

Intro music: Bags are packed, are you ready to go?...This time tomorrow we'll be on the road...riding with you into sunnier days...I wouldn't want it any other way.

Julie: It's time to name the neglect from typical food advice. Welcome to the Find Your Food Voice podcast, hosted by me, Julie Duffy Dillon. I'm a registered dietitian with 20 years of experience partnering with folks just like you on their food peace journey. What have we learned? Well, cookie cutter approaches exclude too many people, and you don't need to be fixed. It's not you. It's not me. It's all of us. Only together we can start a movement and fix diet culture. And we will. Let's begin with now.

Transition music: I want to see how the world turns round...Let's go adventure in the deep blue sea...home is with you wherever that may be...home is with you wherever that may be.

Julie: Hi and welcome to episode 274 of the Find Your food Voice podcast. I am Julie Duffy Dillon, registered dietitian and partner on your food peace journey. Thanks for connecting today, and I have a bit of a rant I need to share with you. It has to do with those of you who are wanting to connect with ways to reject diets. Maybe you're recovering from an eating disorder. Maybe you're just sick and tired of dieting, or maybe you've connected with like, oh my gosh, diets are oppressive to whole groups of people. Whatever the reason, I think you deserve access to it. Even if, yes, even if you are living with a chronic illness. So, this is something that can be quite controversial. Yes, it can be, especially at dietitian conferences I go to, like, who can actually do intuitive eating? Can you reject diets if you get diagnosed with diabetes or fatty liver disease? Can you do this? Yes, yes, you can.

Julie: So I want to share with you the reasons. I am very opinionated on this. And so I'm gonna be sharing that and, and, and, and I'm also sharing a new segment for the podcast. I told you there's going to be new faces and also new segments on the podcast, and something that I am doing now with Yeli Cruz. Yeli you got to hear from on the last um, Find Your Food Voice podcast, episode 273. Yeli is our local book fiend on the podcast. Um, loves books, loves reading, reads so fast and so many. She has the best book recommendations. Um well, we are starting a new segment on the podcast where we do book reviews, especially fat positive books, and we chose *Get A Life, Chloe Brown* because well, I mean it's kind of cliché, but this is being released in February, and who doesn't love a good love story in February? Well, everyone deserves to have great sex, especially if you live in a higher weight body and experience chronic illness, which is the whole premise of this book. Well, I don't know that's really the whole premise, but it's an important one, because we don't see that represented enough, do we? So stick around for the end of the podcast to hear my discussion with Yeli. But first, we are going to discuss why people with living with chronic illness deserve access to intuitive eating and all the other anti diet tools out there. But before we get to that, a quick message from our sponsor.

Julie: Are you ready to divorce that dumpster fire that is your PCOS diet? Are you hoping to do intuitive eating but feel stumped because you have PCOS? Well, I am here to tell you there is another way. Yes there is. You have been neglected for far too long by the PCOS healthcare system. I know they're pushing you to diet, but I have found ways to help you navigate this condition and help you to feel more powerful living with PCOS. So, I have been doing a PCOS course for years and years. It was called PCOS and Food Peace. I closed the doors back in

November because I wanted to redo the whole thing. I've learned a lot in the last 20 years, and so I have put together something that basically I've heard that people with PCOS feel hopeless and also powerless. So this course, it's called PCOS Power, because there is a way for you to take back expert control of your body and feel at home there again. So PCOS power is coming soon. It's coming in March, and if you would like to be on the wait list, go to juliedillonrd.com. There, you can download my PCOS Roadmap. It gives you the first three steps towards food peace with PCOS, and by downloading that roadmap, it also puts you on the waitlist. Being on the wait list means that you'll be the first to know when all the details drop for PCOS Power. So go to juliedillonrd.com, grab that PCOS roadmap, and you'll be on the wait list, and I can't wait to share with you in March PCOS Power. It's going to kick ass, and I think you're gonna love it. Alright, let's get back to the episode.

Transition music: Take the good and the ups and downs...I want to see how the world turns around. Home is with you wherever that may be.

