

EPISODE 21

[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.

[ANNOUNCEMENT]

[0:00:52.3] AS: Hey everyone this is Ali, Juliet and I want to let you know we're hosting an insatiable happy hour in Philadelphia center city. Thursday May, 19th from 5:30 to 7:30 and we are inviting all of our listeners, we would love to come see you and really all get together because really we're just building a community here.

We don't know the location yet at the time of this recording but please follow us on social media and we will share immediately or you can sign up for my newsletter list at Alishapiro.com or Juliet's newsletter list which is UniteFitness.com.

Follow us on Social Media or get on our list and you'll be the first to know the location but we are partnering with Kind Bars, they're going to bring their new flavors which I've had the privilege to try and they seriously have a new bar that taste like thin mints but is gluten free and low sugar, it's so good, it's chocolate mint.

Then we're going to have some green juice and some other snacks that will be healthy happy hour and we're going to record a live episode of insatiable with your questions and answers. So I hope you can make it, again that's Thursday May 19th from 5:30 to 7:30 and we'll be in Center City Philadelphia and as soon as we know the location, we'll be sharing on social media and in our newsletter lists. Okay, now onto today's episode.

[EPISODE]

[0:02:06] AS: Hello everybody and welcome to the Episode 21 of Insatiable. Today we're going to be talking about GERD, we can't stop laughing, we love GERD, we're laughing because we get so excited about talking about this stuff, about heartburn and poo.

[0:02:25.0] JB: Just the word GERD is amazing in itself.

[0:02:29.5] AS: Yeah, it stands for Gastroesophageal Reflux Disorder or Disease, I'm not sure. If you struggle with reflux or as you're going to start to learn very quickly, this presents as many different ways often that people don't know.

On the second half of the show, we're going to be checking in with Linda who is my current client in my Truce With Food Program. For those of you, to catch you up to speed back in April we had a bonus episode that dropped I should say on April 11th on a Monday and what we did was, I interviewed Linda, a little bit about her backstory and her first month experience in truce with food.

We're doing this so that you guys can really get an understanding of what coaching does and can do when it comes to Holistic Healthy weight loss, better body image because it's not what you think. I figured, let's just hear it straight from people who are going through the process. We'll catch up with Linda, check in with her how her second month in Truce With Food went at the end. Before we get to both things, Juliet, are we ready to announce our exciting addition to insatiable?

[0:03:32.2] JB: Yes, we have a Google Voice Number setup and this is so that you can call in and leave your questions and Ali and I can answer them. You can go to Alishapiro.com/podcast

to click on the Google voice number or you can call in old school at 267-702-5899, it will go to a voicemail and you'll just leave your questions for us or any comments you may have and Ali and I will be happy and grateful to get them and we will answer them and we'll definitely be doing some episodes of just Q&A so that everyone's questions can be answered.

[0:04:12.8] AS: Yes, and I always tell my clients, "The only bad questions are the ones that don't get answered." Don't hesitate, "I should know this, I'm confused," just ask us, we love what this podcast, the community it's created and we really want to make sure you guys realize, it's about you, this podcast is about all of us and learning together. We can't wait to hear what kind of questions you have. BBC1.

All right, Juliet, let's open up with GERD, we can say it with a straight face and we don't mean to diminish those people who are struggling with it because Juliet and I actually have both struggled with it at various times in our lives but the funny thing was, neither of us really knew necessarily that it was acid reflux at the time. Juliet, tell us about what acid reflux felt like for you?

[0:05:01.2] JB: Yeah sure, Well, first of all, about I don't know, two, three years ago I was on a long weekend trip with Mackey and we were staying in a bed and breakfast and it was great and all of a sudden I was just having this insane chest pain that I had never felt before, really debilitating and I couldn't get comfortable, I couldn't sit up to make it get better, I couldn't lie down to make it better.

It felt like heartburn a little bit which I had had before. In my childhood I remember getting heartburn as a kid and then it actually went away as an adult. I think that's because I ate a lot better as an adult than I used to as a child growing up on a lot of processed food.

So this was similar to heartburn but way more extreme so of course, "I'm having a heart attack, oh my god, something is really wrong here," and we were this close to going to the emergency room because I thought that something was really off. I also in the back of my mind, because it was not only in my chest but it felt like this air bubble in my throat like I had to burp but nothing was happening.

So I'm like, "I think this is something to do with maybe acid reflux or heartburn." I went and got Tums, was Googling what to do, I ate a banana, I ate a yogurt, I was literally doing everything that was recommended. Nothing was happening.

[0:06:29.2] AS: Dr. Google didn't help?

[0:06:30.8] JB: No, Web MD does not help.

[0:06:32.9] AS: But it scared the shit out of you, right?

[0:06:34.5] JB: Of course yeah. "I have a esophageal cancer, holy crap!" But I actually ended up talking to a relative of mine and she was like, "Oh yeah, everyone at our family gets that, esophageal spasms, you had an esophageal spasm," and I'm like, "Oh my god, okay, that kind of makes sense," because it felt like with the air bubble in my throat, the really tight pain in my chest that it was some sort of spasm that wasn't going away.

It probably took around eight hours to dissipate and it just ruined my whole day on that trip but that was my first experience with, "Oh wow, what's going on here?" I tried to link it back to what I had eaten right before that happened and what I ate was dark chocolate and coffee. A very strong combination of acidity. I linked those two things for me especially dark chocolate if I have too much or if I have it on an emptier stomach that it will give me a little bit of acid reflux. That's sort of my first experience with it.

But the other thing that I had more recently within the past year or so is this feeling of almost mild hunger is how I could describe it and it would — maybe a little more than mild hunger but that feeling when you feel like your stomach is very empty and it's almost eating itself and it sort of in the your upper GI going again into your throat a little bit and I would have this at night after dinner, I'm like, "This is odd, why am I still hungry?" And I would just eat some more food and I'm like, it's still not going away.

And you think I would be smart to know that obviously it's not hunger but I would still just think, "Oh, I need to keep eating more because I exercise a lot, I must need the food." That is my friends acid reflux. That's what I was experiencing, still sometimes experience and have been

experimenting with how to kind of calm that a little bit but I know Ali is going to talk about how else it can present itself and also what is acid reflux, is it too much acid, is it too little acid? What exactly are we talking about here?

[0:08:46.5] AS: Yeah, I'm so glad you say that because I just had a client this week who thought she was having a heart attack, she had been on a cruise and tried to eat as healthy as you can but ultimately realized that she was probably dehydrated as well but she was so afraid, which understandably so thought she was having a heart attack, they gave her an EKG, all the stuff and it turned out it was reflux.

And then another, actually a listener that I had run into, said that she originally presented reflux presented as she thought she was hoarse and lost her voice. Really, she went to the doctor and it was reflux and the doctor put her on antacids which were going to get to in a point in a minute which are actually not getting to the root of the problem. Then for me, back when I was struggling with irritable bowel syndrome, I had really bad reflux. I didn't know that it was reflux, I was taking antacids at the time but I had associated it with my irritable bowel syndrome.

[0:09:40.6] JB: Now were you taking over the counter antacids or were you actually taking prescription medication?

[0:09:45.8] AS: Yeah, I was taking — so I tried the natural stuff. My heart was always in the right place but the natural stuff again wasn't getting to the root. So I would take like liquorish pills that were attempting to help my IBS but I thought they would also help the reflux. Because in my mind I had too much acid and I was trying to cool everything off, which again my heart was in the right place but if you don't get to the root cause, it doesn't help. I also tried ginger, ginger of course I picked it like gummy ginger things. I'm like, "Mm."

