

## “How to Eat” Addresses Eating Chaos

By Ellyn Satter, MS, MSSW, Dietitian and Family Therapist

I recently watched a Zoom recording of a dietitian struggling to help a patient diagnosed with adult-onset diabetes. It was chaos. The patient was scared, scattered, smart, and an advice shopper. She didn't eat meals, instead subsisting on bits and bobs of food that had slipped through her fine-meshed personal filter of foods-safe-to-eat. Even though the dietitian was well-versed in Eating Competence and therefore knew better, she resorted to MyPlate as a first intervention, understandably hoping that clear meal-planning guidance would sink in. It didn't. It got translated into more prohibitions. As session followed session, the patient brought in her ever-expanding lists of foods-not-to-eat from diabetes-group and diabetes-website shopping. The dietitian tried to neutralize her patient's food negativity by encouraging paying attention to what foods appealed and were satisfying. It was like whistling in the wind. It was frustrating to watch, and I know it was frustrating to be a participant because I have been there. Until I came up with “How to Eat,” taught in the *Treating the Dieting Casualty* workshop,<sup>1</sup> addressing such eating chaos felt like fighting a hydra—you know, the mythical creature who grew more and more heads as you lopped them off? “How to Eat” addresses the chaos. It pulls together sophisticated psychosocial techniques, framed carefully so health professionals can use them without crossing the line into psychotherapy. “How to Eat” ignores the food and eating chaos and, instead, concentrates on detecting feelings, reactions, and sensations with respect to eating. After three or four sessions the chaos subsides, and after a few more sessions, the patient discovers their stopping place. It is profoundly moving and joyful.

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### TDC creates eating experts

The Treating the Dieting Casualty (TDC) workshop creates eating experts, not only with respect to learning “How to Eat” but also with respect to understanding and applying Eating Competence. Over the years, I taught at least 700 professionals to use “How to Eat,” and now ESI offers it online. Both in-person and virtual graduates of TDC say it is the best workshop they have ever taken and that the expertise they acquired in with working with eating attitudes and behaviors has empowered them. Both health and mental health professionals say that it is the missing piece in routine clinical practice and the finishing touch in restoring normal eating for people recovering from eating disorders. Three of my graduates have published their results: The scores of patients who complete “How to Eat” increase to within the Eating Competence range on ecSI 2.0 and drop to near-zero on Garner's EAT 26, a measure of disordered eating.<sup>2,3</sup> Translated, that means patients have discovered peace, joy, and composure with their eating.



## **It seems like magic**

Teresa Swain, a dietitian for over 30 years, tried to develop methods from reading the Ellyn Satter books, but says she was haphazard about it. As Teresa tells it, “The workshop is nothing like I could ever imagine and has completely changed how I approach clients. The methods are absolutely brilliant and yet not hard to follow, you don’t need a background in therapy. Once you do the assessment [taught in TDC] and explain the “How to Eat” treatment to the client and they are willing to go ahead, the turn-around in their whole approach to eating changes. In the right setting, it almost seems like magic, and I am always blown away by how quickly it works.

Recently a client of mine who had experienced food insecurity as a child, and described herself as an emotional eater, and didn’t think she had a stopping place with food mentioned casually in our 5th session that her husband had made her breakfast and brought her the plate and she didn’t finish it, because she didn’t want the rest. I told her I think she found her stopping point, and she smiled with her whole face at the realization. The next week I asked her how she was feeling about her weight and what she was telling herself about weight, and she said thinking about weight was the farthest thing from her mind. It was as if she had forgotten that she was initially wanting to see a dietitian because it was her last attempt at weight loss before bariatric surgery. If you want to do this, you really need the workshop training, and training materials. It is well constructed, time-tested treatment and you can’t find that kind of training anywhere else.”

## **“How to Eat” was the missing piece**

Cindy Darwin, a professional counselor, shares her journey to making peace with her food and her body and helping others do the same. Since she was a toddler, Cindy was traumatized and later traumatized herself with weight-loss efforts. As an adult, Cindy resorted to a vertical sleeve gastrectomy: “Over the past twelve years as I moved away from my bariatric surgery, I read, studied, got my master’s, learned from HAES, your work, and Tribole & Resch’s Intuitive Eating. “How to Eat” gave me what was missing in my approach and practice: a firm, clear, efficacy-based, step-by-step process for helping folks resolve eating chaos. My professional goal is to offer this program to folks, even as they wait for surgery. I have one client in this situation. I know that what he is learning will help post-surgery, if he goes ahead. Competent eating is the way to making peace with food and body, whether or not one has the surgery.” Relative to herself post-surgery, Cindy says, “There are times when I’d really like to be able to eat a bigger plate of food, and I feel a little sadness and yearning over the fact I cannot. Sometimes that yearning leads me to graze ‘in the cracks’ on crackers, chips, or other snack foods, while I’m standing up. For me, this constitutes eating-without-eating, and I am working on honoring meals and snacks more with my full attention. To the degree I honor my need to eat smaller amounts and am successful in being present and giving my full attention to my smaller and more frequent meals and snacks I can comfortably and joyfully use my surgically modified internal regulators.”

## **Being an eating expert makes all the difference**

I know Treating the Dieting Casualty costs a lot. ESI wants you to have this training, and will set up a payment plan, if it helps. As an RD commented, “We made our investment in the workshop back in the first two months. I now know how to plan treatment and am much more likely to follow

through with my patients.” It can be transformative for you. Other comments echo the reactions of ESI faculty members. A psychotherapist: “I only wish I’d learned your methods years earlier. What a difference it would have made in my own growth!” A public health nutritionist echoes many other dietitians in observing, “This training has helped me get back to nutrition. I had been thinking that to work in the way I wanted, I would have to get a counseling or mental health degree. Now I can help with eating behaviors without having to leave the profession.”

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## References

1. Satter EM. Treating the Dieting Casualty: Intensive Workshop on Treating the Chronic Dieter. Ellyn Satter Institute. Accessed December 27, 2021. <https://www.ellynsatterinstitute.org/education/workshops-keynotes/treating-the-dieting-casualty-vision-workshop/>
  2. Harris C, Crum P, Satter E. Feasibility of Satter’s How to Eat Method Using Two Delivery Modes to Improve Eating Competence Among Previous Dieters in a University Employee Wellness Program. *Current Developments in Nutrition*. 2020;4(Supplement\_2):1306-1306
  3. Harris C, Estes P, Satter E. Feasibility of Using Satter’s How to Eat Method to Improve Eating Competence Among Previous Dieters in a Metropolitan Hospital System Employee Wellness Program. *Current Developments in Nutrition*. 2020;4(Supplement\_2):1307-1307.
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