Julie: Do you remember the first time you heard about intuitive eating? Or maybe the first time you read the book *Anti-Diet*? Or it even could have been the first time you listened to an episode of my podcast, previously known as the Love Food podcast. You know these tools, these are just three of many that people connect with that is the kind of invitation into a life without restrictive eating, without dieting, without food rules and regulations. Do you remember the first time you connected with it? Do you remember how you felt? Many people have reported that it was exciting. It was glorious. It was magical. It felt like freedom. Finally, another option. And especially intuitive eating, the method that was developed by Evelyn Tribole and the Elyse Resch back in the 90s because of the tools that were developed to support intuitive eating, and I guess they came up with an intuitive eating scale and things like that to be able to use in research settings. They've been able to show hundreds of times in research how it is something that promotes health, is sustainable, helps with recovery, yada, yada, yada. It does amazing things. And there's a big but that comes in the way for many people, and that's what my rant is about now.

Julie: I have talked to so many people who have been doing intuitive eating work, or recovering from their eating disorder, or doing any of those other tools that are in the bucket of anti diet. But then they are diagnosed with diabetes or fatty liver disease or PCOS. There's other ones too. But those are the three big ones that I've worked the most with, and these three chronic conditions and any chronic disease can often be the wedge, and sadly a pivot, away from intuitive eating for many people. And that diagnosis for many people is the block because they think they can no longer do this anti diet work anymore. Somehow it's been twisted around that rejecting diets is only for people who don't have any other health conditions or health concerns. Question mark, question mark? Somehow that has happened.

Julie: I have my guesses as to why. One is because intuitive eating was something that really was clung to in eating disorder recovery circles early on. It was something I know as an eating disorder clinician I quickly learned about and um, infused my, infused my sessions with right away because I wanted people to start connect, to connect with those kinds of tools and vocabulary. And so somehow I think intuitive eating got connected to just eating disorder recovery, which is great. But anti diet frameworks are for every human being, because it's not

just people who are recovering from eating disorders that have complicated relationships with food. We all have a complicated relationship with food because we are all living in diet culture. All of us are breathing in the air that tells us that fat bodies are not okay, that they're less than, that being thinner is better, like those are things that we all are brought up around. And for many people, I'm hoping not you, but for many people, they're not even aware that that is something is just a constant kind of whispering going on in the back of their, of their head. May even be louder than a whisper for some people of course too.

Julie: These anti diet tools are designed for every human, including those who are diagnosed with a chronic disease. I have worked with a fair share of people though, with chronic diseases, who are struggling with permission to reject diets. And I've been kind of trying to formulate in my brain why this happens. But besides just thinking it's not meant for people with chronic disease, I also think anti diet work oftentimes does not have the conversation included that includes health, and when someone is trying to pursue health, then that means they can no longer reject diets, which I'm going to talk about in a second why that is just ridiculous. And then also if someone doesn't have a chronic disease, well they don't have anything serious going on. And if you have a chronic disease then this is serious. I need to buckle down. That's, so many times that's what people would bring to me when they were diagnosed with fatty liver or diabetes or PCOS, like I can't fuck around anymore. I have to buckle down, I have to get serious, and this impression that, you know, now with a chronic illness, you need to try harder, you need to work harder, you can no longer take the quote "easy route." I hope you know these are all things I don't support, but this is just what people have brought to me.

Julie: There's something else that I've noticed too. When someone that I would be working with individually was experiencing a new diagnosis, like the ones I mentioned like PCOS, fatty liver or diabetes, or any other kind of chronic illness, there was often this kind of sequence of experiences that really pushed them to go towards diet culture, and I wonder if you have chronic illness or know someone who has one if you have seen this too. But initially of course there's like this paralysis, and deep deep fear of death. And you know, dieting, part of its premise is that it is a tool so we don't die, which is really messed up because, like I don't know who said this, but some teacher along the way said to me, Julie, none of us are getting out of here alive. None of us. Even dieting can't save us. And I have even more to say about how dieting is actually something that's making us more unhealthy, but I'll pause on that for a second. But yes, there is this kind of promise to dieting when a person's in that paralysis and fear state, that initial trauma of getting diagnosed with something really big and probably lifelong. There's this kind of seduction that's really easy to slide into, and diet culture is like, come on over, I'll protect you. I'll help you get better. And we do know that short term studies with any chronic illness show that dieting does something, it does something magical. It um, you know, I know fatty liver and diabetes and PCOS really well, but I know short term dieting helps lower insulin, it helps lower blood sugar, it helps lower inflammation, it does all those things. Which are fabulous for those three conditions. But we know also that long term that's not supported. Long term if anything, dieting, whether you stay on a diet or not, but just chronically being connected to dieting has a causal relationship with a higher [inaudible], a higher insulin level, higher blood sugar, higher blood pressure, higher inflammation. Like it literally causes these things to be worse, not better. And I do find it to be a hard sell though, because dieting again, in the short term, it's like bam, oh my gosh, my inflammation markers are down, this is so fabulous, or oh my A1C went down points, whole