[0:10:15.4] JB: With all the delicious sugar on them.

[0:10:17.9] AS: "But it's natural!" Yeah, it was mostly like, I had a lot of Tums that I would take. "They had calcium." All this kind of stuff but ultimately it wasn't until again I healed my gut but really understood the root issue. Before we start today though, everyone wants to know, this does not take the place of medical advice.

Ultimately, think of yourself as your own advocate and use this information I think to do more of your own research. I think — I remember one of my first clients had reflux and this is when I did not have quite the extensive knowledge that I have now. I remember she and I just worked on her chewing her food more and her reflux went away and her doctor was stunned because she had struggled with reflux for 11 years. Just by chewing her food...

[0:11:05.1] JB: Now are you saying chewing as in she was slowing down once she was eating? I think that's for a lot of people and my most recent bout of heartburn was actually on a plane on our way to San Francisco and I ate way too fast on the plane, one of the snacks that I had brought and I think — I'm a nervous flyer in general.

[0:11:29.4] AS: I don't like flying either. I'm like, "We're in a metal tube."

[0:11:32.3] JB: Yeah, I know.

[0:11:33.5] AS: Flying 500 miles and hour.

[0:11:34.8] JB: I say that every time I'm flying and Mackey is like, "Just chill the fuck out man," why do you have to say that?" I'm like.

[0:11:41.2] AS: Because we're in a metal tube.

[0:11:42.7] JB: "I don't know," I actually told him, "Do you know how nervous I get?" He's like, "I actually don't." I'm like, "Yeah, I hide it really well. My palms are so sweaty right now," but the combination of being stressed and then eating really quickly on the plane. For a good 30 minutes there I was having such bad heartburn but yeah, the speed at which we eat which I think we could do a whole podcast episode on that alone is so important for so many things. Especially if you're having any kind of digestive concerns, whether it be IBS, acid reflux, just slowing down when you eat is a game changer.

[0:12:24.4] AS: It is, and it doesn't have to be like as slow as molasses.

[0:12:27.6] JB: No, we don't have to chew 20,000 times.

[0:12:30.4] AS: Right.

[0:12:32.3] JB: I think just putting the fork down sometimes. We shovel food in so quickly, we're not even really tasting our food, we're not even enjoying our food, we're not present with the meal. Even just simply like, "All right, I'm going to sit here, I'm going to eat this, I'm not going to stand up when I eat this, I'm not going to walk when I eat this. I'm going to actually just eat my food and take an extra minute, two minutes," it does not need to be a long thing.

[0:12:56.6] AS: Right, I think connecting it to, because I remember I love Janine Roth in one of her books, it was like, don't stand up while you're eating. I was like, Well if I could do this, I wouldn't be reading this book. I say that in jest but...

[0:13:14.9] JB: Why did you stand up when you were eating?

[0:13:18.1] AS: When I was in my bingeing days, I would just come home from work and it was like you know?

[0:13:22.0] JB: You could not sit down while bingeing, it had to be standing?

[0:13:23.9] AS: It wasn't going to help either. The reason I share this, as we learn to change our relationship to food, we really have to connect our healthy habits to something that immediately benefits us. We're not doing this, you're not sitting down because you're shaming yourself and you don't know how to eat. It's because wait, I'm going to see if I actually feel more satiated especially a couple of hours later.

You'll notice that if you sit down and eat more slowly, you feel more satisfied, it's a very subtle difference and also, connected to how bloated you feel and I know, clients feel constipated or bloated and that really backs you up. It messes with those neurotransmitters and nerve endings that we talked about in Episode 11, like basically the architecture of our digestive systems.

[0:14:09.0] JB: I would say nine out of 10 times when I ask a client, “Do you experience any digestive discomfort, especially with bloating?” I would say nine out of 10 times they say, “Yes, I am always feel bloated towards the end of the day.”

[0:14:21.9] AS: Yeah, some people don’t even realize it’s bloat, they think it’s just their stomach that is that puffy. Again, we have to un-normalize so much of what we’ve been doing. I think when part of what we’re going to talk about to end or reverse your reflux is that importance of slowing down. Looking at your slowing down so you feel better and you eliminate reflux if you have it is a very different intention than, “I’ve got to sit down because I don’t know how to feed myself and I’m going to binge.”

So let’s start at the top though, a lot of times in a way that doctors traditionally view this is that you don’t have enough — that you have too much stomach acid and it’s coming back up because you have so much so they put you on what’s called proton pump inhibitors. Which basically suppresses stomach acid. But what we really find is that it’s from not enough acid. I think one of the most telling kind of macro views of how we can tell that this is true is that people tend to get on antacids the older they get, right?

[0:15:25.3] JB: Very true.

[0:15:27.1] AS: As you get older, your stomach acid goes down. Just think about that on a macro level and on a micro level, what’s happening. So digestion starts actually when you see food, that triggers saliva, digestive enzymes, then when you don’t chew, you get this big chunks of food. I’m totally oversimplifying this but everyone will get the picture.

Then it goes down our esophagus into our stomach and then what happens is if you don’t have enough stomach acid to churn that food because your stomach, you have acids so that if there’s any bacteria in your food, any viruses in your food, the stomach acid kills it because remember, food is like the major foreign thing coming into this closed system, right? Except for now that we know the gut biome, we also know air pollution all that stuff.

For simpler purposes, but what happens is if you don’t have enough stomach acid often and you’re stressed while you’re eating, that acid, that food, little bit of acid you have can’t break

down the food all the way and it pushes it back up often. That's why you experience the reflux, it's not that you have too much, it's that you don't have enough. Interestingly enough is that some of the research shows that H. pylori, which people get as they get older, most of the population will have it by the time they get in their 80's or 90's. There's theories that that is what causes GERD but that only thrives in a low acidity environment.

What kind of typically happens is someone gets GERD and it's diagnosed as GERD reflux, too much acid, they're put on this protein pump inhibitors and then H. pylori can really take it, do its thing because there is no acid, there's not as much acid in there and then it basically sends, makes the situation worse. Recently it came out in February that a lot of these protein pump inhibitors have been linked to an increase risk for dementia. They've been linked to other things but now that we think of Alzheimer's and dementia, there's several different types but we know a lot, several, a couple of the types are linked to.

So when you start to look at things holistically and the body as a system. You can see that these protein pump inhibitors which go by the names of Prozac, Nexium, they aren't neutral, they're not just — they have serious side effects and I think that's really important if you choose to take medication and not get to the root to really understand that long term use, there can be some side effects and I'm all about people just knowing their options.

[0:17:56.6] JB: I think it can be really hard for people because, as I was talking to Ali earlier, I have a very close friend who has been on, I'm not sure if it's Prilosec, one of those major prescription medications for acid reflux for so many years since she was a teenager and so when she has tried to come off of them, the GERD has gotten so much worse that it's just, "I don't want to feel this pain, I'm just going go back on the medication because it really is mitigating those symptoms."

When we talk about if you do want to get to the root cause, if you do want to try and do this without medication, you have to do it under supervision, you have to do it really slowly, you have to support yourself with other things.

