

Ep #268: Living in a “Less Than Perfect” Body with Shannon Hennig



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Jill Angie

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Welcome to *The Not Your Average Runner Podcast*. If you've never felt athletic but you still dream about becoming a runner, you are in the right place. I'm Jill Angie, your fat running coach. I help fat women over 40 to start running, feel confident, and change their lives. I have worked with thousands of women to help them achieve their running goals and now I want to help you.

Jill: Hey runners. So I'm here this week with an amazing guest, I know you're going to absolutely love her. Her name is Shannon Hennig and she is a 36 year old plus size personal trainer with multiple chronic health conditions, including heart failure and type two diabetes.

And instead of using her health to hold her back, she uses it to inspire others to see what is possible living in a, and I'm using air quotes here, less than perfect body. She runs hikes, bikes, and eats chocolate, a woman after my own heart, in Calgary, Alberta with her son and husband.

So, Shannon, thank you so, so much for joining me here today. I know just from the little bit of chit chat we had before we started recording that this is going to be an absolutely epic episode. So thank you so much.

Shannon: Well, I'm really excited to be here, Jill. I'm a big fan, and so being on Not Your Average Runner podcast is great for me and I'm really excited to dive into this topic.

Jill: Okay, so let's take a moment to help people get to know you a little bit. Kind of, like I gave a little bit of an intro, but let's sort of dive into your story. Tell us about how you kind of came to fitness and how you balance that with the health conditions that you have.

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Shannon: Yeah, you bet. So if we go way back I was an overweight child who was always picked on and went on my first diet when I was probably, I want to say it was about seven, because I was larger than everybody else and my mom was wanting me to lose weight. Well intentioned, to make it easier on me so kids wouldn't pick on me. But that was not the case. That didn't work, as we know diets don't work.

So not liking exercise has been a lifelong thing for me. I hated gym class, like so many of us do because of the things you're forced to do, getting teased, in junior high we would have to run the field and it would literally, I'd be like an anxious wreck beforehand and it would make me sick. And I'd be coming up with excuses and reasons why I couldn't exercise or why I couldn't do gym class. This continued throughout high school.

And I was doing the whole diet, weight cycling thing and was actually quite miserable, as you can well imagine. So weight and exercise were always a very negative thing for me. And I just, you know, I couldn't accept the fact that I was fat or I was plus sized, couldn't find exercise that I liked and had such a bad experience with it I stayed away from it for a very, very long time.

And then in 2009 my dad had a heart attack, he's 54. And we have a long history of cardiac issues on my dad's side of the family. So it was kind of not a surprise, but it was also a bit of a wakeup call. But what I ended up doing then was becoming a vegetarian and starting to run. And I really fell in love with running but I was starting, I was using it as a weight loss tool. And I lost 50 pounds and that's when I ran my first half marathon.

So I really liked it, but I had starved myself to that size. I still thought I was fat. And I look at pictures now and I'm like, and I'm five foot eight, I was 165 pounds, that's the lowest I've ever been as an adult. And I look at pictures

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and I barely recognize myself. And I just, then for many years was starting to regain the weight and then was using running as punishment. So I had a very unhealthy relationship.

And then I got pregnant in 2013 with my son and I was still on the heavier side. And, of course, doctors are always like, oh my gosh, you're gaining weight. I still continued to run until I was about 20 weeks pregnant and then had to stop for a while.

And then unfortunately when I was about six weeks out from Ryan's due date, which was at the end of November, so this was like late October of 2013 I got hit with perinatal anxiety and depression very hard and I stopped completely sleeping. I was having panic attacks on a regular basis, had to go on my maternity leave early because I couldn't function.

Then ended up having a very traumatic birth experience with him and I ended up hospitalized right after he was born because I thought that I was having postpartum psychosis. And so the story continues, and so didn't have postpartum psychosis, didn't actually walk away from the hospitalization with a proper diagnosis. And I spent all of 2014 trying to figure out why I wasn't sleeping and get on the right medication.

So I was battling depression, anxiety, PTSD, which I later discovered, and then I was gaining weight because of medications. And I was doing a whole ton of comfort eating and binge eating, and then over exercising. So again, like these really negative cycles.

And once I finally got started feeling better I was back out and running, but I was then having a lot of mechanical issues from a lack of strength that I know now, pelvis, that kept me from running.

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And then I was diagnosed with fibromyalgia in 2015, which is a chronic pain condition. And it was the result of all of the stress and lack of sleep from postpartum depression, et cetera. So 2015 onwards I was still in this weight gaining cycle. I was exhausted all the time, I had brain fog, I was having like even challenges making it to the end of a work day, or a work week. I had cut back to four days a week, I was still working full-time and just had constant chronic pain.

And then exercise, I was still exercising, because I knew that it would help me, but I had like a spin bike in my basement and I still had my treadmill but wasn't using it quite as much. And if we fast forward a few more years, I continued to gain weight because of pain and comfort eating and continued to gain weight. And it just kept happening, it kept happening.

And so when I reached my heaviest I was 310 pounds, and that was in 2019. Then went on a silly crash diet where I wasn't supposed to exercise, but I lost like 60 pounds. But aside from that, it was in then 2020 when shit really went sideways.