percentage points. And you know when person, a person is initially diagnosed with a chronic condition, usually they're getting more consistent kind of care, closer together. And if a person is starting to diet, of course they're gonna see these favorable things. And as people move away from that initial trauma that came from the diagnosis and things are looking more stable, a doctor will often just see a person once a year. And then as a person either continues to diet or starts to diet less, or is kind of on and off. Or if they reject diet culture and they're recovering their relationship with food, all those scenarios are connected in the two year mark with increasing A1C and blood sugar and all that stuff, it's when you move further out that anti diet tools like intuitive eating start to look really great. Um, it starts to show that oh, there's less weight cycling, there's less inflammation, there's a lower A1C, lower blood sugar, all those other things. It's a hard sell though, because that's years in the making, and dieting promises this kind of initial kind of burst of happiness and hope, but it's totally full of shit.

Julie: Um, I wanted to mention something too, one in particular of those diagnoses that I was talking about, PCOS, diabetes and fatty liver. Fatty liver is one that seems to be particularly traumatic for people. And um, if you're not too aware of PCOS, people with PCOS also can get diagnosed with diabetes. It's like um, 50% of people with PCOS get diabetes by the time they're 40. And then one in four people with PCOS end up experiencing fatty liver. So fatty liver is um, disease is something that I've had a lot of experience with working with people one on one, and it does seem to be particularly traumatic. I guess it's because it's the liver, and you know, connecting with someone who specializes in helping the liver can be really complicated and intimidating, and of course there's the same push to diet. And it's scary as fuck. But what I have read in the research is just like all the other diet research, fatty liver disease management and dieting falls short. The only intervention outside of like medications and supplements and things that seems to have anything that's particularly helpful is consistent movement. And I need to tell you, of course, what that actually means, because it doesn't mean like um, duration. So it doesn't matter how long a person's moving their body, it does not matter how intense they're moving in their body, and does not matter the frequency. It's just consistency. And in particular, there's been a research study that looked at people with fatty liver disease, five years, for five years, and that's what they found. The one behavior modification that can help is just consistent movement. It does not matter if it's, you know, fifteen minutes, or longer than that. It's really just having consistency. Does not need to be intense, just consistent. So, I know for many people coming to that feels realistic. It also doesn't feel like quote "enough", but it's really wonderful to actually have this research to be able to deliver to someone to show like, hey, this is something we're seeing. This is maybe something you can experiment with, and, and it's not something that needs to be drastic. You don't need to do this black and white thing.

Julie: You don't need to punish yourself for getting diagnosed with a chronic condition. I do think that's a part of why intuitive eating work feels inaccessible with chronic diseases because we as a culture punish people with chronic disease, we tell them that they need to try harder, and they don't get a lot of support, and that's not okay. Because if you are living with a chronic condition, you deserve equal access to recovery from your eating disorder, recovery from diet culture. You deserve equal access to tools that will help you defy diet culture. You also deserve access to permission, unconditional permission, to eat and access to pleasure. People with chronic illness, and this may be you, you deserve these anti diet tools. They are also for you.