[0:18:43.2] AS: Yeah, we'll definitely talk about them but you know what's interesting? I've had — when I used to do more of the food focus of stuff, I had a lot of clients who were on these and

it really is hit or miss, I had one client I was like, “I can’t take you off this, it’s just not on the scope of what I do.” I said, “You may want to work with your GI doctor,” or whatever. She ends up going off it on her own because I just felt like I didn’t need it. She had no rebound effects, she had been on it for a really long time.

[0:19:08.2] JB: Some people might not — the thing is, Doctors are quick to put you on a prescription for something right? You come in with having a heartburn for a period of time and they say, “Okay, here you go, take this.” It could have just been for that period of time, it doesn’t mean that you’re going to have those issues for the rest of your life. But we become accustomed to taking something, thinking that we need it and then we never really question, “Hey, is this an ebb and flow thing, do I still need this?” We get sort of complacent with what we have.

[0:19:40.0] AS: One thing you talked about it being an ebb and flow thing because if you look at it that way, then you look at your symptoms as what’s the message here? Why is this ebbing and flowing, right? What are the conditions that are causing this flare-up?

[0:19:52.7] JB: For sure.

[0:19:53.0] AS: I wish I would have looked at my IBS that way because I remember at the time I was actually working in Paris, I was based there, I was in the corporate world and I was eating baguettes and cheese and eggs because I didn’t cook, I didn’t know I was gluten intolerant. And so I kept exaggerating — the problem was getting worse on multiple levels and I just kept taking these antacids thinking that that was going to help.

But yeah, you bring up a great point is that everyone’s going to react differently as they come off of them and you definitely — if you’ve been on them for a while, you have to do it with care and you have to be really motivated to want to get off them because you’re going to have to do a lot of other things that we’ll talk about here. But I also want to say there’s some other theories because just like there’s never a one size fits all solution, also a lot of IBS and GERD and reflux have been interlinked and some people think it’s also small bacteria overgrowth or just bacteria overgrowth in general, which we talked about on the gut biome podcast episode.

[0:20:46.9] JB: That could be the ebb and flow right? You have excess bad bacteria in your gut, you have some sort of reflux flare-up. Then you start to — you might eat cleaner and then it goes down. You know? So you have to pay attention, really have to pay attention to how you are eating and how that's relating to your symptoms.

[0:21:06.6] AS: Completely and if you're masking them, you're not getting that data. I know it's painful data, I've lived with it, it's not fun but I think that's a really important piece that you mentioned. Yeah, I just want to kind of, for people listening, if you're struggling with this, there could be multiline issues that aren't being addressed and I think too, I've had a couple of clients who they're like, "Oh well I've gained weight and I know if I lost some weight that would help," but I said to them, I wonder if you've gained the weight because of the inflammatory malabsorption issues that might be going on. So the GERD and the weight are both the symptom of something else rather than thinking that you...

[0:21:46.9] JB: That's the cause of it.

[0:21:47.7] AS: Yes, yes. 'Cause we're so quick to find any reason to blame our weight in ourselves. That doesn't mean that you don't have to take responsibility but it just means, "Whoa, were these related?"

[0:21:58.3] JB: I think it's the easy thing for doctors to say too which is, "Well if you lost some weight, this would help."

[0:22:03.4] AS: Totally, totally while meanwhile — yeah, exactly. That's not always often the weight gain is a symptom of inflammatory issues. Yeah, you have to be careful. Let's talk about what people can do.

[0:22:16.4] JB: First I also want to talk about, before what people can do, let's also just mention quickly how acid reflux or GERD can show up for people because it is different for everybody, right? Some people can feel that actual heartburn feeling.

[0:22:29.9] AS: Yeah, some people can think they're having a heart attack.

[0:22:33.2] JB: Yeah, it can be severe chest pain, it can actually present itself as a sore throat, having, which then you might think, “Oh it’s my allergies, it could be that.”

[0:22:44.8] AS: Hoarseness? Thinking you're losing your voice and hoarseness. I used to get really bad like when I would get reflux, I'd also get almost like — I almost want to say this pocket of air in my stomach, I can't explain it. But it was just really uncomfortable and I would like — not like burp in a burping kind of way but hiccup burp.

[0:23:01.3] JB: Yeah, so the burping is part of it and it's like air bubbles basically. It's like trapped air that can't come out, it's just kind of surfacing to your throat and then going back down the esophagus.

[0:23:13.8] AS: Totally, totally. That's so uncomfortable.

[0:23:15.8] JB: Which happens to me every time I'm sick which is really interesting. That's a symptom for me every time I have any kind of major flu or cold, I get that burpy reflux symptom.

[0:23:29.2] AS: Interesting, interesting. I wonder if it's because your immunity is low and so your whole system's kind of on sleep mode?

[0:23:37.1] JB: I don't know, it's definitely, it's a little embarrassing going to the doctor because it actually makes like a noise too when I'm — I'm like, “I can't help this, I'm sorry.”

[0:23:49.2] AS: That's your own ring tone.

[0:23:52.9] JB: Also, it can be as severe as having nausea and actually throwing up too.

[0:23:58.6] AS: Yeah, that's a great point. That's a great point.

[0:24:01.9] JB: So a lot of different ways that it shows up for people.

[0:24:03.8] AS: Yeah. Then I think the next thing is, Juliet and I were talking about before is, the miracle of raw apple cider vinegar but a lot of times what will help people as they're coming off

slowly is supplementing with hydrochloric acid. I tend to be a more conservative type of person to add stuff in because I think the body can often do a lot with just time and space.

But raw apple cider vinegar is really helpful and that it's acidic. So it can help start to break stuff down. I always tell my clients, if they're not on meds but they're still experiencing symptoms like IBS or whatever, I'll start with like a shot of apple cider vinegar with a meal, with some water and see if things get better and if they get better then you know it's definitely like low acidity versus too much stomach acid.

But you can also, again, try that if you're working with someone to go off your meds, that can be a nice bridge until your body starts to come back online again and see that hey, every time we try to produce acid, we're not getting blocked.

[0:25:06.3] JB: Yeah, what are your thoughts Ali on having endoscopies for this stuff, you know? Because I feel like that's always the place where if you're going to go to a GI doctor and you're going to complain about having heartburn or having acid reflux, they're going to recommend, most likely, an endoscopy.

[0:25:27.1] AS: Yeah I mean it's interesting because I've always been someone who gets all my tests on time like they tell me to. I have to get follow up cancer scans, I do that, I have to get a colonoscopy every three years. I've always, up until recently, been very on top of those things and then the more that I learn about western medicine for prevention I'm like, "I want to stay out of the system."

I have friends who are nurses and doctors and they try to stay out of the medical system as much as possible and I'm like, "If you know behind the scenes what happens and you avoid your very work place." But at the same time, there are certain tests that I think it's really important to really understand what's going on.

So if the doctor recommends that, I think though the important thing is does an endoscopy measure if I have too little stomach acid or is it going to measure that I just have, what is it measuring? As I'm talking this out, I think that's what you want to ask.

[0:26:20.0] JB: Yeah, the questions are still important, as Ali talks about a lot, being an advocate for your health and doing some research on your own before you go to the doctor to find out about certain tests that you can have done because they might not offer them to you. I remember going to a hormone specialist when I was having some concerns, I wasn't menstruating for quite some time because I was being an athlete, it was hard for me.

I remember them just giving me the run of the mill test that they normally do but there was a few other ones that I thought were very important that I just said, "Hey, can we do these tests?" They were like, "Why would you want to do those?" And I said, "Because I saw and heard that this could be the cause," and they were very open to it. They were like, "Sure, we'll add that on for you."

