

EPISODE 13

[INTRODUCTION]

[0:00:01] AS: You know battling food and your body doesn't work. You want to love and accept yourself. And because you're insatiable, you want results too. And wouldn't you know, you bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on this beautiful and wondrous planet Earth.

Fair warning, it will be a rollercoaster. But for those insatiable, that's your prime time to thrive. We're here to say "YES!" to the hunger of wanting it all. I'm your co-host, Ali Shapiro, a health coach who helps people end the losing battle of dieting and find a truce with food.

[0:00:44] JB: And I'm Juliet Burgh, nutritionist, fitness expert, and a co-owner of Unite Fitness Studio Franchise.

[EPISODE]

[0:00:52] AS: Hello everybody and welcome to Episode 13 of the Insatiable Podcast. Today, we are here with Dr. Danna Bodenheimer and our topic today is trauma. Now, before you think, "Oh my God, this doesn't apply to me," we're going to be talking about different levels of trauma not just big trauma like sexual abuse and violence but also little trauma and how that influences weight and our food choices.

Before we get to talking with Dana, I want to give you a little bit of background on here. Danna graduated from Smith College earning her bachelor's degree in women's studies and her masters in social work there. She received her PhD from the University of Pennsylvania. Danna has taught at Rutgers, Temple and Penn and has settled into teaching at Bryn Mwar Graduate School of Social Work and Social Research. She's also a published author, thanks to her great work there.

She teaches clinical practice and classes on gender and sexuality and most exciting, well recent I should say. This is all exciting but really exciting is Danna is now the head of the Walnut Psychotherapy Center for all of our Philly listeners, 1429 Walnut Street.

[0:02:04] DB: Yes, come for therapy anytime.

[0:02:06] AS: Yes and is a trauma informed out-patient setting that she founded specializing in the treatment of the LGBTQ population. Danna not only spends time giving therapy but supervising therapist, teaching and consulting. So she's a therapist-therapist. We've got the big guns out today. She is the mother of two amazing young boys and lives in Philadelphia with her wife.

She uses Philadelphia as a landscape to study issues of oppression, intersecting identities and complex socioeconomic struggle. Danna received the 2011 through 2012 award for excellence in teaching from the University of Pennsylvania. She was also selected as a fellow for the American Psychoanalytical Association for 2012 to 2013 and she's also a licensed clinical social worker in Pennsylvania. Lots of schooling Danna.

[0:02:59] DB: Yeah, I went to a lot of school.

[0:03:01] AS: Yeah, she does and I will say outside of that, Danna is a former client of mine so I can attest to her brilliant mind and the way that she thinks. So beyond just academic you're completely real and very poetic.

[0:03:16] DB: Thanks Ali.

[0:03:17] AS: Yeah, no, your Instagram feed, people if you like Philly landscapes, check it out.

[0:03:23] DB: Thank you. Thank you.

[0:03:25] AS: So thank you for being here today. You know what the agenda we're going to talk about and what I wanted to kick off with things and so that people start to see this connection because a lot of times when we have food or body image issues, we really focus on the food

and body image and we may know that there is other things to it, but we don't make the connection outside of how these struggles are sometimes protective of dealing with other traumas or other things.

What I want our audience to know is one of the big ways that therapists, and when you're evaluated clinically for trauma is called the ACE score and the ACE score stands for Adverse Childhood Experiences. And Juliet and I were talking before we got on here and you can actually take a quiz, correct Danna? And get your own...

[0:04:11] DB: Yes, it's online.

[0:04:12] AS: Yeah, and get your own online score and see what comes up but what's really fascinating about this public health score and study to me is that it started in an obesity clinic. No one thought they were going to study trauma, they were studying people who were overweight and what they started to see is lots of things, but one of the main things is as these people started to lose weight, this fear of being seen really became prevalent.

I think that's so fascinating because a lot of people think that they're going to be more seen when they lose weight. That's a part of the attraction. I'll get more attention, I'll feel more confident but a lot of times with trauma, that can trigger people to keep weight on and so I love to first, I guess, kick off your definition of trauma, big T, or little T, however you like to define it.

[0:05:04] DB: Okay, I think that there is this dialogue in the culture right now that big T, little T trauma. Big T trauma meaning something very severe that happened, a car accident, a rape an assault and little T trauma being small environmental factors that exist overtime. I think that's somewhat of a false dichotomy. I don't know anybody who's just had big T or just have little T. They usually co-occur in some levels. For starters, I just want to say that I think trauma is trauma.

[0:05:35] AS: That's important.

[0:05:36] DB: Yeah and that said, the way I define trauma is basically any assault on somebody's attachment. An attachment to your family, an attachment to your home, an

attachment to the food that nourishes you. First I would say it's an assault on attachment and second I would say it's anything that happens in your life that is what I would call developmentally miss-attuned meaning like you're four years old and your parents leave you at home with a one year old and they say, "You can handle it."

Basically asking people to live in a way that's beyond their developmental capacity. So anytime that a child is exposed to something like 9/11, they're traumatized because they don't have the developmental capacity to make sense of it. So the two ways I think about trauma are assaults on attachment and assaults on development.

[0:06:29] JB: Yeah, that's amazing. Even if we don't think this is our own trauma, something that we've witnessed at any point of our lives really can create a traumatic experience that we hold onto.