So it was August of 2020 when I gained a pile of weight and it didn't make sense. I had gained 27 pounds since mid-July and I was like, well this makes no sense. There's no way, I don't understand where this weight is coming from. Still exercising, not crazy. I was getting out there, I was exercising, but I wasn't eating that much that I should have gained 27 pounds.

And so I had gone to the hospital and a lot of the symptoms I was having, I was having shortness of breath, I was having a little bit of chest pain, a constant chronic cough, trouble sleeping. And the symptoms kind of mimicked Covid. And so I thought, okay, maybe I've got Covid, I'm going to go in and check it out.

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So I went to the hospital, they were like, okay, well it's not Covid. Your blood pressure is quite high, we're not sure what's going on in your lungs, and we would send you for a CT scan but I think we'll do it as an outpatient. And so I got a referral form or a referral and they were going to call me to set up this scan to see what was going on in my chest.

So we left the hospital thinking it's Covid, whatever. 10 days later the symptoms were still worse. I've got this huge amount of swelling in my legs. And when I stand up, I can literally feel like there's fluid running down them. And I'm going, okay, well this isn't right, there's something really bad going on here.

And I called a nurse practitioner that my husband had access to through one of his EAP programs and told her my symptoms. And she's like, okay, you have to go back to the hospital and you have to advocate for yourself and make them listen to you and tell them what's going on.

And so by that point in time I was in a really bad place. When I would lay down I would have chest pain, couldn't breathe, had all of this fluid buildup. And so I did have to advocate for myself because as soon as I got in there and described my symptoms they did the Covid test, of course, at that point in time have to wait for that to come back.

Then they start, you know, I'm hooked up and my blood pressure is through the roof. If I lay down chest pain and I can't breathe. So I'm going like, hey, you guys, you need to get me over to the actual emergency department, not just triage. Get over there, blood pressure is going crazy once again. Like we're talking, I can't even remember, but it was bad.

So I'm getting the nurse's attention and I'm going, “I need to get in for this CT scan that they didn't do last time.” Get in for the CT scan, they do that,

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and it was very difficult, again, to lay down because I couldn't breathe without pain. So get back to my little stall in the ER and within about 10 minutes I've got literally 20 people in front of me and the doctor is like, “Okay, so you've got pulmonary edema and you're in heart failure.”

And I go, “What the fuck? I'm 34 years old, how is that possible? Heart failure is what happens to old people, not 34 year old women with a six year old child.” And the pulmonary edema, so what that, basically any kind of edema is where you've got water or fluid accumulating in your body.

And so I had edema in my legs, which is why I could feel all that water literally rushing up and down my legs. But then when it's pulmonary, it's all in your lungs and that was why I couldn't breathe. And then with the heart failure, essentially what goes on with that is that the heart becomes so tired from unchecked high blood pressure, that it basically just stops pumping. It doesn't stop entirely, but it reduces what is called its ejection fraction.

And so the normal ejection fraction for anybody's heart is between 60 and 70%. I don't know why it's not 100, I'm not sure. But mine was at 29%. So it was about half of what it should be. So I had a very sick, sad heart. And so the next thing I know I'm being wheeled off into this other room for this emergency procedure where they fill you full of diuretics and then pump you full of oxygen and start moving all of this fluid out of your body.

So I go through that and, of course, I'm alone. Like my husband and son had gone up to my parents' house because we were going to go there for lunch and we just thought it was going to be a Covid thing. So I text him right before my phone dies, I'm like, “I'm in heart failure. I'll talk to you later.”

Jill: Oh my God.

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Shannon: Yeah, and I get this like text back, what the, you know, WTF? And so I couldn't do anything at that point in time until I could charge my phone and then call the poor guy.

And so anyways, I get this emergency treatment and then I'm off to the ICU. And I'm like, I never in a million years would have thought I'd spend any time in the ICU over, well, you never think you're going to, right?

So I was in the ICU and was then given this diagnosis. They still had more diagnostics to do et cetera. But basically what you end up doing is you lay there and they pump you full of diuretics, which make you pee, and then you just like pee out all of this fluid. And it just keeps coming and coming and coming.

And then I was given a cardiologist and he explained what the treatment was. And it was basically diuretics and some other medication to control my high blood pressure that I didn't know I had, or hadn't been diagnosed. And essentially what the science behind it is that you relax the heart and the blood pressure enough so that it is able to heal itself and knit itself back together and then return to a normal ejection fraction. Which I was like, “Wow, that's like, that's crazy.”

And so at that point in time too, they're like, “Oh, you have type two diabetes.” And I was like, “Oh, great, just let's keep adding to the list.” So high blood pressure, heart failure, type two diabetes, all that kind of stuff. So I spent, like I think it was four days in ICU, then I was transferred up to the regular cardiac unit and then broke out after they had stabilized me on these various medications.

So getting home it was like, oh my gosh, we'd missed my son's, we were doing online schooling, we'd missed my son's first week of school. And

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then I'm supposed to be like taking it easy, but I run my own business. And at that point in time I was doing communications consulting and writing for health and wellness clients. And so I had to just like take a step back and say, all right, I can't do this work right now.

But then because of the medication and I think my age, and because I was given a green light to return to exercising in February of 2021 I went for, I can't remember exactly what it's called, it's an ultrasound that they do of your heart to check the ejection fraction. And mine had jumped back up to 60. And so even my cardiologist, so we had found that it had gone from half dead to back to normal.