[0:27:05.1] AS: Yeah, you're taking a page at a big farmer, right? It used to be illegal to advertise directly to consumers because where it was like consumers should not be the ones telling doctors what drugs to take but then they realized, "Whoah if we advertise," I think it's 40% of consumers will come in and say I want that drug and get it. Do that for your own testing, for your own good. Good for you, I think it's so important because I was just, before we started this physician, an integrative medicine physician was interviewing me for her podcast on weight loss.

She brought up this really good point, she's like, "I went to medical school in the 70's, 12% of the population was sick. I thought I was working with that population," and so now, we have autoimmune, we have type two diabetes, we have all this inflammation and so doctors aren't — you have to be a good patient. And I said to her, I was a horrible patient for several years because I didn't know how to be a good patient but I think it's really important to not think of your doctor at the top and you at the bottom.

I tell all my clients, think of a council, everyone's in a circle, everyone gets equal input, you decide what practitioners are there but really you have to be a good patient and then advocate for yourself. I almost want us to stop calling ourselves patients and start calling ourselves advocates. I just think it's so important.

[0:28:21.1] JB: I mean listen, doctors are extremely intelligent human beings they went to a lot of school...

[0:28:27.0] AS: And they want to help people.

[0:28:28.3] JB: Yes, hopefully genuinely want to help people, you know? But it doesn't mean that they have all the answers. We look at them sometimes as gods that they are the ones that can really fix us and that we put our lives in their hands but at the end of the day, the sometimes are shooting in the dark a little bit too. You need to work with them.

[0:28:51.9] AS: Well by making them god, it puts us off the hook. Like, "Oh, God will take care of that." No. That walked out of a whole other women, food and god. Refine Janine Roth's book right? I think too, one of the things that this physician that we're talking about is I also think sometimes doctors don't realize how much their own medical education is influenced by big pharma.

I just saw an article about how a bunch of Harvard med students are petitioning Harvard to be like, "Whoa, this is not legit, this is no longer independent," and I don't have the details on it so I don't want to comment anymore on it but things are shifting but we can't expect that so much has exploded and changed with understanding the gut micro biome and inflammation and doctors are so tapped out.

[0:29:39.3] JB: We were talking to Dr. Kelly Brogan with her new book, which is...

[0:29:45.5] AS: *A Mind of Your Own*.

[0:29:47.0] JB: It is *A Mind of Your Own*. I remember, she was talking about being a psychiatrist and having big pharma take her out to dinners and she's like, "Oh no, I'm not being influenced by this at all." She's like, "No, it does influence you the fact that they wine and dine you and then before you know it, you're like, "Oh actually, let me prescribe you this medication."

[0:30:08.1] AS: They've done research like even see if money influences researches. Even the most independent researchers cannot remain bias when their funding is coming — I mean

funding is so hard to come by, “Thank you, thank you!” We have to accept we’re human even if you're a scientist, you’re human, right?

I think the first step is to really consider, if you want to be on them or off them and then starting to find some natural acidity sources to help bring yourself back online. I also found digestive enzymes to be really helpful to help me start to break down food. What about you Juliet?

[0:30:43.0] JB: Yeah, digestive enzymes for sure.

[0:30:45.1] AS: Yeah.

[0:30:45.3] JB: Papaya is also a natural thing that you can take that after you eat, which will help you break down food. I like to kind of show people how powerful something like papaya is which is a natural digestive enzyme.

[0:30:59.8] AS: Not talking about the fruit?

[0:31:01.0] JB: No, I’m talking about the supplement. There’s chewable papaya that you can get. I like to — when you were in school and you would do the premium cracker test where you put the cracker in your mouth and it would be salty and then all of a sudden it would be sweet, remember that?

[0:31:14.6] AS: Yeah.

[0:31:15.4] JB: To show you, “Oh this is like sugar, this is a carbohydrate.” So I like to do the papaya enzyme test for people, which is chew a piece of gum and also chew some papaya and your gum is going to — it completely dissipates, it just falls apart in your mouth. That’s how strong papaya is.

[0:31:32.6] AS: That’s amazing.

[0:31:33.6] JB: Yeah.

[0:31:35.3] AS: When you just said papaya, that reminded me one thing that food combining when I was really struggling with heartburn, eating fruit with other foods was a disaster.

[0:31:43.2] JB: Yeah, because it ferments in your stomach and that can cause a lot of IBS symptoms.

[0:31:49.1] AS: Yeah and heartburn. 'Cause if things are breaking down, carbohydrates breakdown pretty quickly. So if you're eating like fruit with other stuff on your digestive system is already compromised, to Juliet's point, it just ferments. Again, that creates stuff and reflux. So I think one thing that I forgot when we were kind of rehashing out the episode is food combinations. I don't have to pay attention to the anymore but when my system was really fragile fruit on its own, meat, not meat with just vegetables, I couldn't have meat with grains.

If you're going to have grains don't have grains with vegetables and lots of fat. You don't spike your blood sugar but I know I had to really stay away from grains for a while as much as I could. I wasn't like paleo or anything but I definitely had to be really careful with those combinations or I had to do like a really small amounts of rice or something with hamburgers were like disasters, even gluten free buns or something like that.

[0:32:47.2] JB: Yeah, I know I was talking to you about clients saying that they feel bloated towards the later part of their day. A lot of that is food combining for people. So in the beginning of your day, you haven't really combined food, you know? You've had breakfast, it's not that much, but as the day goes on and you've had lunch and you've had a snack and you've just bombarded your sensitive system with all different kinds of foods that are trying to digest and mix together, it's no wonder by 2, 3 o'clock in the afternoon, that's when the bloating happens, that's when all the symptoms start to occur. A lot of it is food combining for people.

[0:33:22.7] AS: We should just call sandwiches bloating, like the bloating —I don't even know what? Accessory. Because whoever came up with that concept...

[0:33:35.0] JB: It's like my old professor calling Kashi a bowl of inflammation, the cereal.

[0:33:40.1] AS: Yeah.

[0:33:41.1] JB: So it's every time I look at the Kashi I'm like, "A big bowl of inflammation."

[0:33:45.4] AS: No judgment there, right?

[0:33:48.2] JB: Right?

[0:33:48.8] AS: But I think of sandwiches, they're like so bad for your blood sugar and then when it comes to bloating and food combining, they're like the worst. But they're very convenient so people tend to do them. So yeah, enzymes and with, in terms of brands of — I like to do raw apple cider vinegar. In terms of brands of supplements, I always prefer metagenics because they're tested but you do need — although, you used to need a practitioner but I think you can find them online now on Amazon. What about you? Is there any brands that you like of this stuff?

[0:34:18.8] JB: Brands?

[0:34:19.4] AS: There's like a thousand.

[0:34:21.5] JB: There's so many. I just usually go to Whole Foods and I'm not that educated on the best supplements, I'm not endorsed by any supplement company but when I go to Whole Foods, I just go in the supplement section and the people who work there are really knowledgeable actually.

They will guide me a lot into the better supplements then and a lot of what people say are good but just do your research on them but Country something I'm thinking? I feel like, what did I have? I'm going to Google it really quick because the papaya enzyme I could probably find — oh here it is. Country Life, that's the brand that I like for the papaya enzyme.

[0:35:05.3] AS: Cool.

