

Episode 74:

MERYL: Welcome back everybody to the revel nutritionist podcast. I am back today for part two with Barbara Capp. Welcome back . And we are gonna take little bit of a different spin on, on today's podcast because we, so So we're so entrenched in the disordered eating world at the, at the moment, not that you know, we've been, and I think part of the work that we do is not just getting through too.

Let's say the young adult, the teenager, or whoever that we're dealing with, but then it's, it's nuanced by **how do we then engage the parents** or, or in some cases not engage so we here's what I wanna make very clear about this episode. And we've just talked about, this is, **it's not about shaming parents that they're doing right wrong.**

And I often say that a lot of times, look, parents are only doing, we, we, **we learn from our parents. Yes. Right. And it's the story that they're told. So oftentimes we're not even living in our own story, we're living someone else's story.** Exactly. And so sometimes it's just, we can't help ourselves. This is how we were taught.

Right. So I think part of the beauty of this kind of work is how do we turn and pivot? **How do we help parents turn and pivot?** And I think the frustrating part that you and I both have, have shared is you make great progress with some of these kids, right. And some of the young adults, and yet you. You know, it's sort of like there's a roadblock.

Yes. When it comes to the parent, how getting them to I don't know. I don't know. Buy-in is the right word, getting them to shift. So, so how do, how do we speak to that again? We're not this is not about shaming the parent. This is really about awareness. I think if you're a parent listening and you're dealing with anybody any child, who's got a disordered eating behavior.

It's hard to take that mirror and turn it around and say, oh was there, **how did I contribute to this somehow without beating yourself up? what I did to my child. Which is not helpful.** No, it's totally not helpful.

BARBARA: And you did the best you could. Right. But now if you're engaging in working with you with a nutritionist or you're working with me then **you were brave enough to say what I'm doing, isn't working and I need some help.**

the scary part is to actually shift and do something different. Right. And it is really, really scary and it's scary on so many levels. Right. **It may mean looking at your relationship with food. it may look at may mean looking at the messaging in the house, around food.** you know, Typically a parent, **by the time I talk to a parent, they have tremendous anxiety about what their kid is going through because they love their child and they would do anything for them.**

Right. And so **that kid is very tuned into typically the parent and feels the anxiety** . And so it, it kind of depends on, are we talking about somebody with the anorexia? Are we talking about somebody who's Bing and purging? Are we talking about a kid who's overweight, right. And the parent is got all this anxiety.

They're gonna start high school. They're gonna, they're getting bullied. They're making poor choices and I'm afraid their weight is gonna continue to go up. Yeah. And you know, **I hear the anxiety in the parent and the kid knows the anxiety in the parent** and I joke with some of the kids that I work with their parent doesn't even have to say anything.

If they reach for a cookie, they can feel , they can feel their mom or their dad. They can feel it. Yep. You know, I had one kid say it's through the floorboards. I can feel it. Right.

And I have to admit, and my poor, my poor daughter, I mean, I am guilty of that. unknowingly until I realize like and again, right.

MERYL: I mean, and here's the work that I do and I'm so, so aware to it. And yet **I was doing it to my poor daughter when she'd reach for a roll. And she's like, mom would give me the eye roll.** Like you're having another piece of bread. I'm like, shit. You know, I totally messed her up. So and, and, and look, we, we joke about it now and, and we've got a good relationship about it and, and hopefully she's got a better relationship with food and I don't do that anymore.

But yeah and she totally felt it. I didn't have to say a word and I didn't even have, she knows at some point I didn't even have to look at her. She just knew she just knew going you were in. Yes. And, and

so shame on me for that, but right. Like I said,

BARBARA: you know, you, but you did the best that you could.

Right. But by the time a parent pulls you and I in yes. I'm hoping no shame, but that **they're in a place where they can start to listen, to recommendations, to be able to**

make that shift. You know, nobody gets big because they ate a cookie. Right. Nobody gets big for eating a cookie. Right.