And my cardiologist was like, “Holy cow, this is great. We were expecting that we'd see an improvement, but not basically a complete recovery.” And it was that piece then that really I realized like, okay, if I continue to manage this appropriately and stay on my medication, I'm not going to make changes to that, and I continue to manage my diabetes, none of these things have to keep me from pursuing things that I like or that I, you know, want to be active and continue doing.

And then in 2021, like later in 2021, it would have been about April or May, I had another health scare with my anxiety and my depression that landed back in the hospital. And I came back out of that and I was like, okay, I think it's time for me to just take time for myself and really re-prioritize things, look at where fitness and exercise fits in, look at where self-care fits in and make some decisions about what it is that I value and what's important to me.

And I started up running again. And then I was like, I don't know if I want to run anymore. I don't know if my body can handle it, maybe I'll just do walking, maybe I'll do power walking. And then it was like July of 2021 and

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I was like there's an Orange Theory that's up by my house and I was like, why don't I go try it?

I was in this like place where I thought I don't care what I look like anymore. I don't care if I'm going to the gym, I don't care, blah, blah, blah, I'm going to go try Orange Theory. So I went and I loved Orange Theory and I asked them, I was like I could teach here, I could totally do this. And I was like, so what do I need to do to teach here? And they said, become a personal trainer.

And so that was what started it. And I thought, heck yeah, I can do this. So I got my CPT back in December. And I'm still not working at Orange Theory, they're going through some changes and stuff, the one by my house. And I would have to pass their training and I don't think that I could at this point in time, but it's something that I could definitely work towards. And it's still a goal, because I mean, that's what started it.

But then I'm like, I have this certification as a personal trainer and I had a girl that used to work for me here in Calgary, she goes, “Could you be my personal trainer?” And I thought, well yeah, I could.

I had seen such amazing gains that I had made because there's a strength training component in Orange Theory. And I was getting stronger, my hips were stabilized, I was a better runner. I had chronic pain issues in my neck and shoulders that had completely disappeared because I was building strength.

And my chronic conditions were under control, my fibromyalgia had basically disappeared. And so I thought to myself, if I can have these kinds of results from an effective, evidence based supported program and I can do it for other women, and I could do it and work with other women who are

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plus sized, who have chronic conditions, who are afraid of the gym, who have his negative relationship with exercise, why the hell wouldn't I do that?

Because it felt so much more rewarding than just being a writer and doing, like I do grant writing and strategic planning, which has its place and its time. But in terms of like getting these results for people that are immediate, well not immediate because fitness is a journey. But a relatively short term change that they can see, and that they can feel, and that it's going to build their confidence.

For me that was just like this breakthrough and a gift that if I have been able to discover this at 36, then I want to share it with people who are older than me and who are younger than me. So that they're not stuck in these cycles of self-hate, of self-loathing, of fat phobia, of thinking that I can't do it because of how I look. And so that is where I came to and that was the inspiration behind the personal training.

And now it's something that I just feel it's such a good fit for me, and the things that I like, and the things that I love. And helping women to see that potential, that's like, the mother load.

Jill: Yeah.

Shannon: And I think you would probably agree with me on that one, Jill.

Jill: I would, I'm like, yeah, sing it, sister. I love that. So I have so many questions right now because first of all, do you think it's unusual for those types of chronic conditions to resolve that way? Are you thinking like, no, actually, once you stop obsessively trying to exercise your problems away

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or starve your problems away, that your body is very often able to heal itself?

Shannon: That's a really great question. I would say I look at the research, and based off of what my physician tells me with the heart failure, it's something that I'm going to have for the rest of my life. But with medication, exercise, lifestyle change, like it's a challenge because I have to watch my sodium and my electrolytes, and then also my fluid intake. But then as an athlete I'm supposed to be hydrating.

Jill: Yeah.

Shannon: So it's like a constant balance. And like with type two diabetes, it can be reversed. I'm on medication for it, but it can be reversed, again, with diet, diet and exercise. So with both of those I would say, yes, they can be controlled and they can be managed. I would never do anything or suggest any listener to do it without your doctor, that would be a bad idea. Never go off medication without your doctor's supervision, disclaimer.

But with the fibromyalgia, that is a really interesting one. And it's one that I have been asking myself the question about. And I go, I wonder if my fibromyalgia was a result of the birth trauma and I had internalized the trauma and it was being held in my body and manifesting as pain, manifesting as the trauma component of it.

But I feel like, or not I feel like, the trauma piece got resolved big time for me with that hospitalization in 2021. Because the big piece of the trauma was related to Ryan's birth because I had gone through labor, basically all alone at home. My husband, it was cute, we laugh about it now but at the time I was like oh, well whatever. We were first time parents and we're told, okay, it's going to be at least 24 to 36 hours of labor.

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And so my husband, and this was at night, I'd had my water broken. Or not my water broken but I had had my membranes swept. And they're like, oh, yeah, it probably won't start, don't worry about it.

So my husband was sleeping down on the couch and I went through this really rapid labor that was probably like, start to finish, eight hours. And we ended up having to call an ambulance because I was having contractions less than a minute apart.