[0:35:06.1] JB: Yeah, Country Life.

[0:35:07.4] AS: Yeah, if you look at the good enzymes, it will have a GMP, which means good manufacturing practices, on the back. Yeah, try that stuff but then work on the food combining but I think the really two big things in addition to that are making lunch your biggest meal of the day, right Juliet? Let's talk about how hard that is but how critical it is.

[0:35:26.6] JB: Well it's just hard for people because it's something that we are not conditioned to do. Most of us will have a lighter lunch, it's a salad, which if you were somebody who is dealing with any kind of emotional eating problem, and I don't like to call it problem but you're struggling with emotional eating. Doing a lighter meal for lunch or eating very lightly in the early part of your day definitely will set you up for overeating later on. Part of this is not just to help you with digestion by having a larger meal but it's also to help you psychologically so that your cravings go down as well.

[0:36:05.2] AS: Yeah, and I think one thing that — In my Curb Your Afternoon Cravings program, I have different experiments that I give to people but one of the things that, I have them look for different things. Again, tying these changes into feeling better. But a lot of people have trouble of that transition from work to evening or from afternoon to evening and when you really get what foods work really well for you and you food combine properly and lunch your biggest meal, that resilience for that time period is enough often that you don't come home and eat cheese and crackers or find yourself in the refrigerator. So I'm so glad you brought that up.

[0:36:40.7] JB: Yeah, definitely.

[0:36:43.1] AS: Yeah, so lunch your biggest meal. I think it takes a little bit...

[0:36:45.7] JB: What do you mean by big Ali? I think I want to clarify that for people a little bit.

[0:36:51.0] AS: I love that, how do you define big?

[0:36:52.9] JB: What's a big lunch?

[0:36:55.2] AS: Yeah, well I think it's different for everyone and some people, I hate to give blanket recommendations because some people who are prediabetic and may not even know it

but they just know that they can't eat a ton at once or they get hungry a couple of hours later no matter what because of their insulin resiliency. You have to know that. But for me, I'm not a big calorie counter but if I were to say, I would say probably for a woman like six to 700 calories at lunch.

[0:37:22.7] JB: Yeah, I'm sure a lot of people that are listening are going, "Holy shit. My 300 calorie salad isn't doing it."

[0:37:31.0] AS: Oh my gosh, yeah. Salads are like the worst. Salads are either — I've come to realize like restaurants because salads are popular, they just put like their junkie meals under lettuce and call it a salad. Or people are barely eating anything and then they're wondering why they're starving.

[0:37:43.2] JB: Yeah, if you're just eating vegetables and a little bit of dressing...

[0:37:46.8] AS: Dipping your fork in, not even using the whole serving, right.

[0:37:52.2] JB: We played mind games with ourselves when we're doing things like that. When we're trying to be good and then inevitably you're just going to be "bad" because to me that's being bad when you're eating that way. That's not treating yourself well, that's treating yourself poorly. That is what we should look at as being bad when we're eating breakfast or lunch that really isn't sustaining us and isn't making us feel like we have good mental clarity or strength throughout the day.

[0:38:19.2] AS: Yeah, no totally. I mean that's my whole thing, right? How we define good and bad has to completely change. So yeah, sticking back with GERD though, yeah the timing of your meals, the same way that you have a sleep circadian rhythm, you have a digestive circadian — it's not a circadian rhythm, but it's a rhythm. Your digestion peaks from 12 to two. We are part of nature, it peaks when the sun is out, sun at the highest point and so your metabolic fire's on fire then.

So you'll actually maximize your metabolism as well. You think about a fire, you're giving in as much fuel as possible during that time. Then making dinner as a result, your smaller meal, the

root of supper is supplement and so it's just meant to be something to hold you over until morning and for me, it was so important to eat like four to five hours before I went to bed. Even three, when I was at my worst, wasn't enough time because my digestion was slower as a result and I think often for people too, taking a nice walk like a 15 minute walk after lunch and dinner. Dinner especially because as you go to lie down...

[0:39:24.0] JB: Laying on your left side?

[0:39:25.8] AS: Yeah, that helps me totally. You too?

[0:39:28.2] JB: Yeah, I like to lay on my left side, which is helpful for digestion.

[0:39:32.4] AS: Yeah. But those are the main tips. I think it's a lot of lifestyle stuff. I think also too, you brought up about the heart burn when you were on the flight, under stress. I think often times we've normalized stress but the body is like the truth teller and when you're stressed, you're in fight or flight mode and so you no longer are digesting.

A lot of my clients are like, "I feel like there's a brick in my stomach." Probably because your food is just sitting because you are running to catch a flight or you are running to get your kids or whatever it is. We learn this at IIN 10 years ago, the 4-7-8 breath but inhaling for four, holding for seven and then exhaling for eight, remember Dr. Weil taught us that?

[00:40:13.1] JB: Amazing. I love Andrew Weil. He's my granddaddy that I never had.

[00:40:17.2] AS: Yeah.

[00:40:17.7] JB: That's how I look at Andrew Weil and I know he's not that old but...

[00:40:22.0] AS: But I think that that's really taking those breathes three times. I also think, I was just updating Curb Your Afternoon Cravings and I was mentioning the power of nature. They have research that shows even people who are sick in the hospital, even if they just see a painting of nature on a brick wall, heal faster than people who just see the brick wall and I think again, we're so part of nature...

[00:40:42.4] JB: That is incredible.

[00:40:43.2] AS: Isn't it?

[00:40:44.4] JB: Well it's amazing because I live in a city, you live in a city but you have a little bit more, I feel like you have some more trees around you where you are now, right?

[00:40:54.4] AS: Oh yeah. We picked to be near two major parks.

[00:40:56.6] JB: Yeah, well I really live in the city right now and I rarely get to go to the park. So it's amazing when I do get to go to nature, how incredibly healing it is for me and how calming it is but to the point where I've had so much pent up stress and just being in the city and being in this frenetic environment that when I get to nature, I just start crying for no reason. I mean there's a reason, but it's just releasing because nature is such a special thing. We're supposed to be around it.

[00:41:31.7] AS: It's home.

[00:41:32.8] JB: It's home, exactly.

[00:41:34.4] AS: Yeah, I know. I think that's such a powerful testament.

[00:41:36.9] JB: And what was it? We had Joe Cross on our podcast, Joe the Juicer.

[00:41:40.9] AS: Oh yeah no you're right, we did have him on. I'm trying to see when the episode would be released.

[00:41:47.3] JB: Sometimes these aren't in order everyone, but we have Joe Cross on and he said, "I turned my back on mother nature," and that statement was so powerful to me when he said that and that's so true. Often times, we just have to go back to Mother Nature and that's what will heal us.

[00:42:02.0] AS: Yeah, he phrased it so funny like he broke up with her and cheated on her and we all have. We just are, so I think that's really important and again, these things can be done overtime. The body slow and steady and so I just really think before you go and think you have to be on these meds forever and they're expensive too I think.

I mean I'm not quite sure, but real health is about removing obstacles. It's less, less and so it feels a lot better. But yeah, those are the main tips and I think the real understanding that people have to have for GERD and realize that while the protein pump inhibitors, they feel like they're helping, they are masking symptoms and there's a price to that.

Look, again I'm not for or against medication, I just think we all need to understand the risks and benefits of everything that we choose so that you don't get blindsided because I think that's what I care about. I don't want people to not have the information that could help so yeah. Juliet, do you have any other stuff you want to add?

