

EPISODE 25

[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]

[0:00:51] JB: Hello everybody and welcome to episode 25 on the Insatiable Podcast. Today's episode is the healthy happy hour Q&A and also a Linda update. We wanted to re-record this healthy happy hour Q&A because we did it live and it's really hard to record a live podcast when there's members in the audience and the way back and we had a lot of people with questions and we answered a lot of them and we have great discussion.

We want to make sure that everyone's questions is answered and they are for your listening pleasure. Ali and I are going to go through the questions that we were asked on the live podcast and we had such an amazing time and we would like to thank our sponsors, we had Kind Snacks there, we had Eat-A-Pita which is a local Philly company, provide us with gluten free pita and lots of hummus and vegetables.

[0:01:43.3] AS: I didn't know that Pita was gluten free.

[0:01:45.0] JB: I know I forgot to tell you that, it was. It was gluten free.

[0:01:47.5] AS: My god. I was too, like, it was so hot in there.

[0:01:51.5] JB: Yeah, you were immersed. I was the only one like eating the pita. I wanted to say something to everybody but people were really into talking to each other, which is great. People made friends, we had all these listeners come out and we are so grateful because I didn't really know a lot of people and it was just amazing to have people in the flesh. 'Cause I don't know who listens?

[0:02:12.6] AS: I know. It was so wonderful, thank you everyone who came out and listened. We just had such a good time and I just want to say that everyone agreed that I didn't overhype the new Kind mint bar.

[0:02:26.8] JB: Oh my god, it really is a thin mint. So Kind bar has so many new amazing flavors and the great thing about Kind bars, is they're really low sugar.

[0:02:35.8] AS: Yes, you do have to check. I always tell my clients, "Stick to that under five grams."

[0:02:40.2] JB: Yeah you do. Some of them are more than others but they had a savory one, a truffle oil one, did you try that?

[0:02:47.7] AS: I did, it was much more savory and I was like, "Oh, this feels like, I am so like a seasonal eater now. I think I'd like this in the fall." It was just...

[0:02:55.7] JB: Yeah. I'm like, "I think I want this every second of my life." Unfortunately for the vegans out there, most of them, I think pretty much all of them have honey in them so...

[0:03:08.0] AS: What's really kind of cool, I mean, some vegans do eat honey, right? It's kind of like a continuum but the hard core ones don't but what's really interesting, the reason they use honey, I love efficiency, they use honey because it preserves the whole foods, it preserves the nuts and the dried fruit in there. So that's really cool.

[0:03:26.1] JB: Which is great so they don't have to add a lot of extra salt to it or other preservatives, so it's way more natural than a lot of other snacks.

[0:03:33.3] AS: I know, it just makes — Mother Nature, she is just wonder woman. All these neat little tricks that she has so that life can be really tasty and rich.

[0:03:43.6] JB: I know. Honey is so amazing, I love it.

[0:03:44.8] AS: I know, me too.

[0:03:45.9] JB: Also, at the end of this episode, we're going to be updating you on Linda's journey with the A Truce with Food which I'm really excited about.

[0:03:52.0] AS: Yes. She's like, "These months fly by," and I'm like, "You never hear that on a traditional diet," but we'll get her updates because it will be very interesting, maybe not what people expect. Juliet, let's open up with the first question we got and again the reason that we're going through this again is the audio wasn't the best and we really want you guys, obviously since you're listening to this, to have the best listening experience you can. We're just going to be basically talk about what we answered and we had some more time to think about it which was you don't get better answers this time.

[0:04:25.7] JB: Yeah, definitely. We did open up about The Biggest Loser article and we're going to be talking about that, the length on episode 27. For those of you who were at our live podcast and are like, "Wait, you're missing a lot of what we talked about in the beginning." Don't worry, we have a whole episode dedicated to talking about our thoughts and including all the controversy that's been sparked by the past couple of articles, there was one that came out in the New York times and then on came out in the New York post.

The new Yorkers really want to talk about The Biggest Loser apparently. It's been all over the internet and we've been talking about it through our social channels and response and we did have somebody at our live podcast, hi Nicole, if you're listening who was on season four of The Biggest Loser so she had a lot to say about it. We'll be talking all about that on episode 27.

[0:05:13.5] AS: Yes, we're going to have the producer of the show in July.

[0:05:18.7] JB: Very exciting.

[0:05:19.5] AS: They contacted us so that's pretty cool. I think they were all great questions but when we were talking about kind of the show and all this kind of stuff like, someone asked, "Well, if you and Juliet were to create your own show, what excerpts would you bring on and what would you measure?" Because we really honed in on what they're measuring there is very different than what you would measure if you actually wanted to lose weight for the long run and I talked about how TV is in the business.