[0:06:41] DB: Right because if you've witnessed something and you couldn't do anything about it because of your development for whatever reason, it led you to feel out of control and one of the hallmarks of trauma is the feeling that you don't have control over your safety or the safety of your loved ones.

[0:06:58] AS: That's so key, the safety factor, right? Danna and I talked a lot about the metaphor of weight and weight is this metaphorical protection that even though we don't want often, it does on a psychosomatic level to make us feel safer. A lot of people shut down and that's when they feel invisible but they want to feel invisible in a way as well.

[0:07:19] DB: I mean I think there's a real tension for people who are traumatized between wanting to be seen and wanting to remain invisible and I think that there's a fantasy that they're safety in each like "If I'm seen I'll be taken care of. If I'm invisible, I won't be in danger," and I don't know necessarily that people who weigh a lot are necessarily, "Oh, those are the traumatized people."

I think it's people who keep going in between extreme body states that they lose weight, they gain weight. It's partly because they live in this paradox of not knowing how they'll ever really

feel safe and it keeps switching, and it's because it's really not a bodily issue. It's a psychological issue.

[0:08:00] AS: Yeah.

[0:08:01] DB: So does that make sense?

[0:08:02] AS: Oh completely and I guess I should clarify. It doesn't mean just because someone has weight means that they don't feel safe or anything but you're saying it's the need to control or the fixation or the back which often leads to the back and forth. Well it's the back and forth but people are often times seeking control.

[0:08:21] DB: Right and there's the fantasy that "I will feel safe if". So "If I lose weight I'll feel safe," or, "If I gain weight I'll feel safe." I don't actually think it's that conscious, I don't think people gaining weight should feel safe but unconsciously the mind just brings you back to a place where you can feel safe and where you feel like you won't be of notice and therefore won't be that in danger.

[0:08:48] AS: So tell me a little bit more about that, where you said you won't be as nervous so you won't be as endangered? So is it the perception do you have to look at what makes you nervous or do you have to understand what your nervousness means?

[0:09:02] DB: Okay, let me think about that for a second. So one of the hallmark symptoms of trauma is a feeling of hyper vigilant. The constant state of fight or flight and what can I do to regulate these feelings of fight or flight? And I think one of the ways that people can do is to escape into the comfort of their own body by creating a protective barrier that gives them the feeling that the fight or flight response will go away or diminish somewhat.

[0:09:33] JB: Yeah and I could see that there could be lot of self-soothing techniques going on with those feeling of fight or flight; isolating yourself with food and just making yourself feel comforted.

[0:09:45] DB: Right. I mean I really have this fantasy that I could say to you that this is why people who are traumatized eat and this is why people who are traumatized use food for comfort. But there's so much that happens unconsciously that's really almost impossible to figure out the correlation but you're right when you say that it's about self-soothing because one of the things that's taken from people who are traumatized is the ability to self-regulate.

For example, somebody is in a stage and they for the most part, if they don't have the hyper vigilant state will push themselves on stage. But if you have this trauma history, that association with a fear state will just keep you off the stage and I think that part of the way that those feelings that are unbearable that come up with the hyper vigilant get mitigated is through food and what food does to the body.

[0:10:40] AS: In other words, it feels better to feel the familiar feeling of being too stuffed or sugar gives you a high, right?

[0:10:50] DB: Right.

[0:10:51] AS: At least temporarily, so it blocks out that other uncomfortable sensation.

[0:10:56] DB: Yes, I think it's true. I think it hijacks it in a way that's very satisfying.

[0:11:00] JB: And it's something easy for people to do that becomes a habit that like we were talking about is comforting but it's not hard to eat. So that's an easy thing, an easy go-to for people versus something else that might take a little bit more effort and this is an easy thing that we've learned to do, to use as a relaxant.

[0:11:22] DB: Right, to be traumatized means to live in an uncomfortable body and when you live in an uncomfortable body, whatever you can do to see comfort as quickly as possible to reduce the feelings of hyper vigilance, you'll do. Food is one of the most accessible options. And there's also — sorry go ahead.

[0:11:42] JB: No, I'm just thinking obviously, there are other things other than food. We are talking about food and body image mainly but just seeking that kind of control, I'm thinking about

obsessive compulsive disorders or rituals, things that a lot of people who have experienced trauma will do, like you were saying, to find the fastest way to experience some sort of comfort and control.

[0:12:03] DB: Right, some sort of regulation of your internal systems and of course, there's drugs and alcohol, that's the other thing that most people will go to but food is completely socially normative so there's never a reason to not do that.

[0:12:18] JB: Yeah.

[0:12:19] AS: Yeah, I always call it the "good girl addiction" because it's socially acceptable and all that kind of stuff. Now, one of the things that I want to ask you about Danna and we talked about this in an earlier podcast. I went as far to say that I think being in a female body is traumatizing in the way that our society frames being in a female body.

Everything like pregnancy is a disability, women are constantly picking apart their bodies not in a way that they would mend but it's not fair. I said that just kind of an offhanded comment but it got me thinking of I do feel like the way that you enter our society culture lately, a woman's body is thought as deficient even though it creates other humans.