[00:43:08.1] JB: No, not really. I just think that you just have to really — you just have to pay attention to your body and the symptoms that you're having and slow down enough to trace them to something somewhere. For example, me being on a flight and realizing that it was the stress that was causing the heart burn or I would notice that almost every night that I would coach a class, if I ate right before I coached, inevitably I will get a stomach ache by the end of teaching that class.

These are classes that are — it's not fly wheel. This is Unite where I'm coaching. I'm demonstrating things but I'm not really being that physical, but it was putting my body under a stress where I'm yelling, I'm coaching, I'm giving a lot of energy, and like what Ali is saying, you really can't digest and be in a stressed state and that was a stress state.

Some stress doesn't have to be negative. Your body is just in a stressed state. So it would cause me to have a stomach ache every night that I would do that. So I have to then, "Okay I can't eat right before. I need to plan to eat a couple of hours before I teach this class." So it's just all about paying attention to those things and honoring what your body needs.

[00:44:21.7] AS: Yeah and I think with the paying attention, realize you're not going to get it right away. It takes a while to have that...

[00:44:27.5] JB: No. I think I had years of stomach aches like that coaching classes and I was just like, "What is this? I don't know, I just have stomach aches." A lot of times, we just write it off. "That's just me. I just have stomach pain, I just have this, I just have heartburn," and okay, that's a symptom you're having but that doesn't mean that you have to live with that forever.

[00:44:47.2] AS: Right, it's an ebb and flow what's causing this. I think I've just been really surprised at how many people are struggling with GERD and reflux and IBS doesn't surprise me I guess because I've been more in that world but there's a lot of hope is the point and if you don't have a coach to work with or an integrated physician or whatnot, try one thing a week.

Just pace yourself but really, I think prioritizing, getting in the raw apple cider vinegar. Make sure it's raw and unpasteurized or the papaya enzymes like Juliet mentioned. That would really give you the support. You won't need that stuff forever but just until your body recovers from the strain that's been under.

[00:45:25.1] JB: Whenever you're having symptoms like this, it can be helpful to journal and I always thought of journaling as, "Oh you need a pen and a paper and that just sounds like a lot," but I just use my phone and the notes app in my phone and I'll just have notes that are like, "This time, I had a stomach ache and it was after this," and sometimes, you can use that as a way to be a detective of, "Oh wow, I'm seeing a pattern here."

[00:45:52.8] AS: Yeah, yeah totally. Awesome yeah, so we hope this is helpful. I hope you guys all stay tuned right after this to tune in with Linda that's completely unscripted. I have no idea what she's going to say. I obviously know from a coach's perspective how I see her progressing but we'll hear what her own benefits are in her own words. But Juliet, any parting words on GERD or the podcast?

[00:46:18.2] JB: I think that we are done with saying the word GERD for the time being. The only other thing is that we would love to get your questions and we would also really love for you to leave a review for us. It's very important that we just hear how you were enjoying the podcast

if you are enjoying the podcast, hopefully you are but those reviews help Ali and I a lot to keep the show going.

We want to also have a little contest, a little incentive to leave your review and that Ali and I are going to pick someone from the reviews to actually do a Skype coaching call. So it will be a three way call, Ali, myself and some lucky winner. So please leave your reviews and we will pick that person and we will do a coaching call with you.

[00:47:04.6] AS: Yeah and what we'll do because we had picked the people for the food diary reviews and we had a little bit of trouble figuring out who was who because of how you leave your name on the iTunes review. So we'll just shout out your iTune review name in June. We'll pick someone for May while these are going but we would really appreciate your reviews. It really helps us out and we love that it's helping you so much and it would help us out and we'd get some reviews so thanks and then stay tuned for Linda. Take care.

[TRUCE WITH FOOD UPDATE]

[00:47:34.3] AS: Hello everybody. This is Ali and I'm here with Linda. Welcome back Linda.

[00:47:39.3] L: Thank you.

[00:47:40.5] AS: So you guys just got done hearing about GERD, which actually Linda when we recorded the episode I couldn't stop laughing. But today, we're going to catch up with Linda. So for those of you who maybe didn't hear the first episode, back on April 11th, we released a bonus episode where we were talking about what a Truce with Food Journey looks like.

A lot of times, it's hard to describe coaching, there's so much noise out there I figured let me just let Linda, who is currently in Truce with Food, describe her experience. This is completely unscripted. I told Linda I am just going to catch people up and then we'll just see what happens. So I don't know either, I mean I obviously know Linda's progress because we're in touch every week.

But I want to catch up where she is because this is the second month with the Truce with Food program is what I affectionally called “the muddle” and this is kind of any story, right? We’re really clear on the beginning, we know how it ends but often, we’re like, “I forgot what happened in between,” and that’s often what happens with our food efforts, right? We go off track, we lose motivation and so I obviously, in Truce with Food, accommodate for that but it’s a different type of progress that we measure.

So we’re really interested to hear what Linda has come through but just to catch everyone up, when we chatted on April 11th and Linda, please feel free to add in if I forget anything. But one of the big things that I remember is you said when you eat right for your metabolism, you don’t need coffee, which I was like, “Wow, I didn’t know that,” and then that you feel better now and have more energy than you have in decades.

[00:49:12.9] L: Yes.

[00:49:14.4] AS: And that emotionally, you’re really learning a lot about yourself.

[00:49:18.0] L: Absolutely.

[00:49:19.2] AS: Yeah and your eating was getting better, of course.

[00:49:21.5] L: Right, well probably causing those other things but yeah.

[00:49:25.4] AS: Yeah so did I miss anything?

[00:49:27.9] L: No, I think you — yeah I think you hit it.

[00:49:29.9] AS: Yeah, I mean you said a lot. I really encourage everyone to go back and listen to the lesson. Linda’s super articulate, no pressure now, but she said a lot of really interesting stuff. So that episode is April 11th and it’s Bonus Episode one but now, we want to hear where she is because again, we will be following Linda for six months.

We've followed her for the first month. We have now completed the second month of Truce with Food and it's I call "the muddle", but this is where we get more into digestive health and also how to revise the beliefs that really are underneath our bad eating. So Linda, highs, lows, what's your take? Where are you?

[00:50:06.4] L: Let's see, I would say the early part of the month was definitely muddle for me where I just was starting to feel like kind of not sure. I don't even know. You know what? It's funny when you said you don't remember the middle, I don't remember earlier in the month but I would say that in the past two weeks — you know what? I do remember.

I was kind of absorbing a lot of our lessons. I was going through the food experiments because that's a little more tangible but the belief revision and stuff, I kind of like let it marinate, I think I was saying, a little bit until I really started to have things unfold in front of me and I would say that the past two weeks have really been a pretty huge, I want to call it like a breakthrough.

I don't know if that's too dramatic but a couple of times, I've had instances where my beliefs were really apparent or I was realizing I was in a belief mode just because I was over eating or doing something. So I would say as far as, I kind of think of them as two parts that are interrelated but one is the belief aspect that was moving forward and really coming to light.

But then, the food side was either giving me hints towards the belief or I would say most recently, I was able to get back on track a little quicker after a pitfall. So yeah, it's been an interesting month but I kind of don't remember that much except the highlights.