I'm really big on like when we talked about the Isogenics and multilevel marketing episode, they're measuring amount of people selling, right? Not long term cumulative results. TV is in the business of dramatic visual effects. I remember when I was doing NBC in Philadelphia and they would have people come on from like the food network or people who did cooking for a living and they would have their prop people there way ahead of time like hair spraying the food and I was like, "What?" I'm so naive that way because I'm like...

[0:06:20.8] JB: Food photography is no joke, it takes a lot to make beautiful food photography. I have a client of mine or that's what our husband did for a living. I remember her telling me all about it and I was like, "Wait, there's that much that goes into taking a picture of a meal?" She's like, "Oh yeah, you better believe it." I guess there is a job for everything.

[0:06:39.6] AS: Yeah, it's fun to look at all that until your recipe doesn't turn out like that. But, the dream is wonderful.

[0:06:46.1] JB: Ain't that the truth, yeah.

[0:06:47.1] AS: Yeah, so given that TV is in the business of dramatic visual effects, I said, for me, if I were to do my own show, I would want to make it radio or make it a podcast because to me, what really — what I measure with my clients is, "Are they asking better questions, are they getting back on track faster? What are the emotional shifts that are happening that make them not turn to food anymore and that make them actually think about food less?"

For that medium, I think podcasting and the thinking process that goes into that and part of why I'm interviewing Linda so that you can understand the mindset shift that has to happen and then making better food choices to me is a symptom of that mindset shift.

[0:07:30.1] JB: Yeah, and I remember Ali when we worked together with coaching that was something that I found so helpful was when we set goals, it wasn't about, "Well how do you want to look?" A lot of people will set those goals of like, "How much weight do you want to lose or what size do you want to be or what pair of pants in the closet do you want to be able to wear again?"

It was more about, "How do you want to feel, what mindset shifts do you want to have, what will let you know that you've had those mindset shifts?" And I remember saying, "I will know that I've made progress when food is not all consuming and it's not the first thing I think about when I wake up or it's not the last thing I think about before I go to bed. When it's more of an afterthought and not at the forefront of my mind and taking up about 90% of my thoughts."

[0:08:17.0] AS: Yeah, and I think what's so great about that and we talked about this during the Q&A is that a lot of times, we talked about it, it's the how. If you want to lose weight, you are going to have to exercise, you're going to have to cut down on sugar and alcohol, you're going to have to sleep more, right? All of these things are going to have to happen.

But how you do that determine the design of the program and how a lot of these programs, whether it's The Biggest Loser or it's another program, they look very different but often times, they're driven by shame, you're still on the shame continuum. By shifting and asking those different questions where it's more coming from you and not from a place of shame, it really changes everything and you can't shame yourself into loving yourself. You have to respect and be kind to yourself as you go so that when you arrive there, that's really the journey.

I think another thing that I didn't say at the live happy hour but I thought about afterwards is, if I were to do that show, I would not want anyone going on a ranch. I would want them right in their life because I think going to the ranch is kind of like going to a spa vacation for a week, like Canyon Ranch. Those places are fabulous, right?

[0:09:25.2] JB: We don't mean to say that it was fun like a spa because we know that it's not fun to work out that much every day and be taken away from your family.

[0:09:36.9] AS: Right, but to me, they removed them from the very stresses that drive them to eat.

[0:09:41.8] JB: Oh 100%. I was actually just watching that show, which I really, really love, Intervention on A&E, have you seen it?

[0:09:50.1] AS: No, I remember that you told us in a couple of the earlier podcast episodes like your guilty pleasures are like Dr. Drew and...

[0:10:00.0] JB: Intervention — so Mackey, he will watch that. It's like one of the few shows that he'll enjoy watching with me. We can watch that one together but we were talking about that last night because at the end of the episode, they send them to treatment or if they accept treatment and they go usually for 90 days and then they're reunited with their loved ones in the treatment center and they're healthier and they're clean and sober.

Then they have a little update at the end, like text across the screen which says, "So and so completed 90 days of treatment, went back to their life," and then often times, at the bottom it said, "Two days later they relapsed." As soon as they get back into their environment. It just made me think a lot about that because when you're taken out of your environment and you're put in this "safety bubble"...

[0:10:45.6] AS: Great word for it. Bingo.

[0:10:48.4] JB: ...of course you're going to be able to be clean, sober or eat the calories you're supposed to eat and exercise you're supposed to exercise within those constraints but as soon as you get out into the thing that triggers all of that stuff. If you really didn't do a deep enough work on yourself because I think it takes a lot more than 90 days for most of us.

[0:11:07.2] AS: Well and we talked about if we had our own show, we would obviously be on it, but we would want to do it over a year.

[0:11:12.0] JB: Yeah, I don't know what The Biggest Loser or any of those other shows. Well, Extreme Weight Loss, we were talking about, it's over a year and I do really appreciate that about that show. Biggest Loser — I'm going to Google it.