Julie: I also appreciate that there are some people who are talking about this and also living with chronic illness that are particularly helpful. Two people in particular that I really learn a lot from are Laura Burns who on Instagram is um @radicalbodylove, and also Anna Sweeney who on Instagram is @dietitiananna. Those are two people who talk a lot about chronic illness, living with chronic illness, and also rejecting diet culture, and also naming how that can be really hard and tempting to get seduced by diets because it can feel really hopeful, and living with chronic illness, I know that's something that you want to connect with too, is hope.

Julie: Alright, so I think my rant is about over, yet I want to continue the discussion in a different way. I have a new segment on the podcast that includes a book club that I'm doing with Yeli Cruz. Have you met Yeli yet? Oh my gosh! She's fabulous! I interviewed Yeli and she shared her own dear food letter on the last um, find Your Food Voice podcast episode 273. And Yeli is my production assistant, assistant for this podcast, and she was previously the production assistant for the She's All Fat podcast. She is our book fiend who loves, loves, loves reading fat positive stories, and we are going to chat next on a book that includes a discussion on chronic illness. The book name is *Get a Life, Chloe Brown* by Talia Hibbert, and as you'll hear in my discussion with Yeli up next, I have 40 more pages. She said, Yeli mentioned that that was the favorite part of her book. So I want to go and sign off now so I can finish it. I am dying to see how this ends. This is such a fun read because I think it does a great job showing how those of you with chronic illness deserve to have pleasure. You deserve to have permission to be, and to get the rest you need, and people around you who are supporting you to do that and see how necessary that is. Alright, well, without further ado, here is my discussion with Yeli Cruz about the book, *Get A Life, Chloe Brown*.

[Musical interlude]

Julie: Hey Yeli, nice to see you.

Yeli: Hey Julie.

Julie: Um and nice to talk to you too, in case you're listening and not seeing us. But anyway, um I'm excited to talk about this book, and remind the listeners what the book is that was chosen for this, this episode.

Yeli: We read um, *Get a Life, Chloe Brown* by Talia Hibbert. Um, it's a book where, when I posted on our Instagram and then also whenever I post on the She's All Fat Instagram, everybody constantly recommends this book. Um, and like the trilogy, which is very fun and-

Julie: Ooo, there's a trilogy!

Yeli: There is, there's two more, which I can talk about as well.

Julie: Okay, good.

Yeli: But, so before we dive into our questions, I will go ahead and read the blurb for the book.

Julie: Yeah, yeah that'd be perfect.

Yeli: Yeah? Okay, so let's see, "Chloe Brown is a chronically ill computer geek with a goal, a plan, and a list. After almost, but not quite dying, she comes up with seven directives to help her get a life, and she's already completed the first: finally moving out of her glamorous family's mansion. The next items: enjoy a drunken night out, ride a motorcycle, go camping, have meaningless but thoroughly enjoyable sex, travel the world with nothing but hand luggage, and...do something bad. But it's not easy being bad, even when you've written step by step guidelines on how to do it correctly. What Chloe needs is a teacher, and she knows just the man for the job. Redford "Red" Morgan is a handy man with tattoos, a motorcycle, and more sex appeal than 10,000 Hollywood heartthrobs. He's also an artist who paints at night and hides his work in the light of day, which Chloe knows because she spies on him occasionally, just the teeniest tiniest bit. But when she enlists Red in her mission to rebel, she learns things about him that no spy session can teach her, like why he clearly resents Chloe's wealthy background, and why he never shows his art to anyone, and what really lies beneath his rough exterior." Dun dun dunnn!

Julie: Oh, goodness. Well, and when we were like sifting through the choices, I know a lot of people recommended this book, but this one stood out for a couple of different reasons, and you know, thinking about the listener and like, just having options to read about different characters. The thing that stood out to me was not only was this a higher weight Black woman, but also with a chronic illness. And um, and the thing that, when I was like looking at buying it and like, you know, as we're trying to decide what book to read. The thing that all the reviews, not all of them. A lot of the reviews were like, this was kickass I love this book. But then there are many reviews that were kind of like pooh poohing it because there was like, so much sex in it. And so when-

Yeli: Really?

Julie: Yeah, and I was like, when I read it, I was actually expecting it to be like, pornographic and it, it wasn't, I don't know. So that just made me kind of pause too of like, I wonder about, I don't know if I'm digging too deep in this, but like, I wonder about because this was a different type of character um, having great sex if that made it feel more like sexual, you know, in a sense.