But I'd had all of these, my flashbacks and this trauma were all related to I would see like the roof and the ceiling of my bedroom. And those were my flashbacks. And then I would have flashbacks of when I was at the hospital because I was so terrified and anxious. And so I had sworn I would never go to an inpatient mental health treatment again. But in 2021 I did.

And it was almost like this cathartic release in my body where I was like, you know what? I thought this was so scary and I thought I couldn't do it again. And it was as if I just let it go.

And the more that I study about trauma and the more I read about trauma, there's basically three ways that trauma resolves itself in the body. Medication, therapy, which I had done. I'd done EMDR, which is eye movement desensitization processing thing and I had great results with it, but it hadn't actually done anything for the pain.

It's basically been since then that this fibromyalgia thing resolved itself. And I really believe that it's related to the trauma resolution in my body. My body is not holding on to it anymore.

Jill: Yeah.

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Shannon: And it's such an interesting area of science and that we're studying and we learn so much, are learning so much more about. And there's great authors, there's the book, *The Body Keeps the Score*, I can't remember who it's by.

There's Gabor Maté who's a Canadian author who's done a lot of work on trauma and addiction. He's an addiction specialist who works in Vancouver's Downtown east side. And he's got actually a new book out that I need to pick up and read about trauma and the body and healing.

So I really think that the FM is gone, if that was ever what it was, and my body has healed itself. And that the other conditions themselves are going to be manageable as long as I'm continuing to take care of myself.

Jill: Yeah. Well what does your self-care look like?

Shannon: So I, I love to exercise, go figure. I really do love to exercise, but I have to put limits on myself.

Jill: Yeah, I was wondering about that.

Shannon: Yeah, I'm one of those ones that's like I could go do this every day, and then I get burned out. So I really have to be mindful of that. That's a big one for me. I love to read. I was a huge nonfiction reader for many years, didn't touch fiction. But this year I started reading historical fiction and I'm really loving that.

So I read every night before I go to bed. I've been reading some great novels. I love to crochet, and that's one that I'll be picking up again because it's just not a summer activity for me. I don't feel like crocheting blankets when it's 30 degrees, call me crazy. So I do that I love to bake, I love to

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cook, I love to do those kinds of things. And to me they're not an, oh crap, I've got to do this. It's like what kind of delicious thing can I make now?

So it's really, it's just taking downtime and really being conscious of my needs and what those look like. And fortunately my son and my husband, they get along great so they spend a lot of time together. We spend time together as a family, which is always nice. I go and I like to see my parents, they live here, which is great having them here.

So really, it's just about prioritizing those needs, but it's also about keeping myself in check because self-care, like it's doing things for yourself, but then it's also knowing that you need to pull back because it can easily be like you just start doing all this self-care stuff and you're running around and you're getting worse.

Jill: Well, and sometimes I think that we mistake certain activities as self-care, like a lot of people are like, “Oh, self-care is like getting massages and having bubble baths and stuff.” Right? And I'm like, for me, self-care is actually like scheduling stuff on my calendar so that I know I have the time to do everything I want to do, or balancing my checkbook, which I guess is not necessarily a thing that we do anymore. But like going into my bank account and making sure that like, right, I feel like self-care is activities that set you up for success and sometimes they're not super sexy.

Shannon: No.

Jill: So are there any self-care activities that you would say are like, these are not the most fun things that I do and sometimes I have to talk myself into it, but I do it because it really helps me feel the best in the body that I have?

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Shannon: In terms of self-care activities, I think the biggest thing is giving myself space and permission to not feel well. Because I'm one of the ones that would be like, oh, you know what, I don't, and I used to do this when I worked full-time. You drag yourself in because you've got a cold, you're miserably sick but you don't, it's like that kind of thing.

But now I haven't had a cold in years because I've been at home and not going out. I've avoided Covid still, vaccinated, triple vaxxed and I've avoided it still, so that's good.

Jill: Yeah.

Shannon: But just understanding that there are limitations, that I do have limitations. And that doesn't matter what size you are or what age you are. Every body has these limitations, and it's just like respecting those. And I think my husband would say I need to do a better job. My mother would say that too because she goes, “Every fall you just get too busy.”

And it's interesting we're having this conversation now because last week I had started having some more, with my heart failure they give you self-management guidelines and it's this red, yellow, green scale. And so I had been in the yellow for a little bit. And so it was like breathlessness, some fluid retention, a little bit of appetite reduction. It's a weird kind of combination of symptoms that you go, what does that have to do with heart failure?

But I was in the yellow zone. And so my weight was, I have to weigh myself every day, which is interesting when you've got a negative relationship with the scale. But I have to do it because of the heart failure. So you just have to switch your mindset and go, okay, it is what it is. But I gained four

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and a half pounds in a day. It was like, oh shoot, well that means I'm going to have to go on additional medication that I have for when that is the case.

So with taking my Lasix, which is another diuretic which makes you pee even more. I've been doing that for the last like week and a half, and was in to see my doctor today just on a follow up. And like things are better, I had lost four pounds because it was all water.

Jill: Yeah.

Shannon: But it was, you know, this is like just a part of my life. And knowing that I do have that and it is going to impact my performance as an athlete. So I do have to keep that, from a mindset perspective I do have to remember that I do have limitations. However, whatever those limitations are, I can go and I can work with those.