[00:51:33.9] AS: Well, I think that's important though because one of the things we talked about is you have a lot of stress at work, right? Because of deadlines and all these stuff, and part of what we talk about with Truce with Food is really what is the stress? What feeling am I feeling here because stress, overwhelm, automatic pilot. These are terms that aren't clear and unless we know, you know, I am so big on what the root diagnosis is, not only with our health but emotions.

We say we stress eat but really in Truce with Food what Linda and I are talking about with beliefs is, we have certain beliefs that cause us stress and that cause us to then not to prioritize

our health because the stress that we're experiencing takes precedence. So can you share with people though that breakthrough that you didn't throw all away this time?

[00:52:21.3] L: Yes.

[00:52:21.8] AS: Which we have all done so I'm not picking on you.

[00:52:24.6] L: No and you know it's interesting because I remember before I started the program, I was in touch with you trying to just decide this was the time to do it. I'm like, "The timing is so hard because the period that Truce with Food runs is probably my busiest time at work and this month is the culmination of the busyness," and so on the one hand, I was like, "This is either going to really bomb, or maybe some great things will happen."

But I think what was cool with having a busy month allowed me to be in the flow with my work routine and then especially because normally I would just be like, "Oh, I'm stressed out. Work is stressful. I have a lot of deadlines." That kind of thing but I was able to really and actually, you really helped me to do this, dig into, when I'm like, "I had a stressful day, I had a huge meeting today and the meeting went," however it went, where in some cases it wasn't even me being stressed about the meeting. I was stressed about some other dynamic going on at the meeting. So do you want the specific? I have a specific example.

[00:53:22.7] AS: I would love that if you don't mind sharing.

[00:53:24.6] L: Of course not. So one of the days I had like one of my big meetings and the meeting, I would say, overall went well but a couple of things happened during the meeting that made me feel like, "Oh I could have done a little better, performed a little better or had those answers," and normally, I would dwell on the two things that didn't go well despite the fact that the meeting I would say is a success. I think everyone who's there thought it was a success,

So I let it lay, I got back to my office, I start eating dates with almond butter and I couldn't stop and halfway through it, I had three or four and I'm like, "These are very rich. I don't feel like I need any more but I can't stop eating them." I realized I was in a belief. I didn't know what the belief was until a little later.

So I was walking back towards my car and I realized that the two things I was focusing on is what I would usually do. I'm like, "This is so typical. I would do this." So something we worked on was do the opposite of what you'd usually do or do something in the middle and I was like, "All right, the opposite would be completely focusing on what went great."

It sounds kind of sad but I realized I don't usually do this. So I left a voicemail for my sister, I left a voicemail for my best friend, I was like, "I just had a great meeting," and so that night, I got home and the night was starting off great and then my husband and I are like, "Let's have some wine to celebrate this great meeting," and I totally drank way too much wine.

I started eating potato chips, like just did a bunch of things that felt like, first of all, I haven't done it in about two months or more. Well actually, two months before — I probably did the night before Truce with Food. But the interesting part is then next day, I was working from home and I felt okay despite all the wine but I was like, "All right, it's morning. Let's get on track with a blood sugar balancing breakfast," which I had.

Then kind of like all day, I had to keep reigning myself back in. So lunch time came and then at lunchtime, I had a balancing lunch where normally, I'd totally want like Chick Fil A or something like that but then by the afternoon, I was like, "All right, I'm ready for a few bowls of cereal." It was just each time and these are things that maybe I would have thought about a few months ago on a normal day, but I haven't had to deal with these cravings in a really long time.

So first I knew something was off and then that's when I think I connected with you and I was like, "All right, it's either that my blood sugar is still out of whack from last night or am I like still stressed out about something?" And I think we talked it through but it was a combo where primarily there's some things that I can do to balance my blood sugar after going off on a day like that.

But I think the main thing was normally, if something like that happens especially because it went into a Thursday or a Friday, I would have been off all week like all weekend. Sometimes it will just be like, "All right until the end of my busy season I would just do that thing." This was

really cool to have it be a one night thing and I look back and normally I would be beating myself up about it.

Like, "I can't believe you did that," but it was more, "Okay, that was interesting. That happened," and I was like, "I understand why it happened. It is what it is, it is just data," and then the next day, I learned how I should be eating to reign it back in and since then I've been doing great. So to me, that's what I would say is my biggest breakthrough of the entire program.

[00:56:48.6] AS: Yeah and you said so much there because I think we have these breakthroughs because if we've struggled with food for a while we really believe that it's who we are, it's a deficit of ourselves, and so to prove yourself wrong when we've had these self-fulfilling prophecies, it's the hardest yet most profound step to be like, "Whoa, this isn't actually who I am."

What I think you described so well and what I love about coaching is you asked yourself different questions this time. So when you were talking about eating the dates, rather than being like, "I'm so bad. I'm so weak," it was like, "Wow, what emotional belief is flaring up right now?" And to be able to ask that and have the awareness that it's that question versus "Why do I do this? I suck."

Which is very, it's not generative at all, the negative self-talk but if we don't know what questions to ask and I think coaching often enables us to ask the better questions and not even in a magical thinking kind of way, because what I liked when you talked about the meeting, it's not just about saying, "Oh no the meeting went well," and cheering you on.

I think a lot of people think coaching is this trainer self-esteem but we're really like, "Well what's the concrete data?" And you knew it went well because other people validated it and not that we want other people's validation, but this isn't about magical thinking. It's seeing situations more clearly so that they aren't stressful and how we often contribute to our own stress unconsciously.

[00:58:13.5] L: Right.

[00:58:14.7] AS: And then the other thing that I loved that you talked about is the next day, rather than being like, “Oh my God I’m so bad,” and going on — I remember I used to be like, “I’m going to start Saturday because I can sleep in, I can get to the gym and then I’d be like, “Sunday is the beginning of the week” and then I was like, “Monday, yeah.”

I did all of that all the time but to be able to say like, “Wow, this is actually part physical, and no amount of will power or mental depriving is going to self-correct this, and I know now what to do to get myself back physically on track,” which then creates the emotional shifts. I love that you used that example.

[00:58:50.5] L: Yeah and I have to say that I think that was the moment, like that day was the day when I’m like, “All right, this actually is for real.” I think last time we talked about like that lifestyle change or identity change, this is where I’m like, “We’re headed in a different direction than I’ve ever been headed before,” where I’m like, “All right, I think I can do that.”

All of a sudden, I think we were talking and I’m like, “All right now, I’m going to be on my own for a few months, with support but not in a complete framework of the group. I’m like, “All right but I guess I can do it. I’m going to be able to do this.” But knowing the things to watch for I think are really helpful.

[00:59:25.5] AS: Yeah and as a teaser when we check in next month, the third month of Truce with Food is what I call “out in the wild” so part of a skill set that everyone learned this second month was how to really test the beliefs that make you stressed and really learning to look for data and seeing things as they are not as the more vulnerable, scared part of ourselves are.

It’s hard to explain unless you’ve been through the process, right? There’s amount of layers for sure and while there’s every week, we’ll have calls and check ins, really any program you do if it’s not in the design to make you your own best expert and make you responsible not in a shaming way but in a “you can do this” kind of way, usually it’s not going to work because at the heart of all of this is learning to trust yourself.

That's one of the root diagnosis's is many of us lack the trust to really think I can do this like you just described and do you mind if you share about your, "Oh I get what this journey is about," you shared it in the classroom.

[01:00:20.7] L: Which? I can't remember what I said.