Yeli: Sure, yeah.

Julie: But I don't know, that's the one thing I wanted to like, share and reaction just even like the beginning, like going into it. I was expecting it to be even more like raunchy, although it was like, very spicy. [Laughs]

Yeli: [Laughs] It was.

Julie: What did you think?

Yeli: Well, that's funny because I don't know if you remember, but when I brought this book up, I kind of was like, are we allowed to read books with sex in it? Like, is that okay? And you're like, yes, bring it on.

Julie: Yes.

Yeli: But yes, I, we've already talked about this a little bit, just the two of us, but I loved that there was great sex in it. And it's the first book that I've read with that much explicit sexual content. But, you've mentioned this before, it's like so important for that representation to be in the book because like, fatter people who are non white are allowed to have great sex and like, feel sexy and be sexy and all that great stuff.

Julie: Yeah. It's important to like, have connection to pleasure in all its different ways. Like it's a part of being human, you know? And um, you know, I talk a lot about like food and stuff like that, but I feel like our relationship with food has this kind of um, mirror image with how we are connecting with other things, and for so many people with chronic illness, so many fat people, and that maybe also have a chronic illness, I think they're often told they can't have a pleasurable relationship with food, and so yeah, I think it trickles down and even things like sex, you know, or just like, devoid of those things and that's kind of becomes okay, um, and it's not, and so having a relationship with food that you can challenge and connect with pleasure, you may find also then starts to go into other areas, which that is something with Chloe Brown in this book. Um she was talking about um, starting to challenge things, and like, you know, she was starting to take some risks with Red, the, the hot guy in the story and um.

Yeli: Heartthrob, yeah.

Julie: Heartthrob! [Laughs] And he like, as she was like taking some risks, you know, she was someone previously that didn't have a lot of relationships, you know, she got really burned and people really rejected her because of chronic illness and I won't, I won't spoil it, but there was like, an opportunity for a new friendship, and she kind of just was like, nah, but then as she was taking some more risks, she was like, oh maybe I'll take this one too, and I was like, oh my gosh, that totally reminds me of when people like, challenge their food choices and like eat something that maybe like, "off limits" and then they do eat it and they're like, oh, okay, I can see how this is okay. And then it kind of starts to trickle into other areas of their life, which is just so fucking fantastic. So yeah.

Yeli: I also love, I just love Chloe. I think that there's, there's, so there's three books, and they're about Chloe, Eve, and Dani.

Julie: Oh, the sisters!

Yeli: Like each of them are about one of the sisters.

Julie: Yeah!

Yeli: But Chloe is my favorite because she, I just love how neurotic she is. [Laughs] She's the one that I relate to the most, and I love that she changes a lot in the book in terms of taking risks and feeling more sure of herself and all that good stuff, but she doesn't change as a person. Like

she still loves her lists, and loves her, loves her cat and the food and the, all of the parts that make her who she is are still there. Um yeah, I loved that.

Julie: Yeah.

Yeli: I also love um, I love that her sisters just like fully support her and are understanding of her fibromyalgia and um, I love how that plays into her relationship with Red as well, because he is very caring, and just like a very caring partner. Um, but yeah, in terms of that, what did you think about that representation of that chronic illness in the book?

Julie: So I was really impressed with how the author showed um, a potential partner reacting to like, the chronic illness and awareness of it. And honestly it reminded me a lot of my fat friends who have helped me to like, understand what it's like to navigate like, restaurants and just going into different spaces and like, the questions have to make sure that like it'll be accessible and that's just not something that I have to like, think about, but I need to, because I want to hang out with my friends, you know? And something that happened, and this is just one of my favorite parts of it was like um, he had read had been in her apartment and noticed that she had like a really nice like cushy chair in her kitchen I think. Um, and then in his place, he had like a stool that was like, not going to be accessible. And he like, got that, he's like, oh, this is not okay. And, and that was a part of how he like kind of, it seems like he just naturally navigated toward. It's like, oh, like, let's make sure that um, I ask the questions I need to ask and um, have a way to promote ease in this situation, because I want to be with her, you know, and, and um, I want to be with her as she is right now, you know, not just when she's like feeling well, but also I want to be with her all the time. I just thought that was so cute. And then um, the other part too and he like walked into her apartment and saw it all messy with like recycling boxes everywhere. And I know for me when I was reading and I was like, oh, I was kind of like picturing, I think I was making judgments about Chloe being like a mess, you know?

