I went to my doctor and my fasting blood sugar was one oh seven. Five years ago my fasting blood sugar would have been beautiful. They changed it to be under a hundred, now my fasting blood sugar is high. Crisis. I say that jokingly, it wasn't a crisis. You would've thought it was—because it's one test, right—little blood, one fasting blood sugar.

And my doctor called me and said, okay, so your fasting blood sugar was high. I think you should cut out the carbohydrates. Just really watch what carbohydrates you're eating. And we'll keep an eye on it. And I'm like, wow, that is a big hammer for that little tiny nail. How about if we, I don't know, how about if we recheck it? How about if you ask me a little bit more questions.

Turns out I had coffee, black coffee, followed the rules, but was out with my dog. So I'd exercised that morning, which I know can trigger an increase in glucose. Like, you know, being a health care provider is a little challenging sometimes when you know too much, right? I know that that fasting blood sugar is not an adequate representation of what they're looking for.

But how am I, you know, who knows that? Most people don't know that, right? So, I could've gone home like, oh, I gotta cut out all carbs. And there I am in the break room, not eating carbs. That's not a good outcome.

So I think we really need to attend to, what do we really want people to do?—I want you to be healthier—okay, well don't talk about losing or gaining weight. Talk about

how are you feeling? How are you eating? How are you coping? Are you sleeping? There's so many other questions to ask.

Audience member: Thanks, Jillian. I was just thinking back to when one of my kids went through the preschool screening for kindergarten, like the pre K, I think she must have been four and a half or something like that. And I remember they weighed her and then they told me that she had a very high BMI and she was extremely, like, at high risk for obesity.

And I remember getting in my car and being like, I cannot believe they're telling me that. I mean, I was like, that day I just swore to myself, I'm like, and of course she's like this totally normal, healthy human, but it's like because we're using these BMIs, these numbers, this data driven stuff.

And since then I've brought some of my other kids, one of my kids who was, maybe had a BMI as a 12 year old, and I remember I called the doctor's office and I said, you will not say anything about this when we will meet. This is the agreement. You will not speak of it. Because I'm like, I won't have that and come from a long kind of history of disordered eating in my family and myself though. How do we, like, from a public health standpoint, stop all this kind of madness around. But yet at the same time, you know, these are data points people want to use.

Jillian Lampert: Yeah, that's a great question. I think we're going about a positive pursuit in a not positive way, is how you frame that.

I agree there's way too much processed food and huge portion sizes and people who are not regulating their eating well because they're overeating and eating emotionally and people are not eating enough and people are overexercising. There's all sorts of problems with what people are actually doing as behaviors.

And a lot of it is, is sort of, you know, certainly supported by all this stuff that I talked about, and we're not asking about that, right? So, we need to step back and say, what are we really trying to do? I want everyone to eat more fruits and vegetables too. That'd be great.

And I want people to get more sleep, and I want people to move their bodies in ways that are joyful to them. And I'd really like us to stop screening preschool kids at a kindergarten screening in a gymnasium, probably somewhere where you're lining up and then you get this sort of proclamation that you're wrong.

That your weight is wrong, your body is wrong. That's not helpful to anybody. So, and BMI is a population based data point, not an individual based data point. I could go on

about that forever. I won't. We really need to know what is the person's health and how do we do that?

That's probably part of why we don't do well because that's a bigger issue, right? That's going to take more time, more personalized attention, letting go of our belief that if we just tell people that they're overweight, that they will somehow change that. And that we will get better data points.

Yes. We have a lot of interesting things that have happened to our population weight over the last 20 years. There's lots of interesting things that have happened in mechanization and automation and food packaging and food ingredients and all of that stuff that we could talk a lot about. We could do something about that.

Telling a mom with a beautiful little kid, you're wrong, is not going to fix this problem. So that's where we have to stop doing it. We're not helping, we're hurting, actively hurting, and we're not helping this.

We just switched pediatricians because our pediatrician, who we'd seen for a long time, I don't know, she just sort of probably had a super busy day and didn't really think much about it and mentioned to my daughter something about her weight and her BMI in a way that was really unhelpful.

Left my daughter in tears. And then the doc came back in and said, it was something I said, wasn't it? I said, yeah. It was. That's not helpful. So it was a good teaching moment. And then I took my daughter a different pediatrician.

Audience member: In this day and age of influencers, Instagram bloggers, is there anyone or a few people that you either follow or know of out there on the internet that do a good job in this messaging that we can look to for more ideas on how to do our own messaging.