[01:00:23.1] AS: It's like, "It's not about being perfect. It's about being imperfect."

[01:00:26.6] L: Yeah and like figuring how to climb back out and get going again. It's so true, the interesting part is I'm glad I'm having these imperfect moments throughout this journey because it's almost like I have the training wheels on because you're around and the group is around and then each time I do that, I discover something new that totally forgot I said that.

It's interesting because there's another incident, I can't remember specifically what it was recently, where something else was going on and I'm like, "I don't know, this doesn't seem like my other belief. Why am I feeling this?" And it was interesting. Being able to reflect on it really helped. So I feel like I have this practice now where maybe even going forward on my own like writing or journaling about these things.

Because that's what I've been writing into the group and it just really helps me reflect so I think that's another tool that I'm normally not a journal type of person. It feels like another layer of stress but I'm like, "Reflecting on it on a weekly basis or when something flares up is really helpful."

[01:01:22.8] AS: Well I love that because on the surface is journaling but what you've come to value is clarity.

[01:01:28.7] L: Yeah.

[01:01:29.5] AS: And I think people don't realize how healing clarity is. That's often why therapy is effective. It's like, "Oh this is the path, this is what I'm doing," right? You'd be like, "Oh," you get some distance from it and as we talked about in Truce with Food, a big push is to get some distance from your beliefs.

I use the example of if a little kid who's under five who hasn't developed relational skills yet is at the top of the Empire State Building, he or she looks down and it's like, "Oh the people on that street are so tiny," right? He doesn't understand how he's seeing and our beliefs are in plain sight, which makes them paradoxically hard to see.

So the more we can get distance, which is really clarity, the more we can say, "Oh this is how I'm feeling," and it becomes something we're feeling rather than who we are and we start to see how we're viewing the situations which is often a lot more stressful than they actually are. So you're learning to value clarity, which is so important. I mean we were joking on the call the other night like I can't believe anyone ever communicates effectively.

[01:02:31.3] L: So true.

[01:02:33.4] AS: I love too what you're describing is how the skill set that you're learning can be applicable to all of life and the more that you get confident, the more you start to see, "This may not be how things are. This may not be how I'm projecting how they are," and it gets exponentially — well, let me ask you this because I always think it gets easier.

But where you are now, do you feel like, obviously there is still work to do. It's been two months, but you feel like things are going to be easier from here on out or more full of that, "Oh, can I keep this up? Can I keep this up?"

[01:03:02.3] L: I would say a couple of weeks ago, I felt, "can I keep this up?" You know like, "What's going to happen?" But I think having the big tests like a couple of things happened like the examples I just gave, give me confidence that I'm working through this. I think that was the most important part about what I was like. I don't need to be perfect because I think if the thing is perfect it's not sustainable.

Being imperfect is how we all are so being able to deal with those instances are really it. It's interesting that something I didn't think about because I know part of your reason for doing this was for some people to understand what is having a coach and it was interesting because I

think the level of detail that we get into like when I'm talking about my meeting and the questions you're asking and those kinds of things.

It's interesting because things that I normally wouldn't think about. So like explaining it to you and getting into the level of detail we do helps me understand, like you said, there are so many dynamics at play and everyone else and their beliefs and my softer side that has their own beliefs and how everyone is working in this way, that's what's really helping me explore in a way that I never would have done before.

So I think I feel like I'm learning the tools. I think I'm thrilled that I have a few more months with the group to work these things out but yeah, I feel like the tool kit is there. The other thing is and like you mentioned, there's probably other beliefs that I have too. So it's almost like I feel like this doesn't end where at some point, it's going to get easier but I'm going to be like, "All right, there is my other belief. This one is starting to flare up and there's layers." So I would circle back.

[01:04:38.5] AS: Well totally and I love that you brought that up about all the dynamics because you hear everyone else in the group and their issues is something completely different and then yet, we think we can give a formula to people. It's like, "Well, we're also unique and individual," and one of the things that you said that's really important for the audience to hear is you said, "I actually feel like I can do this, like I have more confidence now. You will grow in confidence."

If you don't we'll find out, I don't know, we'll find out next month. I think people often think that just cognitively reframing and this is why I don't like mantras, this is why I don't, mantras can work for some people but often, what we've discussed in the group is like none of us believe that stuff. Then we just bad for not believing. Because when we talk about believing, what we're really talking about is feeling. I think it's so important for everyone to realize, you — we all try to pretend like we're logical and rational but we are feeling beings that think.

Until you can authentically and genuinely feel like, "Hey, this is different," it's not just cognitively saying, "Well tomorrow will be different," until tomorrow is really different, like you're describing your example, you tend to get stuck in a hamster wheel.

[1:05:49.5] **L:** Yeah, that's so true.

[1:05:52.5] **AS:** Great, we're going to wrap up here but do you have any parting words before you and the group will be out in the wild for the third month. I'll be so excited to hear how the training wheels are coming off.

[1:06:03.4] **L:** You're kind of still running behind.

[1:06:06.7] **AS:** I totally am because it is, this is like the paradox right? Everything's right in front of our face but it's knowing what to look for in that fish bowl and since I've done this and I had to go through it myself, I totally can help people on a faster track. But I'll be really interested to hear how you feel a month from now.

[1:06:23.5] **L:** Yeah, I'm excited too. So thank you.

[1:06:26.0] **AS:** Yeah, any parting words for the audience?

[1:06:29.5] **L:** To all my fans out there?

[1:06:30.5] **AS:** Yeah.

[1:06:32.9] **L:** No. I mean just thanks for all the support, I'm excited.

[1:06:36.0] **AS:** Yeah, definitely. Also, everyone who is listening, just as a reminder, we are having an Insatiable Podcast happy hour in Philly. Linda will hopefully be there so you can meet her.

[1:06:46.8] **L:** It's a happy hour, my alter ego will be there too.

[1:06:50.1] **AS:** Oh it's a healthy happy hour. It was funny because everyone Kind Bar is going to be there with all their new flavors, we're going to do a podcast episode. For those of you in the Philly area, Thursday May 19th from 5:30 to 7:30 but I was going back and forth with Kind

and they were telling me that they have bars that pair really well with wine and cheese and I said to Carlos, “Oh no they don’t really know yet that we’re going to have a healthy happy hour.”

He’s like, “I think you’re going to get more people with the wine and cheese, Ali.” We’ll find out, we’re going to have green juice, we’re going to have kind bars, record an episode. Definitely we would — at the time of this recording, we don’t have a location but you guys will definitely share it on social media.

Follow, I am @alimshapiro or actually the closing has our social media handles so follow us on social media if you’re in the Philly area and we would love to come out and see you and meet you in person. Thank you so much for your time today Linda. For engaging in the process. I’m one of these coaches who just wants to get people into the program. I want people who really want to work the material because it just makes it so much more interesting.

[1:07:57.5] **L:** Well it’s been fun.

[1:07:58.9] **AS:** Oh good, that’s important. It can be very different process then, I have to do this. Congratulations to on all your success in seeing yourself differently because you’ve put in the work and you’re getting the results. So way to engage with life, I love it.

[1:08:14.4] **L:** Thank you.

[1:08:15.1] **AS:** Thank you.

[END OF INTERVIEW]

[1:08:16.7] **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 stand for Marie. Please feel free to also e-mail us any questions. We would love to hear from all of our listeners. You can reach us on ali@alishapiro.com and juliet@unitefitness.com. We’ll see you next time.

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