Yeli: Mm, sure.

Julie: And just, you know, not having her shit together and he took it as like, oh, she may not be doing well right now. I was like, oh, that's right.

Yeli: Yeah, and he was like, if you need the recycling taken down, like, let me know, that's my job as your superintendent. Or whatever.

Julie: Yeah, that's right. We didn't mention that, he was also like, the superintendent of the building. [Laughs] Scandalous.

Yeli: I know! [Laughs]

Julie: But yeah, I thought that was like, really someone who like, I have, I have lots of um, what's the word, I'm able bodied, you know, it's not something that I struggle with. Um, I don't struggle with chronic illness like fibromyalgia, like it was a really good model to be like, oh, these are the things that one can do when they have someone in their life that's experiencing a chronic illness, and again, it just like flowed naturally for, for him. And um, and you know, one

thing that he brought up that kind of goes in this conversation that I wish they would have spent more time on was like his reaction or his experiences with classism. I don't know if you-

Yeli: Mm, yeah.

Julie: Um, if you noticed that part too, but um, that was something that like made his character kind of more complex too, just never experiencing, I don't know. I don't know what his like, upbringing was like, but it sounds like he was not um, in a space where he always had enough, you know? Um, so yeah, I don't know if you have any thoughts on that part too.

Yeli: Yes. Well, and then he, um part of the reason why he and Chloe really dislike each other at the beginning is because he was in a past abusive relationship with a woman who was rich and who reminded him a lot of Chloe at first glance. Um, and yeah, I think that that's- I hadn't thought about that. That's interesting that you bring it up. But there's a lot of kind of, we see a lot of his perspective shifting in terms of him uh, I guess realizing and being like, oh Chloe has a lot of money but she's not like, toxic in that way, in or um, breaking down like his preconceptions of her because of her money. But it would have been interesting to see it more the other way around as well of her going, oh like, I don't know, do you know what I'm trying to get at? Like her uh,

Julie: I think so!

Yeli: Like her also breaking her own-

Julie: Yeah. Because like we didn't hear much about her reaction to that. Although like, there were some things that I could get the sense that she was stereotyping of like, he's this bad boy, rides a motorcycle and um, I wonder if that was kind of lumped together. But but yeah, that would have been interesting that that was like just even dug deeper. Um, and you know, full disclosure. I still have 40 more pages to go. So I don't know how it's gonna end, and I told Yeli before we recorded like, don't tell me the ending, I want no spoilers. Um, because I don't know like there may be some of that that comes up that, you know, I still need to get to. Um, one other thing though about the chronic illness, I'm gonna see if I can find the, the part, I underlined it because I was like, oh, that is so good. I'm going through the pages. I had a green highlighter. Where'd you go? Green highlighter? Ah, there it is. Okay, so this has to do with like sex, pleasure, and chronic illness. And this is from Red's point of view. Um he um, this is what the author wrote. "He was probably the worst kind of monster because Chloe was sick, but he still thought she was unbelievably sexy. Then he remembered that she was always sick, so maybe poor health wasn't something that should desex a person." And he said "definitely couldn't desex Chloe." Like it was a part of her identity. And like it's also it's like. it's so cool how you saw this oh, saw, we read that this character was um, like, loved all of her, including her experiences with chronic illness. And like, you know, he was like, I'm taking all of her, not just the times when she feels good, and which is like the experience that Chloe described and I'm, I'm, I'm guessing people who are listening that have experienced chronic illness can totally relate to like, just fairweather friends, or when things are hard, sometimes people just not getting it and not giving you what you need, but hopefully there's lots more Reds out there.

Yeli: I also, I loved that the represented like, the portrayal of the chronic illness wasn't toxic positivity either.