Jillian Lampert: Yeah. There are a lot of body positivity influencers, so I think there's really a wide array of those folks. I can think of sort of, you know, 20 names off the top of my head, and not one. So I think generally the body positivity movement is going well with some controversy.

But I think even the simple Instagram page at The Emily Program and with all is full of these simple messages. So, you know, I would, obviously, I'm closest to that. That's a good resource, but I think that the other pieces, because telling somebody to follow somebody else might work, they certainly might, which is great. I think maybe a more effective question is to ask people like, who are you following and what does that tell you? Because there's so many, right? There's so many people and there's new

messages every day that if we're helping kids to be, and adults to be, more proactive and attentive to what they're seeing.

It's sort of that saying of, you know, instead of preparing the path for your child, prepare your child for the path, that I think we need to do the same thing with adults—instead of trying to make the path just right or find the right places, how do we prepare them to know what the right path is?

So that's where I would give you the, like ask a lot of questions, cause people will tell you all sorts of stuff about who they follow and what sort of message they're getting. And unfollowing a lot of those messages is probably a great idea.

Audience member: Thanks, Jillian. I think for me the most disturbing statistic is that it's the second highest rate of death in mental health disorders, is an eating disorder.

And do you think the health care system knows that? That that's a crisis.

Jillian Lampert: It is a crisis. Yeah. I don't think so. When I talk to health providers, they generally don't, we, any of you, who are trained as health professionals, you know, how much training you got on eating disorders in your training.

It was, you know, this much, if that, right? It's not something we talk a lot about. And I hear a lot, I just talked to a doc the other day who was working in North Minneapolis and he said, well, we don't have anybody with an eating disorder in my clinic. And I said, wow, do you like screen them out at the door?—you do. And I understand that maybe there were a million other things that you're thinking about before you're thinking about that thing. I understand that, but you do. And we do. We all know somebody who has an eating disorder, had an eating disorder, or is struggling with a relationship with food.

Every single one of us knows somebody. And probably multiple people. So we do. And I think that's where we don't have enough training. And so people don't quite know what questions to ask, and they certainly don't know what to do then, which is through no fault of theirs. Right? If you ask a question and somebody says yes, but you have no answer, it is better in your mind to not ask it.

Right? How disappointing is that transaction? Like, oh, that's a problem. I don't know what to do now. So we're really trying to develop more. The eating disorder world generally is trying to develop more online resources, more teletherapy, more easily accessible solutions. But I think it starts with asking the question and because the

disordered eating rates are so high, you don't even need to find somebody with an eating disorder to be impactful or effective.

You can just say, how's your relationship with food and can we talk more about that? But I do think it's something that people need to know because most people with an eating disorder don't look like they have an eating disorder.

Like a lot of times people think, oh, those are the really emaciated, generally Caucasian, generally young females that eating disorders impact. All walks of life, body sizes, shapes, types. And mortality rates are high across all of that. So that's part of the issue. We've been working with [indecipherable] over the past two years to get a health care training program, grant funded program going, which is doing webinars and trying to get the word out.

But it does feel a little bit like a, you know, a rock into Lake Superior to have an impact. It needs to be much bigger, but it's a start. So I think, you know, everybody who learned something today about that, go tell every other health provider you know, and we need to educate ourselves.

Audience member: So I'd love to—thank you—I'd love for you to talk a little bit more about shame, the concept of shame. I think shame has actually transcended past, you know, even, you know, things like eating disorders, it's in everyday health care. Yeah, I see it with my primary care doctor trying to guilt me or shame me into the right behaviors and things like that.

And that's something that I see in many practices. So can you talk a little bit more about the impact of that, and I appreciate your comments around weight loss and I'm sorry, not weight loss, but eating disorders and things of that nature, but what are your thoughts about that in the larger impact of health?

Jillian Lampert: Absolutely. Yeah. I think it's important to distinguish, even though we tend to use shame and guilt interchangeably, that they're not interchangeable. That guilt is when you feel bad about doing something against how you feel. It's against your value. Like, ooh, I feel guilty because I did that thing that I really don't believe in or I didn't want to do. That's guilt.

Shame is, I'm a bad person because I did that thing. That's not a "us" value. That's a society value. So we have committed an ostracizable offense is what shame tells our brain. That we are a bad person. So when we use shame, a little bit of shame, that was really about my favorite quote out of that paper.