And so if your kid eats a cookie and you know, what I, what I tell the kids that I work with is **I don't want you to do it in your room when no one's looking**, I don't want you all my kids with driver's license, don't stop at the gas station. it in your car, throw the out the window. I want you to put it on a plate, like a person with no shame and you.

Because if you can give yourself permission to eat it, you're not sneaking it. You know, people, if you eat a piece of cake, nothing happens and you eat the cake, things change.

MERYL: Yes, absolutely. So, and I, and that, and that's spot on. So I guess my question then is if you are that parent, right. And you're so like steadfast in, I don't even want them to eat the cookie.

There's a little bit, maybe there's a little bit of denial. It's their, their, their mindset is, oh, right. I was brought up this way. I have the, getting them to shift their mentality is hard. Right. So, so now the kid is dealing with, well, well you're telling me to put this on a plate. Yet, how do I deal with the parent? Right. There's a lot of crazy dynamics here,

BARBARA: crazy dynamics. And typically maybe mom or dad grew up in a house where everybody was very overweight or maybe had met significant medical issues or you know, it might be that somebody, I also have parents that are super physically fit and they're marathon runners and they eat clean or they are vegan or whatever.

And then they have this kid that's not, not following the plan. Right. And so **it isn't reasonable to think that your child is not going to go to a party, a birthday party and eat a slice of pizza.** Right. They are going to do that. Right. And **it's when they don't get to do that. And then they go home and they sneak food because they feel deprived.**

Right. That we start to have really toxic relationships with food. And so what I, what I try to do is work with the parent and with the kid, for the parent, to be able **to start to take a look at the messaging that's going on in the house.** it's really scary,

MERYL: scary in terms of scary that the parent, like how much, how often, again, this is gonna be general, but what I find is sometimes there's a lot of resistance from the parent

BARBARA: much of the time.

MERYL: And so how do you, what, what's the solution?

BARBARA: I think part of it is relationship building for the parent to get to a place to realize that **we're all on team, we both want the same thing.** which is one of the other things that I work with my kids with, which is **you can want the same thing as your mom or as your dad, or as your parents, and it's still yours.**

Yeah. So that **there's not rebellion and separation and individuation getting played out in food and body stuff.** Yeah. But what I'm hoping that at some point the parent trusts me enough. That they're going to look, if it was working the way they did it, they wouldn't be at me. Exactly. It's not working.

Right. It doesn't work. Right. And so I'm hoping that over time, even if I get a really resistant parent who is not happy with my recommendation of putting the cookie on a plate you know, but that might be the first time in, in years that that kid is like doing that.

MERYL: Absolutely. Yeah, I had I that's making me think of, I had a, I had a session with a, with the, a young girl, I wanna say she's 13, 14.

And she was all excited to do work with us. She met with myself and the coach and she's like, yeah, I'm spot on. And we're excited. And so I had mom and her, it would happen to be a zoom session and The girl was not really forthcoming and not opening up too much about what was going on.

So I said, you know what, why don't you go hang out with the coach and start talking about some of the food stuff, and I'm gonna talk to mom and you know, my conversation with mom, I could tell right away, she was very much about control. She, it was the, she goes to a school that is prestigious school and she needs to get good grades and it's **fitting into that mold of what mom's expectation was.**

And yet, and then, and it was interesting because when the coach and I then reconvened separately without mom on the phone and she said to me, wow, the coach said to me you wouldn't believe what the young girl had to say about how mean mom is to her and maybe unknowingly but the comments that are made from, from not just mom, but dad and the siblings.

So **she was meant to feel like the outcast in the family.** And yet when I said to mom, That a lot of this work is mental, emotional, and it's really about doing a deep dive into understanding what is the messaging? You know, I never heard back from her. Yeah, right. Like she did not wanna go there. She thought it was all about this kid's food.