Julie: Oh, yes!

Yeli: Like, there's several times in the book where Chloe just absolutely veg-es the whole day and it's like, I'm in a lot of pain. I'm going to sit in my cushion and sleep for eight hours and be high on my drugs, and that's just the way it is. Um, or there's even one part in the book where she goes, I, she like acknowledges that she shouldn't be taking her, like, I can't remember what the name of the medicine, is but like the painkiller patch on her body or whatever.

Julie: Yes.

Yeli: But then she's like, I am in too much pain. I'm just going to do it because it's what I need in this moment right now.

Julie: Yes. It was like an opiate type of medication, yeah.

Yeli: And I really, yeah, exactly. And I really loved that. It wasn't a like "everything will be okay, blah blah blah."

Julie: Oh like "I'm gonna cut out gluten instead of using painkillers."

Yeli: Exactly, she just like, she took her drugs and had her soft blankets and just, you know.

Julie: Yeah. I think I, not experiencing a chronic illness. I was identifying more with Red in those times. But like, I wonder someone who's experiencing fibromyalgia or similar chronic illness. If that like, what that's like to read someone, you know, basically giving themselves permission to rest. You know, that's, and using the medications that they need. Um yeah, because something like pain, if you don't catch it like, right early on, then it doesn't matter, then the pain medication won't work. So um, and yeah, there's so much, you know, that of course, like the chronic illness I know the most about is polycystic ovarian syndrome. And there's so much in that like, conversation of like, well, I'm gonna help my PCOS without medication and that makes me holier than thou. And like, I'm, you know, that's just the better way to do it. And I say it like that because like, there may be some people who can, you know, do that, but there's also no shame in using medication. And for some people it's like, the only way they could like go to work um, or be able to like stand upright, thinking mostly with like birth control pills or um, Metformin or things like that. And they're definitely like, stigmatized. So yeah, that's, that's something I didn't think about reading this is like how um, Chloe was really basically just like, I have to do this, this is just part of my, I need it, and there's no, there's nothing wrong with that, and I wonder if that like was a long road for her to get to that point or if it always just was that way. You know?

Yeli: Yeah.

Julie: It's like if she felt bad in the beginning taking like, pain meds and stuff like that. Yeah.

Yeli: Well her also like, her story is so uh, upsetting of her like developing the fibro and then all of her friends just not understanding it and leaving her and that's part of why as well she, you mentioned that she has a hard time reaching out and like making friendships and it's because of that uh, trauma of all these people leaving, and that part in the book always just like hits me so hard and makes me feel for her so much. Um. Yeah.

Julie: Yeah, it's scary to think about it because she was even going to get married, right, and then everyone just, just left. Yeah, I couldn't handle it, heartbreaking, heartbreaking. And what a like wonderful like really, like repair kind of experience for her to like, experience relationship and hopefully more, you know, with the friend that she started reaching out to like, I'm hoping then yeah, there's more of like a repair with like humanity, you know? Like not everyone's an asshole, and people can take more than just those initial people, um, did you have a favorite part of the book?

Yeli: My, oh gosh, do you have a favorite part?

Julie: I did really like that scene where Red was like walking through the house, his house and her house and just noticing the differences and like framing it as like, oh this is because of the chronic illness and like, almost like, taking note of her way of communicating she has unmet needs, you know? And I really liked that um, and you know, there's like so many other little tiny things like throughout, it's so hard for me to pick like a favorite too, I have to say, like whenever I do a likert scale, I can never pick like, you know, if it's on a scale of 1-5, I can never pick a one or five. [Laughs] Even if I love it. So, but yeah, what about you? Was there anything in particular that stood out?

Yeli: My favorite part is the ending of the book. I think my favorite part is like the 40 pages you haven't read yet.

Julie: [Laughs] Oh gosh! So I'm going to hang up and finish it.

Yeli: So I'll definitely like text you later and be like, did you read it? What did you think of it? Um, from, from the rest of the book? I think my favorite part is when they go on, their kind of like first date that's not really a date, but when they go to the bar and then the art gallery, I love that section. It's very sweet.