I'm never going to be the fastest runner, I don't really care. I'm never going to be the fastest, the best, I'm never going to win a race. But that's not why I do it. And so I think it's like a re-frame and it's a mindset piece. And so I think for me, the biggest piece of self-care that I do is constantly working on mindset.

And I find that when I'm working with my personal training clients too, as you know, Jill, the mindset piece is everything. You can have the best plan, the fanciest gym equipment, a great gym membership, well if you don't know what you're doing.

But if your mindset is off, that doesn't matter. You're just throwing your money completely away because if you don't believe that you deserve to be there, that your body can change despite limitations, and that you can make improvements in your health and they might not look like other

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peoples. But if you don't believe that, there's no point, don't waste your time.

Jill: Fitness is 100%, I'm going to say 100%, 80% mental. Fitness is 80% mental, right?

Shannon: Oh yeah.

Jill: Like it's the motivation, it's the thoughts about yourself, it's the giving yourself pats on the back. And like all of that comes from your mind. And I always tell my runners, like your training plan is, like you may think it's all about the training. It's 80% about what you think and then the training falls into place after that.

Shannon: Completely. Completely, I would 100% agree with that. And I know, like especially with running, and when I remember doing the half marathon especially. 5 and 10Ks, like there's a mental part to it, but you're like, yeah, it's 5, it's 10.

Once you've been doing it, like I don't want to, for anybody that's starting 5K seems like, holy crap, are you kidding me? Right? And I don't want to dismiss that. But once you've been doing it you're like, it's 5, it's 10, yeah, I can do this.

But I remember that half marathon and the mental game and how much of it was just this like, okay, you can do it, you can keep going. And it sounds corny and I hate all the fitness industry euphemisms and all that crap. But the body achieves what the mind believes is one that I completely agree with because I've seen it firsthand.

Jill: it's very true.

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Shannon: And so being so mindful of that and remembering that you do have the power to make these decisions and to decide what you're going to do. You're not a victim, that's the other big one, is that you are not a victim unless you choose to be.

Jill: Yeah.

Shannon: And that's a choice and I could have made that choice. And I just said, no, I don't have time for that. There's too much fun stuff to do, rather than sit around and just be like, “Oh.” Right? Like there's too much in life you want to do. I want to travel more.

Jill: Yeah.

Shannon: We're going to Disneyland in November, which is our first vacation since 2020.

Jill: Yeah.

Shannon: And there's stuff I want to do with my kid. There's all kinds of stuff I want to do that I'm not going to let my size hold me back from. I spent way too much my life doing that. I don't like. Like I said, I'm at the point where I'm just like, I don't care.

Jill: Yeah, agreed.

Shannon: So I'm fat, what evs. That's your problem, not mine, if you're going to judge me.

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Jill: Well, let me ask you this, I think that, I don't know if we've specifically mentioned it in this podcast, but the world is definitely biased towards fat people or against fat people in many, many ways.

Shannon: Yeah.

Jill: But there's also this whole concept of health-ism, where being healthy, and I'm using air quotes, has become like a moral issue. And so, okay, well I'm not fat shaming you, I'm just worried about your health. And all of that bullshit, right?

Shannon: Right.

Jill: But I guess what I'm kind of curious about is, this is like a two part question, I guess. Number one, do you think that you can be fat and healthy? And number two, do you think you can have chronic health conditions and still be healthy?

Shannon: I really believe that you can be, in both situations you can be healthy. The fat one and the fat phobia, that is one that until I really got involved as, well especially on Instagram.

Until I really started up the personal training and being on Instagram and looking at the fat phobia and listening to other people's experiences, or maybe not listening, but scrolling through other people's experiences. I really was, I was just stuck in my own lane and understanding how it had impacted me, you know, the shame and all that stuff. But not really realizing how fat phobic our society is and how demonized it is.

And I know, like you look at the research and we know that diets fail, we know the number is between 80 and 95% of all diets fail. People regain the

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weight, they end up gaining it and more. And that constant weight cycling and yo-yo dieting leads to worse health outcomes than if you just were fat and if you just stayed that way.

So I think that you can be healthy and you can be fat. There's ample evidence of it out there that you can be overweight or, you know, on the BMI, which is absolutely useless, overweight or obese. And I don't hate using that term but I know a lot of people don't use it. But I believe you're completely able to be healthy. And then with chronic conditions, you're completely able to be healthy.

But with health-ism, what we view as health is that you're completely free of disease, that you don't have any sort of medication that you're taking, and that if you have those things, you're a moral failure. And so it's this attachment of morality, and then the all or nothing that is the problem.

Because you can be thin and have chronic conditions. You can be thin and you can be incredibly unhealthy. You can still have high blood pressure, you can still have type two diabetes, you can still have heart issues. So these things are not just exclusive to fat people.

There is a higher incidence, but with health it's not just about you and your lifestyle choices. It's your genetics, it's your environment, your access to food, your education, all of these socioeconomic and social determinants of health.

And so, fat people basically have everything stacked against them right now. They are loathed, nobody wants to look like them. They're despised, like oh my gosh, I can't believe you're fat because you're not thin. And thin is such an ideal that we praise and we put so much pressure on.