And if we could just control the food, everything would be fine. And when I turned around and said to the mom, well, maybe we need to look at the dynamic a little bit different. She ran for the hills. Right. And we always say, we can't want, want more for them than they want it for him. So, but like, I feel so bad.

This poor little girl is gonna struggle now.

BARBARA: Yeah. She is. And they're all gonna struggle. Like the whole family is gonna struggle. Yeah. Because **this kid is gonna need to get bigger and bigger and bigger until someone sees her pain.** Yeah. Until someone hears that she's not okay. And so mom's terrified that she's gonna get bigger and she's guaranteed that she's gonna get bigger.

Cause she needs to get bigger to be able to communicate that.

MERYL: But, but the thing is, is maybe then they don't, it's just, **mom just keeps thinking, just keep putting her on a diet because it's about her willpower. And it wasn't about a willpower. The poor kid was binging,** right? Yeah. We found out later she was binging.

Of course, like you said, it's not the one cookie

it's what are you doing behind the

scenes? And so,

BARBARA: you know, and willpower, it's never, it's never about hundred percent of the time. **It is not about willpower.** Oh, I'm so it is not about willpower, right? Absolutely. Right,

MERYL: right. But, but, but mom was seen just in one, it was a linear, A plus B equal, but she eats less and moves more. She's gonna lose weight.

Yeah. She doesn't know 90% of what's going on behind the scenes. And, and I said it to her and she got offended right. Clearly got offended or something just didn't resonate cuz she didn't come back. And you know, and I try to be nice about it. I mean I'm a little bit blunt because that's just who I am, but, but I'm not like in your face, like this is what you need to do.

I gently say, I think this is what we're looking at, whatever,. You know, and she just didn't want to hear it. So how. You know, it's

frustrating. How do we get these parents that are in denial? Like how do we get to them?

BARBARA: You know, I don't know that we can, right. But there's some parents that we can't get to.

And the other parents, **I try to do it in baby steps.** Yeah. And I, before I even meet with the kid, **I talk to the parents. This is also going to be scary for you and a shift for you. And we're gonna have to be able to take a messaging in the house. And your child may eat foods that give you anxiety** mm-hmm and how they deal with it.

MERYL: Yeah. Wow. Yeah. That's interesting. What about, so is, is you had said something before I said, well we were talking about some, a situation and the parent you're, you're working with, with someone and the parents a little bit in, in denial How, but yet you are working with the child.

Right. And, and then the child pushes back and says, okay, but you know, this is the messaging I'm getting from home. What are the things that you give to the child to say, okay, well especially if let's say they feel responsible for a parent's behavior or they are afraid of the reaction they're gonna get from the parent or you know, they feel like I said, feel responsible the reaction, or they're, they're too entrenched in, in worrying about the parent, like how, what are the tools that you give many of

BARBARA: many of the kids. I see, feel like that. Yeah. And that **they're really worried about kind of people keeping the hemostasis in the family.** Okay. People agree. Right. Right. And you know, if I have a, if I have a parents who are really receptive to wanting to be able to understand all of these things, I might even give a family member a call and say, this is some of the stuff we're working on and your child may bring this to you.

please don't be defensive. Please be able to have a conversation about it. Most parents can't do that. It's too scary. It's too scary. And so if I am working with a kid whose family may not be able to make some of the shifts that I wish they could make, if I had a magic wand, right. To always talk about the magic wand that I don't have.