[0:13:08] DB: I would say that the body is maybe thought of as deficient but I think what I would rather say is that there is this agreement in society that female bodies are available for complete consumption by anybody and that any part of the female body is available for that consumption. So if you think for example about Hilary Clinton right now.

There's nobody who wouldn't comment on her suits or what she's wearing or her physical appearance and she needs to reassure us that she goes to the gym and that her body is healthy. So I think that there is this feeling of female bodies are commodities that are available for anybody to have at any time and there's a problem in that for people who are traumatized because they don't have a sense of ownership over their bodies already.

So to be a traumatized woman, you have this dual experience of feeling like your body is available for debate and consumption for anybody but you already don't feel like it's yours because it was taken by the trauma.

[0:14:08] JB: I think also Ali what you're saying is just being a woman is some sort of small trauma in it of itself, is that what you're trying to get at?

[0:14:17] AS: Yeah, yeah because to the point of a lot of this is unconscious, right? The minute that you come out of the birth canal, you're soaked in the society that, as Danna put it, things that your body is available for consumption.

[0:14:31] JB: Can we count that as some sort of trauma or does it really depend on the person and how they've interpreted it in their actions and the feelings that follow suit. Not everybody might feel trauma by being a woman in this society but some might feel a little bit more sensitive to that. What do you think Danna?

[0:14:53] DB: I think that I feel cautious about just saying yes and part of the reason why is because I feel like I don't want to cheapen the gravity of the word trauma.

[0:15:04] JB: That's fair.

[0:15:05] DB: But that said, yes I think women's bodies are traumatized by our society. There's just this way in which I feel torn about just fully saying yes to it and part of it is because I feel like so many bodies in our society are traumatized. I think the bodies of black men are traumatized, I think that socioeconomics leads to the assault of many bodies and I don't know if I can just limit saying that to women specifically.

[0:15:34] AS: Yeah, no I appreciate the nuance. These are the kind of conversations that we want to have, which is why we set up this podcast because I'm tired of generalizations that don't apply so I really appreciate that nuance.

[0:15:49] DB: Sure.

[0:15:49] JB: So going back to big T, little T, could you — again, we're not generalizing but is there a way that you could give some examples of those smaller types of traumas that people might not even realize affected them. You had mentioned one earlier being put into a situation when you're young that you didn't really have control over and you had to take on a more adult persona and you weren't at that stage yet but are there other ones that you can think of that maybe people don't even realize could be traumatic experiences.

[0:16:23] DB: Sure, I kind of have a strange example. One of the things that I think is a hallmark of a traumatic experience is to have your internal truth denied by caregivers that you trust. I have this client for example, who spend all of these years telling his parents that he could hear the sound of bats in the wall. He was like, "I can't sleep. I hear bats, I hear bats, I hear bats."

They would say, "Go back to sleep, you're fine. Go back to sleep," and then one night, all the bats broke out and there were hundreds of bats swarming around his house. So you want to be like, "Okay, the bats are the trauma," and the bats are not the trauma. The trauma is the consistent wish to have your perception validated and then to have people to tell you that what you think and see is not true.

So I feel like environmental traumas or little T's are the kinds of things where you're like, "I have this gut feeling that something is wrong," and everybody around you keeps being like, "No, it's okay. Everything is okay." I think even the notion of the American Dream is a trauma because you keep telling people they're going to be fine and they're like, "I can't get ahead, how can this be fine?" And over and over again, society keeps emphasizing that if you had enough will power, you'd be okay. I think that's a trauma because it's an assault on your perception of reality.

[0:17:41] JB: This is so fascinating.

[0:17:42] AS: I know and as you were saying that, I hope my clients see the beliefs underneath their weight and a lot of times, it comes up but they don't want to be misunderstood. Right? Like, "I don't want to go to the gym and I'm really strong but I may not be able to finish everything not because of my weight but because of something else."

Or, “I feel like there is judgment about the way that I look because my body is up for consumption,” and so this idea of being misunderstood is really — I mean I think of it as deeply frustrating and I totally understand it. I can understand it on a different level or in a different outlet of when I write or this or that or Facebook post, you hate being misunderstood.

I think one of the things that’s interesting is a lot of my clients, they can tell me the exact date or the exact inciting incident of when they were younger or like the kid on bus told them they were fat or when their mother was like, “Should you really be eating that?” And so those environmental triggers you’re saying is not actually someone’s saying to you, “Should you be eating that,” or someone not noticing you, or someone saying something. But it’s feeling misunderstood or feeling like you’re not able to, I don’t know how but I’m trying to say?

[0:19:01] DB: Felt like your internal wisdom can’t be trusted.

[0:19:04] AS: Yes, yes thank you.

[0:19:06] DB: Right, so the way that I understand little T trauma is like the consistent denial of somebody’s experience of reality, and when that happens and how I feel like I always know I have a client who is traumatized is when the client literally is struggling to understand what truth is to them. They’re like, “It could be this, it could be that.”

And they’ll say like for example, “I don’t think I love my husband. Actually, I think I do. Well he’s being really nice today. Well, tomorrow he’s not.” It’s like this consistent vacillation between truths make me feel like, “Oh there’s been some trauma history here because you don’t know how to trust yourself” because your internal wisdom was denied for a long, long time.