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And so I think if we objectively stood back and looked at the data about “healthy” people and their weight relative, you would likely see higher incidence of chronic illness and illness in general with people who are fat, but it's not just because of their size. It's because of all of these other systemic issues. Internalized fat phobia, so maybe they don't go to the doctor.

We see so many incidents of fat people going to the doctor, not being taken seriously, being told to diet and lose weight, or having their symptoms completely ignored. And then they finally find a doctor in an emergency situation who sends them for a diagnostic and they're like, “Oh, you've got cancer.” Or oh, you've got X, Y, or Z, I can't believe that nobody took you seriously beforehand.

So you're kind of screwed if you're fat and you don't follow the just lose weight. And as you and I both know, that's so easy to do, right?

Jill: Just snap your fingers, it's so easy.

Shannon: And then it's this assumption that it's going to magically fix every

Jill: Yeah.

Shannon: Right? And in a lot of cases it doesn't.

Jill: Yes.

Shannon: And so that's the reality and the lie that we've been sold is that you're to blame, which you're not.

Jill: Yeah.

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Shannon: And it keeps people, it keeps women from getting medical care, it keeps them from getting proper treatment, and then it just shames them. And so yeah, you can be healthy, but it's going to look a little bit different than having perfect health. I don't think perfect health exists.

Jill: I don't think it does either. And I think that's the thing that always kind of cracks me up when people are like, “Oh, you should work to be healthier.” I'm like, well, tell me what healthy is. Because I think many people believe that health is, you know, you have a healthy heart and you have healthy lungs and so forth. But I feel like what even is health?

There is like no definition of perfect health. I mean, I guess yes, if you can go and get your blood tested and they'll tell you ranges for specific things, right? But there's no test for every possible condition that there is on earth. And so telling somebody to go get healthy, it's just dumb. It's like it doesn't, it's just dumb, that's what it is, right? Because healthy is different things to different people, yeah.

Shannon: Right. And okay, so you walk in, and we see it all the time on Instagram, right?

Jill: Yeah.

Shannon: With people with trolls and bots and stuff where they leave these stupid comments where, oh, you're just promoting obesity, or whatever it is.

Jill: yeah.

Shannon: Okay, so you go into a restaurant, two people you've never met. One person is thin, one person is fat, are you going to walk, you're going to make an assumption that the fat person isn't healthy and the thin person

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is healthy. So what are you going to do? Walk up to the fat person and be like, “You need to go get healthy.” And then go to the thin person and be like, “Congratulations on being healthy,” and then walk out is essentially this messaging.

Jill: Yeah.

Shannon: All because of your body size.

Jill: Yeah, exactly.

Shannon: And you could have, the thin person could have God knows what, the fat person could be like, I'm fine. But it's all this like assumption just because you're bigger.

Jill: Right, yeah. That's it. I think that's it, we make so many assumptions. I had somebody comment on my Instagram a while ago, I posted a reel about, you know, I don't even know what it was. But the person was like, “Well it's all fine and good to be positive about your body. But, you know, you really should work on getting healthier.”

And I was like, “Hey, I think I'm pretty healthy right now. I don't have any issues with my body.” And it got real ugly because all of a sudden he was like, “Oh, well, good luck living past 50 then.” And I'm like, “I don't know, I'm 54. So I guess I must have done it okay.”

Shannon: Whoa.

Jill: And he blocked me. He blocked me. I was like, “What? What just happened?”

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Shannon: Okay.

Jill: But it is fascinating, right? Like the people, and I know you've experienced this as well, like on my Instagram the people that make snap judgments, they are just like hundreds, literally hundreds of comments about, oh, your poor knees.

Shannon: You and your knees.

Jill: I'm like, my knees are fine.

Shannon: I know, you keep commenting on that. and I'm like, what are people, like what do they think is happening?

Jill: They are obsessed with it. On a daily basis I'm deleting comments from people who are just like, “Your poor knees.” I'm like, I can deadlift over 200 pounds.

Shannon: I know you can.

Jill: Like my knees are fine.

Shannon: Yeah.

Jill: I can run, my knees don't hurt when I run. But it is, right? Like it's always judgment. It's like you're too fat and that's bad for you and your knees are going to hurt. And just all of the judgments, and the common theme is you're not healthy and your knees are not healthy.

But just in general the assessment that my body isn't healthy because of what I look like. And I think that sums up all of the issues that fat people

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face right then and there, is like strangers making assumptions about our health. And our health is none of your fucking business too. That's the other thing, right?

Shannon: Right, that's the other thing.

Jill: Right, it's like my health is none of your fucking business.

Shannon: Is none of your business.

Jill: Yeah.

Shannon: Like it's none of your business. And then I have these little narratives in my head, and I think that this is probably something that I've been conditioned to. I think part of it is real, part of it's maybe just me. And I know that other fat women feel this way, I'm sure you do too, is that you show up for something. Whether it's like a running event, or like when I go to Orange Theory I'll sometimes think like, not so much that I don't belong, but I feel like people think I'm there to lose weight.

Jill: Yep.

Shannon: And that any of the support or like the encouragement is kind of done from a patronizing perspective.

Jill: Yeah.

Shannon: Like, hey, there's the fat girl. Oh good, go mom, you can do it.

Jill: Yeah.