[0:11:23.4] AS: I think they've extended it but I think what's interesting is about the Extreme Weight Loss show, they do do it over a year but they usually have like three, 400 pounds to lose. I know most of my clients usually have under 50 if any at all. Some of them are just working on body image. But to make the mindset shift that is required, it takes a couple of months, it doesn't mean that you can't — I know in Truce With Food, people are still feeling better and that's part of the process is you have to feel better immediately, I'm really big on that.

But the mindset shift takes a while, that skill set that, at least that I teach my clients, takes a while. You may not see visual results right away but a lot is happening. I think that year long journey, even if you only have 20, 30 pounds, it's really — I actually just ended Truce With Food today and people were saying, "Wow, now this journey is rooted in kindness. It used to be about deprecation and starvation and shaming myself and now it's really in kindness and it feels doable."

So I think that if you can do that in three months which is what Truce With Food is, then, that's like the — it's always the most work to get started. I think that year, even if you don't have three, 400 pounds to lose, part of it is expectation setting, right? If you know, "Okay, I'm in this for a year but I don't have to leave my life and this is a year and then the skill set is the gift that keeps on giving," because you start to realize it's not just food but there's other areas where you feel vulnerable and that you're healing as well so it gets easier.

[0:12:57.6] JB: I was just thinking, so it looks like, and correct me if I'm wrong for those out there if you know, just from reading, it's three months that they're at a boot camp or the ranch for most of this shows and then they're home for six months or if it's Extreme Weight Loss, it's like nine months or whatever.

That's three months of being in those constraints and building up those skills to be exercising and eating the way they are. That is so much thrown at you in three months I feel like, it would be nearly impossible to really do that deep emotional work at the same time that you're creating habits to exercise X amount, to eat a certain way, to be educated on how to eat. It's just a lot.

[0:13:37.8] AS: That's a really great point. Well and I also think too — so I'm really big about the medium being the message. So many people think they're on track if they're going to extremes or if that's part of a deprivation or and you even said, the ranch isn't Canyon Ranch, right?

The Biggest Loser ranch, it's not fun. I think the biggest thing that my clients have to work on, it's not that what we're doing is hard work but it's the patience right? This is going to take time but then they're also not straining themselves because they're in their lives, they still have other stuff to do, this is not the focus.

So if we had our own show, I would definitely have Juliet as a trainer, clone her, have me as like the nutrition and the coach and then Juliet, you also said that you'd like to bring on some — I'd like to bring Bob who we're going to have on our podcast in a couple of weeks. He is a visual imagery therapist and we're going to be talking to him about body image and what fat feels like.

I think the work that — I've referred so many clients to him and it's all been so helpful and you can attest to it as well but that imagery that sensation of feeling fat. So many people can't even accurately see their bodies. Not even just going right to the emotion, not trying to do the cognitive dance around it. I think I would totally want Bob.

[0:14:50.5] JB: It's so true. I remember and still to this day, when I catch myself saying that, "I feel fat." Then I'm like, "Okay, what are you really feeling?" And a lot of times, it's just some sort of stress that's going on that it's the easiest thing to do is to internalize your stress and put it back onto yourself and to say, "It's me, I'm fat, I'm the problem." Versus, "I have a lot of work on my plate, there's something going on with my family," or whatever it is. It's just so easy to just say, "I'm fat. I feel fat."

[0:15:23.7] AS: Yeah, it gives you permission to shut down in a way rather than dealing with — and I realize that whenever I would feel fat, I realize this in my journey, there was some sort of

looming uncertainty and that would come up because it was really about, “Will I be accepted? Am I going to do a good job?” And that was synonymous for, “Do I look fat?”

[0:15:44.0] JB: Totally, that makes sense because that’s the easiest way for you to sort of express that feeling.

[0:15:50.2] AS: Yeah.

[0:15:50.0] JB: “Am I good enough? Will people like me? Can I get the job done?”

[0:15:55.0] AS: Yeah, and to work through that is not to say, “I’m not fat,” or whatever but you actually have to develop the skill set of resilience and, “How do I transform this emotion?” And really test if it’s accurate so that it can wear away. That’s why again, I’m just going to reinforce that year long. How long would you — what is the length that you would like if you were the producer?

[0:16:15.4] JB: Definitely a year. I think the attention span for more than that is not there. So I think a year. But then also, just to go back to who we’d have on the show, we would have Bob who’s an imagery therapist who also works with dealing with the trauma, the underlying trauma. We would have a functional medicine doctor on the show as well to deal with any sort of underlying health conditions or just checking everything out to make sure that is the diet the right diet for you, right? There are people who do better on certain meal plans than others, it’s not a straight shot at, “All right, and everybody gets a low cal plan.” Some people respond to different things.

[0:16:54.4] AS: Yeah, and that functional medicine doctor because a lot of — when you really understand weight, a lot of it is inflammatory. So if someone has GERD, right? I just shared this in my post, some clients are like, “Oh I know if I could just lose some weight, this GERD would go away.” But GERD is a symptom of GI imbalance, to me, “Did they gain weight because of the GERD?” Really making sure, someone has hypothyroid. Well why do they have that? Hashimoto’s?