[0:19:48] JB: I want to just back up a little bit about what Ali was saying about her clients and certain incidents when they were a child that occurred like somebody on the school bus calling them fat because even from my own experience, I remember as a child having a school bus incident actually where a boy in the school bus told me that my nose was really big.

I can remember that incident and it affected me for so long and I remember going home that day and going to the bathroom and we had those mirrors in the bathroom, that cabinets that opened

up and I put them all out and I was staring at my profile for the first time, I was staring at my profile looking at my nose and I spent 30 minutes in there.

I was obsessed with, “Oh my God, there’s something wrong with me,” and that lasted with me, that one incident on the school bus for a long time, I was like, “I’m ugly, I need to cover my nose.” So how is it that one incident like that or is it that there were other incidents as you think for people that led up to them turning that one story into multiple stories? I’m curious what your thoughts are on that.

[0:20:55] DB: Okay, so my hunch is that that story is probably symbolic of a larger pattern of something about you that you didn’t feel was accepted, so are you Jewish?

[0:21:05] JB: Yes.

[0:21:06] AS: You guys both grew up in New York City.

[0:21:08] DB: Oh okay, right. Okay so my hunch is that what that kid did was basically like note something about your ancestry, something you could never change, something that your ancestors have been killed for, their appearance, and was sort of like, “Oh you have a big nose” and you’re supposed to be like, “Oh I should just shake it off.”

But the gravity of what he said which you have probably been receiving from different people for generations like your family has. You probably had in your childhood really hit this nerve and the only way you have to describe the unconscious experience of being seen as “other” is in the story of this kid on the bus.

[0:21:48] JB: Wow.

[0:21:49] DB: Does that make sense?

[0:21:50] JB: Yeah, completely.

[0:21:50] DB: Okay.

[0:21:51] AS: I love that you take this lens Danna because again, we talked about this in the gut biome podcast. There's this American narrative that we have control manifest destiny but really, so much of what we deny in America environment and being "othered", right? I read this great article I think in The Atlantic talking about people who have to pull themselves out of poverty or racism or whatever.

Even if they "achieve the same American Dream", I mean they didn't phrase it as the American Dream but we were talking about that earlier but if they do get a level of stability that they never had. The amount of distance they have to travel, what it does to their health, they die sooner, all that kind of stuff. It's possible but at what cost and it's not the norm.

I just share that because when I think about the body with diets and all these stuff we try to override the system the environment, which is our physiology and I've been thinking about it, it seems like green smoothies have taken over the world. We're eating very light and vegan and usually, it's some sort of very thin white woman, blonde hair posing. And I'm not judging those people because that works for them.

[0:23:12] JB: Like all the pictures that — Ali and I were joking because we create social images for this podcast and to promote it and all the like getty images and all the images of healthy and someone eating, they're all these white, really thin, happy women and it's hard to find anything else other than that, that we can use for the social images.

[0:23:38] DB: Right, you're lacking the ability to mirror people's actual experiences.

[0:23:43] JB: Yeah, nobody is relating to this, you know? And in small percentages.

[0:23:47] DB: And in fact they're feeling ashamed when they see it because it's everything they're not.

[0:23:52] JB: Yep.

[0:23:53] AS: Yeah, I went off in a tangent but that other ring that happens and I think being a woman is naturally being othered in the bigger picture and there's obviously different degrees of that for sure but I think that totally trickles down in unconscious ways and then you feel crazy because people are like, "Well there's no linear effect," right? Unless you have a therapist to say to Juliet, "Well, this is my hunch. This is symbolic," but you have to believe in a holistic world, in a holistic system which our society isn't set up for. So you can see how these trauma — it's like amazing anyone ever gets out of it.

[0:24:33] DB: I don't know if they do. I think it's incredibly hard to recalibrate and find ways to feel safe in your own mind and body without really secure attachments that are available to you and most of the solutions that we offer for trauma are short term like medication or eight sessions of therapy or whatever but they don't actually help you recalibrate your systems so you can be open to safely attach to people.

[0:25:07] JB: Wow.

[0:25:09] AS: Yeah, that's interesting you say that because I think about — the big trauma in my life is obviously having cancer. I was definitely bullied really badly in 5th grade but I think about how I was able to heal from that. It's been a continual process but I think I was only able to do that, to feel safe again and that's what I ultimately figured out my weight loss and my weight struggle was about was that safety and feeling safe in the world again but I was able to really make the changes that I needed to make and rewrite that narrative because I was so securely — I grew up in a very safe environment.

[0:25:40] DB: Securely attached, yes.

[0:25:42] AS: Yeah, my sister and I joke that if we ended up in jail our parents would be like, "What did you learn? How was that for you?" They were teachers so we grew up in a secure environment.

[0:25:54] DB: Right, Ali part of the reason I know you're securely attached, I know this sounds insane is because you bought a standup desk. No, I know that sounds crazy but people who are traumatized who feel the kind of pain you were feeling will deny that fact. They would be like,

“I’m crazy. I’m making this up, this isn’t real,” and they would see a stand up desk is almost as an obscene indulgence. I feel like because something about your internal reality have been validated growing up, you’re like, “This is real back pain, I’ll buy a standup desk.”

[0:26:26] JB: That’s amazing.

[0:26:27] DB: It’s true.