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Shannon: And I want to be like, “Yeah, I know I can do it. It's fine.” And I appreciate, like I appreciate it, but I question like how much of that is in my head. But also how much of that is them legitimately thinking like, “Oh, we need to encourage her, yay.” Like they're externalizing.

Jill: You're like you can't win, right?

Shannon: Right.

Jill: Either you're fat and you're lazy. But then if you're fat and you're doing stuff they're like, “Oh, look at the fat girl go.” I know.

Shannon: Or you're like slow and you're the last one and you're like, “I knew I was going to be the last one and I appreciate you coming along and being like, “Yeah, go.”

Jill: Yeah.

Shannon: So I think part of it is me, but I also think that there is probably a part that is like, we need to help her. But I can't blame people for that.

Jill: Yeah.

Shannon: I mean, to them it's like, oh, I'm encouraging you, I'm motivating you, I'm here to help you. So I'm not going to like slap them and be like, no, I don't want this, because that would be completely childish.

Jill: Right, like you don't encourage me because you're doing it wrong, complete stranger, right?

Shannon: Yeah, exactly.

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Jill: But still.

Shannon: If you're just there to cheer, like okay, that's fine.

Jill: Yeah.

Shannon: I could use the extra, I'm going to take it and I'm going to flip the script. Here's mindset, I'm going to flip the script and I'm going to think that they're genuinely there to cheer me on.

Jill: Yeah, exactly.

Shannon: And it's not because I'm fat. It's because hey, everybody, when you're doing a race or whatever, everybody can use the support. And it's not just about me. They're there too, but here we go.

Jill: Yeah. And I think when I'm in a race and somebody's cheering me on, and especially if they sound a little bit patronizing, I'm always like, “Oh, it's because they're on the sidelines and they're seeing a fat person do it, that they're just like, wow, that's amazing, right?”

Shannon: Yeah.

Jill: That's what I always just decide, that I'm going to make it mean that they are just in awe of me.

Shannon: I like that.

Jill: Yeah.

Shannon: That is a good way to think about it.

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Jill: It's so much more powerful.

Shannon: Yeah.

Jill: Unless they say something, I've had people, because I do the run/walk method. And so say I'm like a mile out from the finish line and I hit a walk interval and somebody's like, “Don't stop now, you're almost there.” I want to turn around and say, “Listen, I got this.”

But it's okay because, like you said, I don't want to discourage people from cheering and from supporting other folks. And we get to decide what we make it mean and, you know, make it mean something that feels good to you.

Shannon: Yeah, and I think that's the important thing, right, is just to reframe it, right?

Jill: Yep.

Shannon: Don't take it as them being out to patronize you, but they're there to genuinely support. And I know like with your podcast and a lot of those fears and concerns that come up with women and running is that whole like, what if I'm last?

Jill: Yeah.

Shannon: Well, somebody has to be last. And maybe it's not that bad.

Jill: I know, what makes you so special?

Shannon: Yeah, and maybe it's not that bad.

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Jill: Yeah.

Shannon: Like you think, oh my gosh. And I hear it at every race line, you know, I'm standing there lining up and you'll always hear somebody that's either talking on a phone or talking to their friend or whatever it is and they're like, “What if we're last?” And you just feel like, well. I haven't been last yet, but really close. But you just kind of are like, well, you know what? Today I did my best.

Jill: Yeah.

Shannon: And whatever your best that day looks like, okay, that's fine.

Jill: Yeah.

Shannon: But being last isn't that bad.

Jill: But last is still a place. Last is a place.

Shannon: It's still a place.

Jill: And I've done a lot of thinking about why people get so upset about coming in last, and I really think that it's, like logically they know it's not a big deal. They're just like, oh, it's just last, I still finished it. Logically we know this. But I believe it kind of taps in, especially to those of us, in the United States we have this thing called the Presidential Fitness Test.

Shannon: Yes, I'm familiar with it.

Jill: And I don't know if they have something similar in Canada, it's ridiculous.

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Shannon: No. Thank God they don't because it sounds horrific.

Jill: Yeah, Canadians are so nice. Yeah, and like so you have to like do pull-ups. I've never done a pull-up in my life. You have to do sit-ups and you had to run a mile. And I could never run a mile. And I think for some people, the thought of coming in last in a race like triggers all of that micro trauma from when you were a kid and you were last picked in gym class or you were the last one to finish whatever thing you had to do or the mile.

And so I just think it's like, it brings up memories of feeling like you weren't good enough and having the whole class laugh at you. Because I've been last a couple times, and not once has anybody been like, ha ha. Nobody has ever laughed. They were just like, “Here's your banana, good job.” That's it, that's all that happened.

Shannon: Banana and a stale muffin. Banana and stale muffin.

Jill: We don't get muffins in the US, it's weird. We get a banana.

Shannon: Oh, muffins are at basically every race.

Jill: Banana and water.

Shannon: We get a banana, there's always a banana.

Jill: Yeah.

Shannon: I guess it depends on the race and the organizer. But usually it's a banana and like a muffin or something. Or they'll give you like a granola bar, those types of things.

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Jill: Yeah, we get granola bars sometimes. Yeah.

Shannon: Yeah. One of the ones that I was really impressed with, so Run Calgary is the organization that does it here, and they're a really great professional organization. And I always am like in awe of what they do. But at their event, the big marathon weekend is back in May, and there had been all of these shipping delays for the actual finisher metals. And they had been sitting in Vancouver for months at the bottom of a shipping container.