It's really hard, weight loss is often a side effect of healing the body so making sure that those right test in measuring that kind of stuff. Brandon who is there, who is a friend of mine and I don't know if you and Brandon know each other Juliet but he was saying...

[0:17:33.2] JB: No, I've just heard really good things about him over the years from many people.

[0:17:36.9] AS: You guys would both like each other, but he talked about what he measures with clients is body fat. Because fat itself can act as an inflammatory organ. I thought that was a really good solid measurement because it's slow and steady, you can still — and often too, your weight may say the same but you're losing fat and gaining muscle. So that would definitely be a measurement for me.

[0:17:59.7] JB: Oh yeah, that's what I measure with my clients. I absolutely don't like them getting on the scale, the only thing is to get an accurate body fat reading, you do need to know their weight but like you're saying, body fat can go down, weight can remain the same, weight can actually go up, if you're me, weight goes up, body fat goes down all the time.

I gained 8 pounds from the time that I started my weightlifting career when I was in my late teens and over the years I gained eight pounds and dropped like seven percent body fat with every pound I gained, I was gaining lean muscle. So it's not a great measure to be weighing yourself all the time.

[0:18:45.1] AS: Yeah.

[0:18:46.8] JB: I mean obviously, if you do need to lose body fat, you will lose weight though. So it's not always, that's not always the case. But for sure, I do measure and often times people say, "Well one pound of muscle weighs more than one pound of fat," which is if you're really looking at it scientifically, if you put a pound of fat on a scale and you put a pound of muscle on a scale, they are the same pound, they are one pound.

[0:19:12.5] AS: Interesting.

[0:19:13.3] JB: It doesn't really — muscle is more dense and muscle burns more calories when you have more muscle on your body, so your metabolism is elevated versus having more fat on your body.

[0:19:24.5] AS: Well and also, fat isn't just static, it sends out inflammatory signals. Again, this is not to freak about. We all have fat on us.

[0:19:34.9] JB: Well we talked about that you called them TOFI's — thin on the outside, fat on the inside.

[0:19:39.7] AS: Yeah, that's what the medical community calls.

[0:19:41.9] JB: Yeah. I mean, there are many people who you would look at and say, "Wow..."

[0:19:45.9] AS: "They don't have to care."

[0:19:46.7] JB: "They're so thin, they can eat whatever they want. How come my friend can eat anything and I just look at a cheese burger and I gained five pounds," you know? Often times, they're not healthy, they have high inflammation, they have a propensity towards getting metabolic diseases like diabetes, high blood pressure, high cholesterol, they're not safe from all of that just because on the outside look a certain way.

I've worked with many clients where I'm surprised when I do their body fat analysis I'm like, "Wow, okay." In the case of that, it's not about losing weight, right? Their weight is low. It's about shifting the weight like we are talking about so that they have more muscle on their body and changing their diets so that they decrease their body fat. Anyways, I went off on a tangent.

[0:20:37.2] AS: Yeah. No, it's good. The point is that everyone has to care. In this day and age, and again, if it feels like it's just coming from a weight perspective, you're often motivating yourself by shaming.

[0:20:49.3] JB: I really, really wish and hope that doctors would do body fat analysis versus their BMI analysis?

[0:20:57.2] AS: Well and that leads us into the next question that we had. I think we're done, wrapped up with that show? I think that's what — I think just to kind of circle back one last thing. What I would like to also measure is poop, making sure people are pooping, their cravings are going down and their sleep is getting better and that their PMS and all the stuff that people have normalized as “this is just how I am”.

It's often what isn't there that I tell my clients, like what aches and pains that you had to live with are no longer there measuring the body's healing. So the really good question we got was, I mean they were all great. Is, “Why do doctors still tell people to eat low fat and low calorie?” I had shared that we know from Dr. Kelly Brogan's episode, which is episode 11 that she shared that it takes the average 17 years for medical information.

Or maybe it was in her book? I forget which information source, but 17 years, for new information to get into your doctor's office. That's really important for all of you to know because we did get in a little topic of the healthcare system and we did have a physician there. Hey [Nathra].

Who said, “It's really great, the Affordable Care Act, there's all this wonderful stuff that people aren't talking about but they are going to start measuring doctors and hospital systems on outcomes, not on treatments.” So I think this idea of low fat, low calorie will start to change based on measuring results instead of...

[0:22:23.1] JB: Well they do already. I mean I don't know if this is really, really new but I was reading an article about just — they do measure hospitals and the rate of which how many people like are we admitted within a certain timeframe?

[0:22:35.5] AS: Yeah, yeah. And she was saying that they'll now be accountable for that whereas before they weren't because it could have been something else. But I think that, because another question that got brought up was about BMI and how research comes out now that says your BMI actually isn't correlated to health.