[0:26:28] AS: This is why I love this because you can see the symptoms. You see what’s below the surface of everything that someone is doing.

[0:26:36] DB: Right and the other thing that’s really important to note is that people who are traumatized are locked in this battle that Freud would call “repetition compulsion” which is like, you keep being in this cycle hoping that you can find your way out using the same path over and over again, right? So they’d be sitting in an uncomfortable desk and be like, “I’ll just sit this way or I’ll sit this way. I know I’ll gain mastery over it somehow,” and you’re like, “No, I’ll get a new desk.”

Do you know what I mean? You Ali are like, “I’ll get a new desk.” People who have repetition compulsion just keep trying the same thing over and over and over again hoping to master it because they feel like there’s something wrong with them that it’s not working not something wrong with whatever it is they’re engaging with.

[0:27:20] JB: As known as diets.

[0:27:22] DB: Diets are the hallmark of repetition compulsion.

[0:27:26] AS: Oh, can you give us some examples of that maybe of trying to master the trauma, how would that come out in terms of people’s trauma history?

[0:27:39] DB: Yes, totally. So tell me if I’m not explaining this clearly okay? So what happens with trauma is two things. One, when it happens to you, you doubt that it is happening to you because it’s so unbelievable that it’s happening that you have to be like, “It’s not really

happening. There's no way." So you start to have this experience in the moment of the trauma where you become divorced from your perception of the truth.

The second thing that happens is you're like, "I should be able to master this. Like I should be able to have some level of mastery over this that should keep this from happening." So you think about the domestic violence, hostage who's in a marriage who's like, "If I would just act this way, my husband won't do this next time," you keep hoping for mastery over it.

One of the things that people hope to have some mastery over is their bodies and their weight. It's just the go-to, it's here every time. You look at your body and you're like, "I failed. I can get this right. Let me try it differently," but differently is always the same thing which is basically you withhold nourishment that you really need.

And it's the same thing with trauma. You keep thinking you'd do more with less and you can survive whatever circumstance you're in without really making substantial change. Does that make sense?

[0:28:56] JB: Yeah, completely and Ali's trauma is different than my trauma. Everybody has different traumas, right? And Ali's had that safety with her family and I actually had quite the opposite. I had a completely chaotic, deprived childhood. Mental illness with my mom from a young age so I didn't have a mother to look after me. My dad passed away and he was really absent in my life and I just have to take care of myself at a young age.

And we were talking about being put in a situation as a child where you have to be the adult and how traumatizing that could be and have really long lasting effects on you and I developed a lot of eating issues at a young age and trying to master my body and take control over my body. So I'm right there with you Danna, I'm like, "That is exactly it." But one thing that you were saying how it's hard to get through that trauma and get to the other side.

But I mean obviously, there is work that you can do to get there because I spent many, many years in therapy working on my trauma and working through my issues and I can proudly say that I feel very safe and secure now. It did take me a long time and it is not easy, but I'm in a

really loving relationship now, going on — into our 5th year of being together. But before I was with him, I was with many people who were mimicking the same patterns that I've...

[0:30:25] DB: It's the repetition cycle.

[0:30:26] JB: Exactly. but it wasn't until I'm like, "You know what? I need to work on myself," and wasn't in a relationship and was really doing the hard work which is going through like feeling the emotions. I don't know if that's something that you wanted to talk about a little bit, but I truly feel like I had to stop being so scared of that, of the big T. Because I had a lot of big T's not too much little and I had to actually face them and be like, "You know it's okay that I went through this. It doesn't make me a broken person," and actually cry and shake and feel it to be able to let myself be in a safe environment for once. I don't know what your thoughts are on all of that.

[0:31:05] DB: Well my thought is that the way out of trauma is to survive your own emotional life and I think you're saying that that's what you did. You took the risk of engaging with your interior mind and what was there and some people are too terrified to do that.

[0:31:21] JB: It is scary.

[0:31:22] DB: Yeah and some people have for whatever reason, they're brave or resilient enough to do it or they have therapy that allows them to do it. I think you're saying two important things. One, it took time and two, it took bravery. So the fantasy of a diet is that it's short, effective and then it will change everything.

[0:31:40] JB: The opposite.

[0:31:41] DB: You're sort of like, "No, you have to go through there to get there."

[0:31:43] JB: Yeah.

[0:31:44] DB: And I think that what you're giving voice to is a substantial symptom that is the byproduct of trauma which is that you feel that your emotions will annihilate you and it's part of

why you eat because, “Well that keeps them quiet.” I don’t know how neuro-biologically it does but it just shuts you up and it makes you feel somewhat regulated for a short time until you hate yourself and you do it again. You’re basically saying that you let yourself be hungry so that you can feel.

[0:32:15] JB: Yes.

[0:32:15] DB: And I’m not even saying literary hungry but hungry like alone.

[0:32:19] JB: Yeah, well I let myself be scared, alone, uncertain all those things that I was running away from for so long by using repetitious cycles.

[0:32:29] DB: Yes, right and you knew on some level you got to the point where like, “I can’t there from here anymore.”

[0:32:35] JB: Yes.

[0:32:37] DB: Right.

[0:32:38] AS: Yeah and Danna, I love what you’re bringing up is that hunger on an emotional and physical standpoint is a vulnerable place to be.