And so what they ended up doing was they made thousands of sugar cookies that were little finisher medals that had, you know, like 2022 finisher. So you got your, yeah, but they had managed, they pulled off some sort of miracle with some companies here and with an airline and like the port authority in Vancouver.

They had gotten the medals to Calgary at like five in the morning of the race day, got them down to the race start line. So everybody's still got their finisher medals, but then we all got these sugar cookies.

Jill: Awe.

Shannon: And so it's stuff like that, to me like that is like above and beyond what you had to do. But they were like, no, we want to make sure that everybody gets the recognition and you'll get your medal at some point. But in lieu of it, here's a sugar cookie. So, you know, whether you're first or you're last you still got your sugar cookie, you got your banana.

Jill: Yeah. I love that.

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Shannon: Yeah, and the year before they did smoothies and all this stuff. So, you know, the racing side,, you know, racing is, like I love it. And like I love it. And you've posted little signs up just to get the finisher metal, so that might be what I do sometime. There's also times when I'm just like, no, I'm out to challenge myself. I'm out to do this and I'm out to be a part of the experience.

And it's so nice, like I did, I don't know about you but I did a lot of virtual races throughout Covid because that was a decent option. So I could just, I live down in a river valley with lots of like paved trails and stuff. So I had a lot of distance that I could cover, so I was doing all these virtual races, But it's only been since about like May that it's like in-person stuff and I'm like, oh great, this is cool, I forgot what it's like.

Jill: That's right, you can do these in-person too, that's so fun.

Shannon: You can do these in-person? And in a different location that's not, you know, 20 minutes from your house.

Jill: I love that.

Shannon: So that's, you know, yeah, absolutely.

Jill: So okay, so this has been an absolutely lovely conversation, where can people find more of you?

Shannon: So I'm on Instagram, that is my main social media hang out. And so my username is @shannon_fitvio, so F-I-T-V-I-O, the name of my personal training company. And then if anybody's interested in working with me as a personal trainer, they can visit fitvio.ca/apply-now.

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And so those are my main two places where I'm connecting with people. I'm still building my website, in terms of like actual content and all of that stuff, but it hasn't been a priority. As you know, there's so many things when you're doing online entrepreneurship and being a mom, and, and, and.

So Instagram is probably one of the best places to connect with me, and then that web address as well. And that leads to my program video so people can watch, I talk about my personal training, talk about the mindset. We do a bit on nutrition, but it's not my specialty. But I do have the training and the basics and that kind of stuff.

But those are the two main places. Yeah, check me out on Instagram and my great reels.

Jill: I love it. Your reels make me laugh all the time.

Shannon: Oh, good.

Jill: There's always like that nugget of truth and then you're like, you're kind of like, “Uh-huh, yeah.”

Shannon: Yeah, that's kind of what I'm going for. Like my goal with reels is just to make people laugh. Well, A, make people laugh, engage with them, and then kind of like challenge these stereotypes and these notions. As, you know, with trending audio and all these things you're supposed to try and figure out, you're just like, well, let's see. We'll throw it at a wall and see what sticks. But I'm glad that they make you laugh, because that's my goal.

Jill: They do.

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Shannon: Good.

Jill: So we will have links to your Instagram and your website on the show notes for this episode. And I guess just like in closing, what would you say to somebody who, like imagine there's a fat woman out there and she's got multiple chronic health conditions and she's saying like, well, that's all fine and good for you, but I can't do it?

Shannon: I think the biggest thing is, and I start this conversation with all my clients. I would say, well, why? That's the basic. Well why? Why don't you think you can? Starting with why is huge in whatever you're going to do in life.

But if you've got multiple chronic conditions, you're fat, you're overweight, you've got all this stigma, this bias, and this internalized narrative, you need to sit down and you need to really ask yourself, well, why? Is it because I believe that I can't do it? Have I been told that I can't do it? And what would happen if I shift my mindset and I just say, well, I'm going to try?

So it's really getting down to that root motivation of why, and then believing that you are worth making an effort. And that, I think, is also another piece where we lack a belief that we're not worth it. So start with why. And then really examine those motivations and decide that you're worth it, because you are. Your health and investment is worth it.

You know, people talk about making changes for others in their lives, like I want my kids to see me healthy, I want my husband or whatever it is. But ultimately, at the end of the day, external motivation is great, but if it's not coming intrinsically and you're not doing it for yourself, you're not going to stick with it.

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Jill: Yeah. Yeah, I love that.

Shannon: So that would be my best advice.

Jill: Thank you so much, those are wise words. And yeah, you guys go check out Shannon because she's amazing and has a lot of good stuff to say and a lot of good things she can teach you. So if you're looking for a personal trainer, she's the place to go.

Shannon: Perfect.

Jill: All right, my friends. Thank you again, Shannon, for being here. It has been an absolute delight and I'll talk to you later.

Shannon: Thanks. Bye bye.

Hey, real quick before you go, if you enjoyed listening to this episode you have got to check out Up And Running. It's my 30 day online program that will teach you exactly how to start running, stick with it, and become the runner you have always wanted to be. Head on over to notyouraveragerunner.com/upandrunning to join. I would love to be a part of your journey.