So I think all of a sudden, all the metrics — this is really big — what are we measuring? Because what we're measuring determines what questions we're asking or what question we're asking determines what you measure. Now that we know that BMI does not correlate to health. I think Doctors maybe they will start measuring body fat.

[0:23:12.5] JB: It's such an easy thing to measure. There's different ways you can measure it, right? The handheld devices and they have scales with it that have the bio electrical impedance. Nothing is a hundred percent accurate to measure body fat, unless you're going under water, I forget what that's called, but there's an ultra sound way of measuring body fat, which we have at my facility at my gym, which is a fairly inexpensive device, which is pretty accurate.

Then there's also about the handheld device which you can find on different scales and you just hold it out and you just put your height, weight, age, gender in there and then it just sends a current through your body and it tells you your body fat. Now, sometimes those things can be a little bit affected by caffeine and water and the time of day but they're within usually like a 3 to 4% up or down range. So it gives you an idea of where you are. I feel like that's not a hard thing for doctors to just have on hand. Like, "Here, hold this. Let's weigh you and now hold this device and let's mark it down."

[0:24:18.4] AS: Yeah, and what's interesting if you start measuring that compared to, I remember when I was in grad school we went to Sweden to study their — it was sustainability course and they were studying their healthcare system as well as this methodology that they use to really study sustainability. The doctors there talk about how they don't test for high cholesterol, they don't do a lot of the very standard tests that we do here because they said it doesn't improve outcomes.

I thought that was very interesting because I'm like, "Does it not improve outcomes because knowing you're fasting glucose and your cholesterol doesn't motivate you or because there's a lot of, when you look at the Weston Price world, not them specifically but the people who are big proponents of whole fat and all that stuff will tell you that heart attacks are rarely correlated to high cholesterol, right? Which is really interesting when you think about the root cause of high cholesterol which can be dehydration, it's from too much sugar.

Kind of going off on a tangent but the point is that when you start measuring outcomes, you're going to start seeing different correlations than you would if you just believe in a low fat calories in, calories out diet. One of the things that we talked about is, it's really important — I always use the analogy, "you would never go to a broke financial planner" and having had doctors, many doctors who are clients of mine, it's easy to rail on them but they really don't learn how to be well.

Medical school is traumatic. I mean you are working 18 hours a day, you're eating cafeteria food, which is horrible, it's like McDonalds and stuff like that. I think it's really important to realize that most of the time, we're in a sick care system, not wellness. Trying to ask people who might not have had to learn to do it for themselves because the curriculum/the system itself actually made them less healthy I would say.

[0:26:02.2] JB: yeah, so many doctors that I've had as clients or they're in their residency or they're ending their residency and they come to me and they're like, "I gained 25 pounds, I gained 30 pounds, I gained 50 pounds," it's like, it's super traumatic for their body.

[0:26:17.9] AS: It is, and I mean the stress, think about it. I've had a lot of friends who were doing their internships, they're doing emergency care. It's very hard to be a doctor and the system itself, in America we always think we have absolute control but the systems we're in really guide how we act. It's really hard, doctors, they would love to spend more than 15 minutes with people. The insurance, if they want to be able to make some sort of living, they could only spend 15 minutes with you. Part of what we talked about at the Q&A was learning to be a good patient.

[0:26:51.8] JB: And not putting your doctor on a pedestal. Because most of us, we will look at our doctor like they're god, like they know everything. We're not saying that doctors don't know a lot because they...

[0:27:04.0] AS: They're brilliant.

[0:27:05.0] JB: They're very brilliant. But what we're saying is, you do have to put things into perspective and we were talking about how to be a good patient.

[0:27:14.4] AS: Yeah, and that really means — I shared an article right now, my thyroid right now is technically “hypo” according to functional medicine standards, it’s normal to compare to traditional, I would say, western medicine and my doctor was, I’m going back and forth with him, I’m sharing articles.

I thought a little adversarial when he was like, “I wouldn’t do anything about it yet,” because you know my energy levels are off. I got a little defensive and Carlos and Mackey, we were both at the Q&A, I shared that Carlos was like, “Ali, you guys are on the same team. Don’t argue.” So I’m trying to share articles with him and I’m also getting different practitioners. I have a friend who is a natural path, we started talking about it.

Now she’s not treating me but I’m speaking with her and I’m using my own knowledge because I have a lot and trusting that. I’m going to try some natural stuff first, but when not putting them on a pedestal, I think often unconsciously put doctors a bust but if you imagine a table, they have a seat at your table and it’s your team that you get to assemble. I’m also going to an acupuncturist now to see...

[0:28:19.1] JB: But I think people don’t trust themselves enough with this stuff, and it scares them a little bit, right? That’s why we look at others for confirmation and to tell us what we should be doing.