Yes. **I try to help a kid understand where the parent is. And why the parent may be reacting the way that they're reacting. And that none of it is about this child not being okay.** that this child wanting to be able to eat a cookie or be, as they would say, normal is not about willpower or them being a loser or sloppy, or a lot of the messages

that, that the kids that I work with get, and over time, and **it's not a quick fix, I am able to try to do this even without a parent.**

Mm. To be able, cause they start to grow up. Right. Right now they're 16. Now they have a driver's license. Right, right. They're 17 right now. They're gonna go to college. Right. **When they go to college, mom and dad aren't there.** Right. Right. So if I can get them to be able to make some of those changes,

as a matter of fact, I have a kid who last year went to college and she was a compulsive overeater and she just had a really difficult time in her family. She felt like the bad one, the lazy one. Yeah, the gross one, the one without willpower. , you know like she would say like, she's the black sheep. Like if you looked at everybody was like very physically fit. Dad was a triathlon person. Mom ran marathons, like, and she didn't, she was big and just didn't fit into that picture.

And we really never got the family to kind of shift the messaging or any of those kinds of things. And she went away to college and I'd been working with him for all four years of high school. Okay. And my goal was for her to not get bigger. Right, right. If we could just maintain where she was, but **by the time she went away to college without even communicating to her parents and just being able to kind of figure out who she is and her relationship with food. And I did continue to work with her while she was away in college. She came home and she had lost 48 pounds.**

MERYL: Wow. That's amazing. That was amazing.

BARBARA: And I actually called her parents. before she got home. And I said, please do not be excited. like, don't make this be about all the weight loss. Cause I don't want you to miss her.

Yeah. And all of the changes that she's made as a college student and finding her voice and navigating classes and taking tests and making friends and joining clubs. **Don't make it about the weight loss.** Which was really hard for her parents. But by the time she came home, they heard me.

And they didn't, and she's been able to, she kept it off in the summer and she has become more active in doing things. **She made it her own** it actually what her parents need. Right. And **it became what she wanted and needed for herself.** Yes. And over time that can happen. Even if I don't have parent cooperation.

MERYL: So that's, that's at least encouraging. Yes. Right. Because I feel like you gotta get the parents on board. I mean, it's a little harder from my vantage point, because

when you are talking about feeding children yes. And nourishing children. Right. And they only want them to be on a diet and a diet.

And I'm like, no, we need to, same like you're cultivating their relationship with themselves. **We need to have them cultivate a relationship with food.** Absolutely. Right. Are you eating when you're hungry? Are you stopping when you're content are you nourishing your body with foods that are gonna. You know, do something for your system.

And so yeah, that becomes a whole other ballgame, especially in a day and age where not a lot of people are cooking.

the best way to, to feed yourself is to make your own food. the more we outsource this yes. To someone else, the more unhealthy we become.

And it's just, again, that that is pervasive.

BARBARA: You know, it's interesting cuz I see a lot of the families with. Kids who are having anorexia. Yeah. That seems to be even a bigger issue because what ends up happening is that my client, **the person with anorexia doesn't trust going out anymore.**

Right. They don't know what they're gonna put in their food. Ah, and that starts to feel scary and out of control. Right. So when there were no dinner times when there were parents were running and rushing and everybody's after school stuff and nobody sits down, **all of a sudden this kid stops eating and there's family meals, there's cooking again.**

There's because the parents want this child to eat. Right. And so they have in a very non-verbal, but incredibly powerful way, they have shifted everything right. Without ever opening the house and just swearing it. Yeah. And if I can just throw in there, if you do have a child with anorexia, please, I beg of you.

If they start to do better, pretend like you don't notice if they start to gain any weight at all, don't notice. Don't be excited. Don't be happy,

MERY: but why is that? I mean, I know you said it, but I want you to repeat it

BARBARA: **because it feels as if they're losing control and they're really scared that they had to go to that length in order to be able to shift things in the family and to shift things in their own life.**

And they're afraid that if you start to think that they are more okay, **if they don't look sick, that somehow they're going to lose that newfound empowerment** that they have found. And they're scared to give it up. There's a lot of secondary gains that comes with the issue, a lot of them. Got it.