A little bit of shame will be helpful. A little bit of ostracizing, you are not okay, whatever the behavior is, is really not helpful. And most of the time when people feel shame, like I'm a bad person, I can't do this. They don't do it, right? And they do more of the thing we're trying to get them to not do.

So if you even take smoking, for example. If you shame somebody into thinking about not smoking, they probably will smoke more. And a lot of the data around shame research shows that shame is a motivating emotion for negative behavior. If you shame somebody around what they're eating, they will actually come back to you at the next appointment and weigh more.

They will not weigh less. That when we shame people into changing their eating, when we tell kids to go on a diet and they hear that as, I am not okay, I'm a bad person, I'm not acceptable. Five years later they weigh more. So why do we do that? And I think we do it because we think, oh, you know, maybe if people won't do it just for the good of their health, maybe a little bit of shame will be motivating.

It will be, but in a negative way. And we don't maybe see the outcome of that because they don't come back. Like they're not going to come back and like, see, please weigh me again. Tell me how wrong I am. They just don't come back. So they drop out of the health care system, which is to your point, Marsha, why a lot of people with eating disorders don't get identified because they're not going to walk into an office and say, Hey, I just threw up 15 times yesterday.

That's not what's going to happen. So I think we really have to think about how is our language potentially heard as shaming. And I'm really certain that most health care providers do not intend at all to shame their patients, right? That's not what we wake up in the morning, like, I'm going to go to work today and shame a bunch of people. That's not how people think. I'm sure of that. And even if that's not your intention, if it's the impact, we have to, like many other things, think about our impact and not our intention. How can it be heard? I sort of jokingly say to people, okay, hear what I'm telling you, not what you hear.

How do we do that? I want you to hear what I'm saying, not what you're hearing. I really want to know what you're hearing so that I can help you to understand what I'm saying. That takes time and attention.

Audience member: I believe that making my son's lunch every morning is the most stressful part of my day. I think making sure that he has his number of carbs and fats and proteins that the school requires. So what are your thoughts on ensuring that, you know, there's this one meal a day that the community through the school can ensure

that they're getting their macro nutrients versus just letting the parents you know, give the kids the food that they need. Because they might be getting those other macronutrients at dinner or breakfast.

Jillian Lampert: Yeah. Does your school really have a requirement for the lunch you pack?

Audience member: Well he's four. It's the preschool or daycare that requires it.

Jillian Lampert: So he's at kindy with the chocolate slice note. Yeah. I've done a lot of outreach to childcare centers to say, okay, let's think about what your messaging is. And that, I mean, it's my bold statement, that's not helpful. Telling parents that your kid has to have a certain number of fruits and vegetables in their lunch isn't helpful because putting it in their lunch doesn't mean they're going to eat it and putting it in their lunch and making them eat it is even worse.

So that's the, you know, that whole clean plate club that you may have all grown up with, really not helpful. Right? Not the, not gonna help the kids, in whatever country, don't have food. It's really well intentioned. But that's the first question I would ask is why? Why do we do that?

Why are there rules around what can go in the lunchbox? And there are certainly sort of rules if you're getting, if it's a government funded school lunch program or something like that, there are rules that they're following, but they're actually not that unreasonable in some ways in terms of what they're trying to provide as a well balanced meal, but requiring parents to do something at school.

I think that's worth the conversation, because it is stressful. How, I mean, you could pack the most beautiful lunch and what if they don't eat it?

Audience member: That happens most days.

Jillian Lampert: Yeah. Right. I mean, I usually say to childcare centers, you know, what's your process on eating? That the most helpful process is sitting down with all the kids' lunch bags, taking out all the food, putting it in front of them all at once, which includes any dessert that might be in that lunch bag if you don't get a nasty note about it.

Having all of the food out in front of the kid, letting the kid eat it in whatever order they want. And when the time is done, because it's time to move on to finger painting or whatever, everything that's eaten or you know, wrappers or not eaten food goes back

in the lunch bag, zipped up, back home. So the parents know what they ate, if they're concerned about that, but there's not judgment.

I've had childcare centers say, you know, staff say, well, I tell the kids they can't eat the chocolate until they eat the sandwich. I'm like, stop saying that. That if you let the kids eat the way that they're really biologically programmed to eat, they will eat intuitively. They'll eat the chocolate slice, maybe a bite of that, and maybe they'll eat the sandwich, maybe they'll eat all the chocolate at once.

The world won't end if they eat the chocolate first, it really won't. But do we believe that? Can we actually believe that? And in your bones, if you have people you eat with and you're making whatever, and you've made a pie for dessert and you're having dinner, put it all out on the table at once and see what happens.