[0:28:31.8] AS: Right, that’s why built in to how I coach is restoring that trust because you’re going to need that for the length of your life, whenever — I mean all of us are going to be in and out of the medical system or whatever. The more context you have for your body and what works. I think especially, I mean they’ve shown research and done articles about how women are dismissed more easily, they’re considered more emotional. So as women especially, you have to really advocate for yourself because the medical system — and again, I think it’s unconscious biases, but that doesn’t mean it doesn’t affect your health.

[0:29:02.8] JB: We talked about, like you were saying, assembling a team and getting multiple opinions, not just trusting one doctor’s opinion. I would say, it’s good to see two, maybe even three people and then start to notice the theme. Are they consistent with saying similar things to

you? Because then that can help to restore that trust for you I think when you're like, "Oh, they're all saying the same thing." So then that must have some weight versus just one person saying, "This is definitely it."

[0:29:35.7] AS: One thing I also said, someone in my Truce With Food class group was asking about a specific type of cancer and what was great to prevent that and I said, "You know, I would read the American Cancer Society, they're a little conservative, but then I would also go on functional medicine. Read different — people who look at things differently, because a lot of times I think we get a second opinion but the person is still looking at it from the same exact allopathic lens which is, "This is a symptom that we must crush." Versus functional medicine might say, "Hey, I think the root of this is this."

[0:30:08.5] JB: I'll be honest, some functional medicine can be really intimidating. Especially with major illness and some of the ways that you might be able to help with symptoms or cure it, coffee enemas and this kind of detox and this, and that. At the end, it's very overwhelming for people.

[0:30:31.4] AS: Totally, totally. I actually think sometimes functional medicine, their anti-pharma but then some practitioners load up on supplements and I'm like, "It's the same thing but I do think trying to get to the root," and one of the things we did talk about at the Q&A is that you still are going to have to do the basics. The basics of sleep, drinking water, fruits, vegetables, keeping your blood sugar balanced.

So I think often times we think, "Oh, if I figure out exact — it's going to be some sort of magic supplement or one thing." No, it's going to be a lot of things. Time is often the best medicine, just giving your body, getting out of your own way and giving your body time to do that. That's part of it as well I think.

It's also realizing too, there also isn't always a natural answer and I think that's — no one has it all figured out, and we talked about how you can talk to people who have interviewed all the experts in the world and they will tell you, "There is not one conclusion." So I think my clients always tend to think they're missing something or that they're wrong where really there just isn't

one absolute answer. Food can only take you so far too. That's an important thing to realize as well.

The other one question thought that did come up kind of related to this was, "How do you know when people are ready to change?" This was in relation to weight loss and how would we pick the contestants?

[0:31:56.4] JB: Also, have we ever had to fire somebody or choose to not work with somebody if we didn't feel they were ready?

[0:32:02.4] AS: Yeah. I kind of stumbled on this question because I don't always know. I just don't. I talked about how on my website copy and everything, people who work with me have to be curious, they have to be people who not just love to learn but I get two kinds of people coming to me, one that I am their last resort and they share that with me and I love that because while they may feel — I don't want to say desperate, but lost of hope. I also know from a change standpoint, that's when people are the most open to a different type of approach.

So I actually think that is a really great sign when you're tired and you know that if you still think you have another 30 day cleanse in you, come see me in a year or something. I know when people are tired but there's still. I think what's amazing is, no matter how many times — what I've seen in my clients is, no matter how much they've tried or how frustrated they've been, they still have that fire of wanting to try and I think that's so important.

What about you though Juliet? I don't know much beyond that. I also get people who are referred to me and excited that it is something different that we're not going to count calories. I also get that as well but I don't know if I still know that people are 100% ready. What about you?

[0:33:18.4] JB: Well sometimes it's just in the actions and what you see them doing and taking on, right? As coaches and trainers, we are facilitating them to trust themselves told the work and we're supporting their journey but we're not holding their hand through their journey the whole way through because you can't, we're teaching them how to be able to motivate themselves to do the work. If somebody is just not doing the work or they're making excuses or they're

constantly late for their session with me and you just see the signs of someone who is just not ready.

They have too much going on in their life because you have to create space for change and if you don't have that space, it's just not going to happen and I can only tell someone and say, here's the roadmap, here is where I think you should be creating some space in order to make this change happen. But if they're resistant to that and they're just not willing to go there, that's sort of how you know, they're just not ready yet.

[0:34:25.7] AS: How would you — what do you think resistance look like because I think sometimes, here is what's tricky, people do have a lot on their plate, they are busy. And it's also though — who was I reading? I think it was actually Kelly Brogan's newsletter, she said, "Really, when you're saying I don't have time, you're saying, it's not a choice I want to make right now." I forget how she phrased it but I've heard this before from other people, "We all have the same amount of time, you're just not prioritizing it."

[0:34:53.7] JB: That's what I was saying, it's the prioritizing, right? There are definitely things that we all do that we don't need to be doing I would say. Not everybody's time is taken up with things that are productive for your wealth and wellbeing, right? The reality television that I'm watching is not productive.