[0:32:45] DB: Yes.

[0:32:46] JB: It totally is because I think what Ali and I were working together years ago and I think I remember you even asking me this at one point Ali like, “What are you so afraid of by being not full, by being hungry, what’s scary about that to you?” And it is. It’s an unknown territory people don’t like that feeling of not knowing when are they going to eat again. It’s almost like a metaphor. It’s like, “When am I going to be able to get love again or safety again?”

[0:33:17] AS: Or, “Will the outside world meet my needs?”

[0:33:20] JB: Yeah so I’m just going to create it and just do it for myself.

[0:33:24] DB: Right and it's like all experiences of scarcity feel the same like not having enough food and not having enough love feel the same. Scarcity just becomes this universal thing that you're always running from and always experiencing.

[0:33:38] JB: So you're just creating stories around, "I don't have enough. I will never have enough," and it can transpire in many different ways not just with food but with anything like, "He's never going to love me enough. I can't trust this person. I'm never going to be successful enough."

[0:33:53] DB: Right, sure. I think that you create stories that you also think unconsciously, you just run from the possibility of scarcity in any fight or flight way you possible can. So I think a part of what is so hard about talking about food is that you hope that people have cognitive access to the processes that lead them to eat and when the mind has been traumatized, the privilege of having access to your cognitions is not always there. You function much more unconsciously because you're just trying to survive.

[0:34:26] JB: So how do we pull back the veil here if that's happening for people, they really don't have access to that?

[0:34:33] DB: I think that they could start by practicing just feeling. One of the most simple interventions I have is asking people over and over again, "How are you feeling right now? How are you feeling right now? How are you feeling right now?" And gaining that emotional literacy helps people move out of the sort of like darkness in their minds. It helps you start to turn the lights on. You're like, "Oh I know this feeling. I just articulated it, somebody else understands it." So I think that starting to really take the risk of articulating what's happening in your mind in the presence of somebody who is unconditional can really move somebody forward.

[0:35:13] JB: Yeah and that's why therapy is so powerful I think, because you're talking about if you're not getting that from the people that you trust most in your life or you didn't get that, we all deserve a chance to have that, to feel validated. So when you have a therapist, hopefully they're giving you that space to ask you how you're feeling and validate that okay, those are your feelings.

[0:35:36] DB: Right and it could be any secure attachment figure. I think that people who try to make food changes without having the presence of a steady attachment probably fail more than those who make it in the presence of somebody who they trust.

[0:35:51] JB: Yeah, so having a coach or a therapist.

[0:35:54] DB: Anybody. Anybody you trust, anybody you trust. Anybody who can reflect back to you who they see you as.

[0:36:01] AS: That's amazing and I love what you bring up is these are simple, but they are not easy.

[0:36:08] DB: Well, they're not abundant.

[0:36:10] AS: Yeah, well that too. The irony of therapy.

[0:36:11] DB: Yeah, trusting, available, long term relationships are scarce.

[0:36:17] AS: And this brings up a question that I would love to ask you is having some people who are securely attached and I'm thinking in the food conversations that go on, a lot of people who get into fitness have their own food issues. That's what got me into fitness, but I don't anymore and so you have these people who are offering advice and looking at things a certain way but they themselves aren't securely attached.

[0:36:44] JB: So they are looking through their own lens often times, I think, and they're projecting their own fears and traumas and experiences onto others almost hoping that by giving certain advise that they'll be able to heal themselves at the same time, right? That's what I've seen.

[0:37:02] DB: You mean they're doing their work to service through narcissistic means.

[0:37:06] JB: But a level of unconsciousness I think.

[0:37:08] DB: Yes, oh totally unconscious.

[0:37:10] JB: Not consciously, yeah.

[0:37:11] DB: No, none of it is intentional but it's an obsession to try to right your internal wrongs through the use of other people's bodies.

[0:37:18] JB: Yes.

[0:37:18] AS: And so my question then is what do you wish the conversation focused around? I'll do some food pictures on Instagram but more of easy tips or whatever but I find that people are hyper focusing on their food now.

[0:37:36] DB: Right. No, it's insane.

[0:37:37] AS: But I'm not saying that people who do that necessarily have food issues or anything like that but the general conversation that I see happening on social media and in the media is a hyper focus on food rather than these other psychological issues and everything's instant. Everything is "10 pounds in 10 days". I was at the grocery store and I think there was a headline that said, "Instantly lose 10 pounds".

I was like, "Oh now we're down to instant?" It's probably a posture trick. I don't know? But what do you wish the conversation was that we were having rather than, "Oh Oprah is doing Weight Watchers again," and she tweets out that she has lost weight and can eat bread and the stock goes up, what? She made like \$2.6 million off of as the stock went up 11%.

[0:38:28] DB: I think it was more than \$14 million but yes. It was a good day for Oprah.

[0:38:33] AS: Which is probably nothing to her, but.

[0:38:37] DB: Right, I think that my fantasy is that the conversation is always about a reconnection with one's own internal wisdom and knowing, bottom line and that for whatever

reason that you don't have that, you can find it. But you can't find it by somebody else telling you what the answer is because that's a repetition compulsion. That's a fantasy that somebody else knows better about your body than yourself and nobody ever possibly could.