And so, as a matter of fact, I recommend when I have somebody with anorexia and they start to do better. I say to mom, don't feel like you don't wanna spend more time. Just do things that aren't around food. **If you would sit with her for an hour and a half while she tried to get dinner down now, play a board game, play cards.**

Still have the interactions sit and watch a movie together. **Don't feel like now you don't have to do that. She's doing better. And now she loses that connection.**

MERYL: Oh, I see. Okay. Gotcha. So it's really, it is more so, so not focusing on that behavior sort of disempowers their, their, their disease. Yeah.

BARBARA: And most of the kids that start to do better, aren't really ready to, they still feel scared. They still feel vulnerable. Yeah. **They still feel fragile and they're afraid to give that up.** So I wouldn't want a family member to point that out. Right. I want, if your kid is starting to do better and you've been worried and worried, and when you're with them, stay just as attentive and worried.

MERYL: Gotcha. Yeah, but you're not focusing on

BARBARA: exactly. We're gonna try to shift it's it's when my kids were little, I remember like when they would put them to bed and you'd wanna kind of like sleep between them and they would say like don't stand right over the crib, like stand a little bit closer to the door.

Exactly. It's kinda like that.

MERYL: Right, right. Slowly walk away slowly. Although that didn't work so well for my son, he continue to throw up, you know but, but that's, but that's very interesting. Cause you think it would almost have the opposite. Yeah. So sort of go against intuitive, be my thing.

Yeah. Yeah. So I, and, and that's, that's big. I mean we should probably have people replay that a few times to listen to them. So the other thing I wanted to ask you, and it shifted a little bit but I, kind of wanna address it here and again, we're gonna have to continue to do these podcasts cuz it's just so fascinating.

The, **one of the things that we see with disordered eating behavior on any spectrum is trauma.** Yes. Right. And I, and I do believe this could be a whole other topic unto itself. Yeah. But, but but deep rooted trauma of sexual mental, right. I, I think there is a study, like **almost a third of anorexic have been sexually abused.**

Mm-hmm is that, would you say you see that? Yeah,

BARBARA: I would. I definitely see that. I definitely see that And I've been doing it long enough that I can even sometimes even if someone isn't really ready to talk about it or in touch with it just based on food and their eating patterns, I can sometimes get a sense.

Really. Yeah.

MERYL: Yeah. And so that's very different because I mean, sometimes the parents know, sometimes they don't know,

BARBARA: they don't know. Yeah. And sometimes if it's what it looks like, right. If that's the whole kind of metaphor in all of this. Yeah. Then **if somebody has had sexual abuse and it wouldn't fit the family narrative, right.**

This is like this great loving family and they don't wanna communicate that. And so it's a secret that they've been holding. Yeah. I see trauma. I do quite a bit of trauma work. Not everybody has had trauma. Right. But I would say that at least about a third, maybe a quarter of women and men that I work with had significant trauma whether that's verbal, sexual and visible right abuse and some sort.

MERYL: Yeah, I, I was amazed when, I was amazed when I learned about that. Cause I'm like, wow, that it's just, I mean, and I learned about that many, many, many years ago, but, and, and we see it, I see it play out here too, right. Yeah. With people with all in, in all kinds of ways, people who eat to control the, the, whatever feeling that they're feeling and, and so forth and that there's and it's more people than I expected to see, I think.

BARBARA: And you feel like **if somebody was raped or abused when they were younger and their weight was smaller right. Than having a larger weight gives them the solution of protection.** Yeah. Well, I, yes. Same with emaciation,

right.

MERYL: Well, because then they're not attractive to, and then look

sexualized. Right. So, and that, again, that is a whole other topic in terms of in terms of addressing that.

But, but I think it's important to put out in there because I think we don't recognize that a lot of time and even in the work that we do here, it. The, yeah, there, the, again, whatever goes on inside your head is manifested inside your body. So **people will come to me and we start talking and we get their whole story, which is why we sit with them for so long.**

It's really about what is just, what is the story been? What is the story? Right. And at some point, and again, I maybe, like you said you're doing this so long, you can, you become a really good diagnostician the person in front of you and inevitably I'll say, well, where was their trauma?