And when I tell that to parents, they're like, oh, he's going to eat all the pie, the whole pie. Like all right, that might happen, but if you did that for a couple of weeks, nobody's gonna eat the whole pie. And if they eat the whole pie, then you need to ask some more questions. That's when you really dig into the relationship with food.

But people will self-regulate if we give them permission, particularly kids. Call your childcare center and have a conversation.

Audience member: Thank you. And I have an anecdotal story that I think is just interesting to show how crazy this whole area is. So, in speaking with people over the last day, I mentioned I'm a pharmacist.

I work for a pharmacy benefits administrator and help self insured employers manage their pharmacy benefit. And a couple of years ago, I personally was overseeing an account, a hospital health system in Southern California. They had about 8,000 members on their plan and they were spending about $200,000 a year on weight loss medications and they were looking at areas to save some money.

There was just one particular medication that they were using Saxenda, which is owned by Novo Nordisk. It's actually a diabetes medication that they increased the dose, call it a new name, and charge about three times as much. So it's about $1,500 a month for this weight loss medication.

And I don't know, they had 35 or 40 of their members on it. Come to find out the head of their endocrinology department was a speaker for Novo. So there was a reason that this drug was being used so much. But as part of this, because I was working with the

director of pharmacy at the health system, I was able to work through her to get access to the chart notes.

And, we found out, after looking at all of the patients—so in general with FDA approved weight loss medications, you need to lose 4% of your weight within four months to say it works, keep using it—and we found out after looking at all the, doing this kind of chart review of these patients, that 4% or I mean a third of the members or patients gained weight while on the medication, a third didn't lose the 4% and a third lost that much.

So, in total, when we added up the weight loss that they're going for, that organization is spending $2,000 per pound of weight loss in their population. They used that evidence to talk to the endocrinologist and they stopped paying for these medications.

But you know, there's a new GLP [indecipherable], some medication used for diabetes. It was just released two weeks ago. It's the first oral formulation of this drug. One of the number one selling points by the manufacturer when they give presentations is that it has about a 10% better weight loss than the injectable formulation of the drug. So, I mean that's the, and we know now that this is what we have to watch out for, because people that otherwise might not need this for diabetes are going to, they're going to work the system to make sure they can get this because it's going to show more weight loss.

Jillian Lampert: The system will work them. I think that's the, you know, a couple of things, 10% more, or 4% is, you know, I'm no math genius, but that's pretty small increase from 4% right? So that we have to think a lot about, I mean, that's a whole other conversation, to think a lot about what we're trying to do in weight loss as a culture, as a nation, as a health care society.

Because we don't really have any fantastic ways of ensuring broad, widespread weight loss and weight maintenance across the population. We have lots of ideas and lots of drug development and lots of people who are really bright minds thinking about it. And that's all, you know, there's pluses and minuses galore in that sort of part of the world.

But we also have a world in this culture, and other cultures that are industrialized to the degree we are, that says, here are all kinds of messages that won't help you to eat well, move well, cope well, and sleep well, so you can medicate and do all sorts of things to people, that unless we can start to change the culture, aren't going to be effective and will have minimal impact.

And the stuff I'm suggesting is actually free.

Audience member: I also get stressed out when feeding my kids and figuring out lunches and dinners and breakfast. And I'm curious if you can talk a little, I'm sure this is a whole other conversation, but, sometimes my kids have just things that they want to eat and usually they're healthiest choices. I mean, Miles loves to eat pear.

I know that pear has a lot of fiber in it, and I'm like, that's a great choice. One of my boys just never wants anything with protein except for dairy, milk or cheese. I really want to get protein in him. What are your thoughts about like letting them sort of follow what their natural body's telling them?

Versus me sort of trying to enforce what I think macronutrients I think they should be getting.

Jillian Lampert: Yup. Do that. Let them, let them dictate that. The division of responsibility around feeding is the parents provide the food. Because you know, the parents are shopping for it and cooking it.

Parents provide, kids eat. Provide a variety of foods. Kids will eat a variety of foods and take the long view that—as parents we're terrified, if you know, Susie doesn't eat enough fiber today, she'll probably get colon cancer tomorrow because we need enough fiber. Like, that's ridiculous.

That's not actually what's going to happen. That over the long view, kids if we really leave them to their own devices and adults as well, if we really encourage people to do these things and leave ourselves to our own internal devices, we actually will meet our nutritional needs. The vast majority of us will.