[0:35:14.4] AS: It might be.

[0:35:16.5] JB: I mean it serves some sort of purpose, right? But it could be replaced with something that's healthier. But you do have to look at the big picture and say, "Is there anything that I can maybe shift or give up in the interim in order to focus on this particular thing that I want to accomplish like working out or getting stronger, whatever it may be?" Sometimes I find there isn't enough of an emotional connection to someone's goal. They think they want it, they think they're ready but they're not. The emotion is not there with it.

[0:35:54.0] AS: Well and I think that's often — often we don't even know what we want, we think we know right? Then we get whatever we want, maybe it's a job promotion, maybe it is, we

move, or maybe you do lose five pounds but you're still discontent. So I think really understanding what we want is...

[0:36:10.6] JB: That's why the clients that are coming to you is the last resort, like you're saying. They're sick and tired of having food and food thoughts consume them and trying and yo-yo dieting and just not feeling well, emotionally and physically. That right there, that's when they're ready to change, like you're saying.

[0:36:31.1] AS: Yeah.

[0:36:31.4] JB: You have to get to that place.

[0:36:33.6] AS: Well and I think another thing that's interesting too about what you and I do versus maybe if you're buying clothes. I just used that example, but I think sometimes when people think that they're paying for something, they're paying you for something. I think it's really important for...

[0:36:51.0] JB: I'm rolling my eyes because it's just — as coaches and trainers, it's very frustrating for us when we have clients like that and we're very understanding and I get it but you do have to understand that we are human beings too, right? Like we were talking about doctors aren't gods, we aren't either. We're just human beings with particular specialties that are facilitating your growth and trying to help but we are not that fly on the wall in your daily life. We see you for an hour every week, every other week and then emailing with you and trying to support you the best we can, but I think some clients have very high expectations that cannot be met.

[0:37:36.0] AS: Well and I think though that that's part of not realizing that part of the transformation is you taking more on yourself. Not in a stressful way, but I do think in our culture, you go to Starbucks, you pay for whatever you get, your latte. We're such a consuming culture that if someone pays for something it's like, "Okay, what are you going to do for me?" I think that's really important.

[0:37:59.5] JB: Totally. You're like, "Well what are you going to do for yourself?"

[0:38:01.6] AS: Exactly yeah. So when I hear people, it's like, "Oh my god, are you going to be mad at me?" This isn't about me. I'm fortunate, I have really great clients so I also probably...

[0:38:14.2] JB: But you pick your clients. Ali will only work with certain clients because she doesn't want to waste anyone's time and I think that's important, right? You don't want to work with somebody who is not ready because it's going to waste their time and money. Not just yours, but theirs.

[0:38:30.3] AS: Right and I'm very cognizant that every time you try something and it doesn't work, you are going to put it back on you and I don't believe people should always be trying to improve themselves. I just don't think that — I've noticed this and this is kind of a tangent but I find that in the online world or whatever or people who call themselves very spiritual, right?

They're often the ones that are always trying to do self-improvement and self-growth. I'm always trying to better myself but not at this hyper all-consuming level. It's been interesting, I find some of the most spiritual people I know are very, they surrender. They're like, "This is what I'm dealing with, I'm not going to try to improve myself, I'm going to work on this situation and that situation will change me."

[0:39:16.0] JB: They just lean into it.

[0:39:16.6] AS: Yeah, rather than I think a lot, and I think I'm getting more like that but I think I always thought that spirituality was something that you can buy and go to a conference and that stuff can help. I'm not down — but the real nitty gritty in the transformation doesn't come in saying that you're spiritual or reading about spirituality, it comes in the — and it's the same with health right?

It doesn't come in the grocery store, it comes in the doing. If you shop, that is the doing. But it's in the nitty gritty, it's in the grind and I think that's so important for people who are like, "Am I ready, am I not?" It's going to be slow and steady, you have to want it for yourself.

[0:39:55.5] JB: It's okay to admit to yourself you're not ready to do the work. Do you know how often I admit to myself that I am not capable of doing it right now or whatever it may be taking on something because I just don't have the space and the capacity at this moment in time? It's totally okay to admit that to yourself

[0:40:17.8] AS: The funny thing is that's having boundaries, which is some of the healthiest stuff you can have in your life is healthy boundaries, right? So often I think what we claim is healthy isn't healthy but what may look like you're "giving up" or "not trying" is actually really decent self-respect and saying, "Okay, I don't need to always be working on myself."

[0:40:39.5] JB: "I don't need to always be going on a diet."

[0:40:43.4] AS: In fact, I know my clients, I think that they're — I know that they're getting better when they're like, "Oh my god, I could never do a cleanse again." Or, "Maybe you want to cut out sugar for a week or something?" But when they're like, "Nope." Before we started this, you said you don't even do the Unite food challenges, not because they're not great but it's just not a priority right now.