Julie: That is very sweet. Although I was really confused. It takes me a while to catch on to like, what's happening um, in the art galley. So if you haven't read it, you'll know what we mean when we get there, but just like, what, the guy in the Turtleneck? I didn't understand, it took me a little bit to kind of get it. Um, but yeah, well we need to wrap up. But is there anything, any other parting words that you're hoping to communicate without the book before we sign off?

Yeli: Um, let me see. Yes. I was also thinking um, it, it is important to note as well that I'm sure the story would look completely different if Chloe wasn't wealthy. Like Chloe does hold so much privilege in the sense that she can work from home and be in blankets all day and miss a day of work and be fine financially, or like she has access to painkillers and medication and all

of this stuff. So, and it was a great story, but it would be different if she didn't have all of those privileges.

Julie: Yeah. Yeah. For the majority of people, that's what they're experiencing, it's not, it's not what she was because um, at the beginning she was like living in this like glamorous, like, huge mansion with her family, and just really wanted to get out and being able to do that. Yeah, that's a lot of, a lot of access that she experienced. But, it also like, to me though, it was also really cool to read about a person with her identities, that was just rich, you know, and, and not um, struggling. Um, it was just need to read it in that kind of way. But yeah, that would be so much harder. Like, what if you actually had to still go to work and feeling a fibro flare, and I know in the US for a lot of people, fibro is like condition that people need to be on disability, and just like getting to the point to be on disability to be able to um, be able to get those warm snuggly days under the covers, you know, um, and still be able to have like food to eat and things like that. So, that's a really good point. Yeah, I'm wondering what the listeners think too. You know, what, what, what was their favorite part? Anything that they wished was included more or less. Let us know. And I can't wait to talk about our next book. Um, we'll have more details on that. But thanks, Yeli, for your um, picking this book, first of all. And um, you know, we've intentionally picked this super saucy spicy one because of course it's February. We love clichés and that's right before Valentine's Day. So, um, pick it up and enjoy.

Yeli: I'm glad you-

Julie: Have a good day, Yeli.

Yeli: You too, I'm glad you liked it.

Julie: I did!

Julie: Thanks for joining me today. I hope you got some really important information for you as it relates to chronic illness and intuitive eating. And also, I want to know what you think about the book *Get A Life Chloe Brown*. As you heard, Yeli and I really enjoyed it. It was a fun read and also a lot of pleasure. So I'm going to go ahead and finish those last 40 pages. But before I sign off, if you enjoyed this episode of the Find Your Food Coice podcast, I would love it if you left a rating, a review, subscribed or shared an episode, you can share it to a friend in a text message or a co worker. Maybe even your dietitian or therapist. Doing any of those acts of kindness really helps the show grow.

Julie (ad break): This episode of the Find Your Food Voice podcast was brought to you by my PCOS Power course coming in March. I would love to see you on the waitlist. Get to it at juliedillonrd.com. And you will also get access to a free download. It is my PCOS roadmap. I hope it helps you as you are living with this chronic condition, PCOS, and I can't wait to share with you PCOS Power. It is going to be amazing.

Julie: Alright, until next time. Take care.

Julie: Thank you for listening. I am Julie Duffy Dillon, and this is the Find your Food Voice podcast. Ready to join the anti diet movement and take the food voice pledge? Go to julieduffydillon.com and sign your name to the growing list of people saying no to diets and yes to their own food voice. The Find Your Food Voice podcast is produced by me, Julie Duffy Dillon, and my team of kick ass folks. I couldn't make the show without Yeli Cruz, Assistant Producer and Resident Book Fiend. And Coleen Bremner, Customer Service Coordinator and professional Hype Master. Audio editing is from Toby Lyles at 24 Sound. Music is Fly Free by Hartley. Are you looking for episode transcripts? Get them at julieduffydillon.com, where you can also submit letters for the podcast, give us feedback, and sign the Food Voice pledge. We need your voice to end diet culture. We literally can't do this without you. Subscribe to the Find Your Food Voice podcast to get weekly inspiration and education on how we can defeat diet culture and reclaim our own food voice. I look forward to seeing you here next week for another episode of the Find Your Food Voice podcast. Take care.