[0:39:06] JB: Wow. Yeah, I mean that's what Ali and I really are coaching our clients through which is that intuitive knowing and really listening to your body and what your body needs.

[0:39:18] DB: Right and so many people think that they don't have that or they can't trust that but if you feel like you can't have that and you can't trust that, then you won't get well. Everybody at some point had it and it was possibly taken from them and that needs to be grieved for, I really do believe that and in the grieving, I think a reconnection with the wisdom can occur.

[0:39:39] JB: That's amazing. I don't know Ali...

[0:39:42] AS: I just got chills.

[0:39:42] JB: Yeah, just even thinking back to know when you were a child and you maybe before any sort of trauma that happened when you aren't in touched with this all knowing, you were able to regulate in that, "I know when I'm hungry, I know when I'm full." You know what I mean?

[0:39:58] DB: Totally.

[0:39:59] JB: How many of us would love to be able to do that again to have that connection with ourselves so deeply that we don't need food in the way that we use it for now. We need it for nourishment and we know when we need it.

[0:40:15] AS: And I think for people listening, it's so important to know that it doesn't go away. You just have to dust it off and re-access it. I mean I work with experimentation with my clients and many of them are over thinkers, super cerebral and what I ask them when they actually have enough patterns and times to experiment, what feels good to them is just an intuitive knowing.

They're like, "I don't actually think about it. Like I just know this fills me up and I don't need to think about it," and I'm like, "That's what we want. That's how you know you're not on the right track," not if you're evaluating. I mean yes, you have to pay attention to hormones and GMO's and all these stuff out at a basic level. That intuition is still there and it's actually feeling can be very simple. But once they tune in, they're like, "Oh my god, it's still there" it didn't go very far I guess for lack of a better word.

[0:41:05] JB: Going back to feelings is so important and you were talking about feelings. I think your clients are really cerebral and very analytical and they're always looking at things and they are making meaning out of everything and it's more or less not making meaning anymore but it's like you would ask Danna your patients, "How are you feeling?" What is the feeling you're having because that tells you so much more than, "What are you thinking right now?" Those will not give you good answers.

[0:41:33] DB: Right. Those are two very, very different questions that lead the person to two very different states in their mind. You can ask somebody what they're thinking, they'll go straight to their frontal lobe which is not deep enough and you ask people what they're feeling and they have to go to the hypothalamus where the fight or flight stuff is. So they need to go to the place where the trauma lives if you ask them what they're feeling.

But one thing I wanted to say about the wisdom about food is sometimes I'm watching TV with my five year old and he just gets up and I'm like, "Where are you going?" He's like, "Oh to get a snack." I'm like, "How does he know he's hungry and wants a snack and how's he going to pick it," and he's like all fine.

When he's done with his snack, he just hands it to me and goes, "Done!" I'm like, "How do you know you're done?" And I think you're like Ali that in our five year old mind is a wish for a snack and then knowing when we're done.

[0:42:27] AS: Yeah and it's so much simpler but it's trust in getting — again, if you don't have that self-trust, even to try to go in there and experiment especially on your own is like, "Well, then I'm just going to eat whatever." Because then there is this belief that, because we also

don't know how to regulate our normal hunger so then it becomes this vicious cycle of starving. Then you have to overlay people's health conditions on top of it. So it can be complex but the answer will always lean back to simplicity.

[0:42:57] JB: I think we are so hyper vigilant and our minds are racing so much that, like you said, we have to sift through all these cobwebs in our brain and then go back to like, "Well what am I feeling right now? Am I feeling a snack or am I thinking of a snack?" It's just really different.

[0:43:15] DB: Right like, "Am I bored or am I anxious? Do I hate myself? What's really happening?" Yeah and our goal in working with people who don't know what their inner lives are like is to help them find the light switch and turn the lights on so they do know, "Oh this is hunger. This is boredom. They're different."

[0:43:32] JB: So where does somebody start, right? If somebody who is listening to the podcast right now and they're going, "Oh my god, do I?" Well, maybe they have trauma and they're like, "I can pinpoint these are where my specific traumas," or maybe they have smaller traumas and they're like, "Oh I didn't realized that maybe being neglected as a child could have left me to feel that fight or flight and repetitious patterns." So where does somebody start with this stuff?

[0:43:58] DB: Well I mean for me, the place to start is to try to stop thinking about food. I think food is a defence, I think food is an obsessions and I don't think there's much information in it. So I think that when somebody goes to think about food, that most times they need to say to themselves, "What am I really thinking about right now? What am I really feeling right now? What is this symbolic of?"

I think thinking about food literary is a pitfall in terms of getting well. That said, we need to ultimately return to thinking about food because we need to feed ourselves and I think that I'm just hoping that people don't take their experiences with food and bodies so literally. They start to understand that what's happening with them in their relationship with food is symbolic and until we get to what it symbolizes, we can't right the food relationship. So I think the answer is to ask better questions of yourself.

[0:44:55] JB: Yeah.

[0:44:56] AS: Oh my God, that was so powerful what you just said, “Food doesn’t give us the information we need.”

[0:45:02] DB: Right.