Some of us won't. Some people have a really hard time with this regulation. Some people have a really hard time with their food cues and their hunger cues, and satiety cues. Those are folks we really need to talk to and think about and help and strategize with. Some of them will have eating disorders, some of them will struggle with out-of-control eating.

So there's a, it's not magic for all, but really the majority of the population, if we really provide an array of food, they will eat an array of food and they will be okay. And I think parents are concerned. It's really the nitty gritty. I think parents are of course concerned that our kids grow and develop and you know, reach their peak height and their peak college performance and their peak everything else.

Like we're really concerned about that. I think, and maybe this is provocative, but I think that what drives a lot of parental worry around food as that we're afraid our kids will be fat, and if you're fat in this society, you will get treated poorly, which is wrong. Why do we do that? When I got on a plane the other day and I had a middle seat, and by the time I got to my row, the two people in the seats looked up at me and one guy said, wow, I'm really glad you're not fat.

And then I sat down, I said, let me tell you what I do.

He didn't really listen to me much, but we need to figure out our stuff, right? That, I think is what we're afraid of, and if we just let kids eat what their bodies tell them to eat and we give them permission and we don't freak them out and we don't freak out. Bodies will come in an array of sizes and shapes and some will be thin and some will be fat and some will be tall and some will be short.

And if we just could accept that, which is really hard, it would be okay. Part of why we have this obesity problem is that we cannot accept that. And so as a result, people get in these dysfunctional relationships with food and themselves and end up weighing more than they would have had they had a functional relationship with food.

So that's the challenge I give to all parents. Like, figure out what your fear is 'cause it's in there, it's driven somewhere in there. And then how do you deal with that and what do we do about it?

Audience member: What about things like cookies or, like we get, I get fruit snacks because I mean sometimes it's just easy to just like give them a little packaged snack and bring it on the road or stick it in.

I mean, I have to give my 7-year-old a snack in the afternoon, but it can't have any nuts in it cause it's a nut-free classroom. So I can't do like a granola bar or something or a fruit and nut mix. I dunno. Sorry.

Jillian Lampert: We're driving home together later today. We'll finish that. I've got some ideas though.

Ann Elkins: Are we over on time? How are we doing? We're done. We're over on time. Do one more. Got one more question.

Audience member: Thank you for your great idea. So I'm a pediatrician, so I know all those kinds of questions about moms struggling with food, but you know what? Everything begins in the pregnancy. I think that's part of it. They're connected. They have their own issues and they pass to the child, and then when the child is born,

they're so worried about is it growing, is it the right way. I see that, you know that connection. And the problem is that I think it's not about what we eat, it's about the intention of what we put into that.

So I'll answer to the mom. I always tell them, you know, they probably worry about breastfeeding, for example, I'm not producing enough milk and they want to be like cows, right? I want to produce tons of liters. And they get so stressed, and I said, you know, just make it perfect.

That those two ounces. You say, because they say, I'm poisoning my child with formula is like, no, you are not. Please don't say that. Yeah, because then you're actually doing it because we create reality with our minds, with our hearts. So I tell them, please don't say that. Please just say, this is perfect for your body and your body will be able to process it and it will use whatever.

So if it's only one drop. Breastfeeding or for milk, it's perfect for your baby, right? So I think it's not about the amount, it's not about the balance. It's about the intention that you put into every single thing, even if it's a drop of water or if it's one pea that the child ate, make it perfect. Because that's what it is, and we should do the same as adults, you know, teach them that.

Jillian Lampert: Yeah, I think that's, I think that's true. I think it's that where does the message come from that says whatever the not-perfect-in-their-mind thing is, it's coming from outside. That most people don't wake up in the morning and decide that 15 peas is the right amount of peas to eat. They just eat and then when they're done eating the peas, they stop eating.

And so those messages about what we should do, which again trigger get to that shame of sort of, Oh, I'm not good enough because I'm not doing what I should. That's a tricky cycle. And even the things that I'm suggesting would be helpful. I don't want you to walk out thinking, Oh, I should be a mindful eater and I'm not, and I feel bad.

I don't want to serve you a serving of shame. I think it's an opportunity to really live with what is and isn't that great. It's right at our fingertips. And if we talk about it differently, then what's at our fingertips will be different as well. And then you'll have to have that conversation last and you could just celebrate all the good things that are happening with the mom and the baby.

Ann Elkins: Thank you so much.

Jillian Lampert: You're welcome.