I mean, look at me. And they're like, how did you know there was trauma? I'm like, I've been doing this long enough. I know what it is. Right. You have fatigue in your body, your chronic fatigue, fibromyalgia, that fatigue in that pain is coming from somewhere, somewhere. And, and, and it's living inside your body from, from C.

And **it's manifesting as pain and it's manifesting because you've never let it go. You've never released it.** Right. Autoimmune disease is very similar. Absolutely. And so right. I had a yoga teacher once said **the issues are in the tissues.** Right. I won't, I won't lay claim to that, but it's so true. The issue issues are in the tissues and **if we really don't address those things at the root cause they'll just continue,** continue.

So **whether it's a pain issue or a disordered eating issue,**

BARBARA: absolutely. One of the things that I try to do early on with anybody who I work with that has had trauma, is **for them to feel like they can be in control of the feelings and flashbacks and memories.** Cause I think one of the things that it that's **so scary about doing the work is that if I open the store, I'm gonna drown** and the pain is gonna be so big that I'm not gonna be able to get through it.

I'm gonna die. Wow. That same feeling that they felt when they were experiencing whatever was going on dramatically. Wow. So that's usually before we even start the work is being able to **get to a place where they feel like they have some control over it.**

MERYL: so I think the, the really the messaging in terms of what I wanna get across to people is that, because I talk about this all the time, that you've really gotta solve your own N of one, **we are so individual, and this is not a one size fits all approach.**

And I think culture, diet culture, mental health culture is, has been, **the messaging has been, oh, just go pick up a book, go listen to a webinar, go do this. And you can solve these issues.** You know, it's the same thing with these direct to consumer testing. Yes. Right. Everybody's out there getting these tests, whether it's a microbiome test, whether it's an allergy test.

They are not nuanced to you individually. And if you do not work with a professional, I think one of the frustrating things that I have as a clinician is there's a lot of these direct to consumer things that are going on. And yet it tries to circumvent the professional and we do this for a reason, right?

We're trained in it for a reason. And because we know how to help these people with the work that we do. And you know, the more I keep listening to you, I'm like, oh my God, everybody needs you. You know, like everybody needs me. Everybody needs you because we get to the root of where these imbalances are, right.

The mental emotion, the nutrition, the physical, the we've gotta go and get, go back to the root and, and **modern medicine and, and even modern technology for as great as some of it has been it just bandaids things**, bandaids mm-hmm . And so,

BARBARA: And I can, I see in my practice and I know. And maybe down the road, if there was somebody who'd be willing to talk to you, who's like, who was here and now is here.

Yeah. **People get well, people change their lives.** Yes. People shift things. Mm-hmm and **which is why I feel so lucky to do what I do.**

MERYL: Absolutely. I mean, I couldn't have, I got the chills, right? Yeah. Because I always say I don't work a day in my life because I'm so passionate about helping people. Right.

whether it was never, ever wanting anybody to hear the words you've got cancer or whether it's disordered eating, whether it's their own mental, emotional capacity, the **beautiful thing about the human body and the mind and the spirit is that we have a capacity to heal.** Yes.

And isn't that a beautiful thing because when there's healing, there is life after that. Yes. And I think that's the note that I wanna end on because there is hope, and that's what I want everybody to hear that there's hope. And there's help for that hope, and reach out. We will have Barbara's contact information for anybody that wants it.

This won't be the last time that we do this. This has been an amazing,

BARBARA: it's been wonderful. I really appreciate you having me

MERYL: and, love it. Love it. Love this work. Love the work that we do love the work that you do. Thank you so much for, for all of the collaborative work, because I really, it does take a village to, to help.

BARBARA: : It does take a village. It does families, eye doctors, everyone.

MERYL: Absolutely. Absolutely. And so with that make it a great day everybody, this is your Rebel Nutritionist, signing off.