[0:45:03] AS: I think that’s so important because if you really think about the downstream effect of that, then you stop reading diet magazines, you stop reading books — I mean the implications for that one sentence, if you really took them, I guess the domino effect, well it’s downstream too. But if you know it’s not about food anymore, it takes a while to think about that and to discover it but that’s very profound is my point in what you said.

It orients — I often feel, a lot of clients are like, “How do I not know this?” And then they beat themselves up for not knowing and I’m like, “It’s because your orientation was in a different direction,” but once you get exhausted enough, there’s an honesty in exhaustion where resources are limited and then often, that’s when people do follow their intuition more than any time because that’s when they’re actually open to something different.

[0:45:57] DB: Right and I also think that there’s a huge industry that has us hooked on food. So that’s true too. There’s a lot at play that’s keeping us thinking about food in a literal way and there’s an industry that’s keeping is hooked on food and there’s an industry that’s making us terrified on food and for those of us who don’t know how to find inner wisdom, those two things are controlling us.

[0:46:18] JB: Because there’s not enough conversation like the ones we’re having right now to support people.

[0:46:24] DB: Right. To support people like feeling real feelings.

[0:46:28] JB: Yep.

[0:46:29] AS: Yeah and I want to say too just to back up on the intuitive knowing and to Danna’s point asking better questions and that’s true and I think so many of us are used to instant

answers. Sometimes the answer takes a couple more minutes and insight isn't a rational linear thing. It's not like you're in school and you're going to study and you're going to get the answer but it will come to you if you create that space.

I think it's so important and I remember when I was first trying to stop thinking about food so much, it would come back to it but I'd have to be like, "No," even giving myself three or four minutes, often the answer would come and it would surprise me but I just needed to and I always constantly tell my clients to measure the improvement. "Can you wait two more minutes next time before you go to Nuts to You and buy the gummy bears or, next time can it be the whole way home?"

[0:47:22] JB: I know you're building trust with your client in that way because that's what you're doing, trust with themselves I mean.

[0:47:28] AS: Right but rather than them saying, "I didn't get the answer." I'm like, "Okay, we're trying to create the space first," because what's equally as important as the answer is the space to allow it to arrive.

[0:47:41] DB: Right. I just want you to know I only have two minutes. I'm so sorry, but what I want to say to you Ali relates to what you said Juliet about the feelings you went through because I feel like part of what Ali is saying is take two or three minutes to sink into the things you're terrified off. So I feel like the question on what you're asking of your clients is a terrifying one for people who feel like their emotions might kill them. I think you have to be on the side of, "Yeah but so does the self-hatred from the eating and not asking the question."

[0:48:12] JB: Woo.

[0:48:14] AS: Yeah.

[0:48:15] JB: It's so true though and for those out there who are dealing with a lot of big, big traumas, I can happily say from going through not only the kind of trauma I did as a child but also domestic violence, like a lot of things that if you do the work and you do feel the feelings, the lights can turn on and the sun can shine again and it's way more incredible, I think, my life

now to have gone through all that shit. I don't wish it upon anybody but the wisdom that I gained from the learning process and going through all that was just incredible.

[0:48:51] DB: Right and your gratitude for the safety is a deeper.

[0:48:54] JB: Yes, exactly.

[0:48:55] AS: That's what I was thinking, yeah. All right so any parting words? One thing Danna that kicked off this whole podcast was you e-mailing me and being, "The media, this conversation is insane." And so do you have any tips for people when they're caught up in, "Okay, they're going to go read a done or diet book," and they know they don't want to. They know it doesn't work or they're going to click on another click bait article that's "Lose 10 pounds by breathing." I mean I don't even know what's coming out.

[0:49:22] JB: By breathing, I love it.

[0:49:23] AS: Well what else could be instant? I don't even know.

[0:49:28] DB: I mean I think I would say to people to be really careful, you're a pawn in a very big game and it's much more important for you to serve yourself than to keep being something that somebody else profits off of.

[0:49:42] JB: Very well said.

[0:49:43] DB: Right.

[0:49:45] AS: Thank you so much. Where can people find you on social media and your beautiful Philly images?

[0:49:51] DB: Oh so my Instagram account is called Philly Viewed but on social media, I'm on Twitter it's @drdannab. I don't tweet a lot but I'm happy to hear from anybody and that's it.

[0:50:06] AS: And give everybody your website. Your website for people who are...

[0:50:10] **DB:** Okay, sure. It's www.philadelphiatherapy.net.

[0:50:15] **JB:** Fantastic.

[0:50:15] **AS:** Yes.

[0:50:16] **DB:** Okay.

[0:50:16] **AS:** Thank you so much Danna.

[0:50:17] **DB:** Thank you guys, all right. Good luck with the podcast.

[0:50:20] **AS:** Thank you.

[0:50:21] **JB:** Thank you.

[0:50:22] **AS:** Keep fighting the good fight.

[0:50:23] **DB:** You too guys, bye.

[0:50:24] **JB:** Bye.

[END OF INTERVIEW]

[0:50:26] **JB:** Thank you so much for listening to the insatiable podcast, we hope you enjoy today's episode, you can connect with us on social media, follow me on Twitter and Instagram @julietunite and Ali @alimshapiro, M stands for "Marie". Please feel free to also email us any questions, we would love to hear from all our listeners, you can reach us at ali@alishapiro.com and Juliet@unitefitness.com. We'll see you next time.

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