[0:41:02.4] JB: Yeah, I don't need to do the challenges that — I create the challenges and they're great and they are wonderful for people. I've done them in my life, I'm not doing them with the group when it's happening. I'm supporting everybody but I don't need to nor do I most importantly want to. I don't want to.

[0:41:24.0] AS: Yeah, I think that's so important.

[0:41:26.2] JB: And I ask people that when they're like, "Do you think this is right for me? Should I do this?" And I'm always saying, I'm not trying to be a sales person. So I'm not like, "Oh yes, of course. You definitely need to do this. It's this much money and go for it."

[0:41:39.0] AS: Like an infomercial?

[0:41:40.2] JB: Yeah.

[0:41:40.8] AS: “Sign up now and you’ll get a free body fat testing!”

[0:41:46.3] JB: “Do you think and feel that this is right for you? Do you have the capacity to take this on right now?” I’m very honest with people. I’m like — and they’re like, “Oh, okay. Let me think about this.” I’m like, “Because I don’t want you to waste your time or money. This is not for everybody.”

[0:42:05.3] AS: One thing that we did talk about at the Q&A is what ready feels like. A lot of times we think it is this gearing up, this striving, this holding your breath like — that’s what it used to be for me, “I’m going to do this 10 days, spring detox. I’m going to get all the shakes ready and I’m going to do all this stuff,” and it was like so tension filled. So much was riding on it versus...

[0:42:26.6] JB: If you didn’t — if you had a choice, you wouldn’t do it, right?

[0:42:31.7] AS: No. I was like, “Oh my god, it’s summer and I have to be in a bathing suit.”

[0:42:35.1] JB: Not like you’re doing that because you want to, you’re doing that because you felt like you had to.

[0:42:39.1] AS: Yes.

[0:42:40.8] JB: When you talk about shame, it’s not an effective motivational tactic.

[0:42:46.2] AS: Right, but you don’t feel like — I would have never had the language to say that I was shamming myself. I thought I was trying to jumpstart and...

[0:42:52.0] JB: Do something good for yourself.

[0:42:54.0] AS: Yes, because I had been bad.

[0:42:56.9] JB: Bad girl.

[0:42:59.5] AS: Bad girl! But I think what's really important is ready is not a feeling of gearing up or slowing down, it's just a, "This is a right fit for right now." It's an intuitive knowing that's almost even non charged one way or the other. It's just like this is what I have to do. We're selling our condo and I just knew it was time.

Are there are pluses and minuses on both sides? For sure, but it was just the right fit right now. I think that's so important for people when you're pursuing something or you do want to improve your health or your personal development. What feels like a coming home rather than, ""Gasp!"

[0:43:36.1] JB: Okay, beautifully said.

[0:43:37.3] AS: Thanks. One last question that we got was on food addiction and what we thought about it. So let it roll Juliet. What do you think?

[0:43:46.8] JB: This is exactly how I answered it, by the way, the live thing because I was like...

[0:43:49.5] AS: You were sweating. It was so hot in there.

[0:43:53.0] JB: Well no, it's just a really charged question because I was talking to Ali about this and I said, "Do you have the same experience with clients coming to you and saying, I'm addicted to sugar, I'm a carb addict, or I'm a this addict."? You said yes, right? You do have people using that language. It's language that you're hearing in the media a lot right? That's where that was coming from. Can you be addicted to something that you need, right? You need food to live, you need air to live.

[0:44:20.8] AS: That's such a great question.

[0:44:22.3] JB: You don't need cocaine to live, right? You can be addicted to that, alcohol but yet, your body can create a dependency for something in the way that it does for alcohol, cocaine. Sugar, that your body can create a physical chemical dependency on where you need to be conscious of how you kind of withdraw form that and there might be symptoms associated with coming off of sugar if your body is dependent on it.

So I don't like to use the word "addiction" because I think it's such a charged word. But I do like to say that your body can — you can have some sort of, a little bit of a dependency on something. Your body is using it for energy. It's become a sugar burner, it needs more sugar to keep going. What do you think Ali?

[0:45:14.0] AS: Well I agree with you. I think your question was so profound, "Can you be addicted to something you need?" I do think that's one of the reasons that food and weight are so hard to untangle because it's the one "addiction" that you can't live without. If you're trying to give up smoking, and I have friends who have given up smoking, I know it's hard. However, you can just do all or nothing, right? Alcohol, all or nothing, shoplifting, all or nothing, right? But food, you have to learn to live with.

At the Happy Hour, I gave the example of I don't think any addiction, even drugs, anything. I don't think any of that, we treat it appropriately and I use the example, in Portugal they had a huge heroine problem and actually, their model is being used around the world now as a best practice and what they did was, they took people out and they detoxed hardcore but then, rather than isolate them, they folded them into the community, they helped them create meaning in their lives and I think people who have addictions in general are just tend to be very sensitive.

Super sensitive for whatever reason and I think people who turn to food, it's a socially acceptable addiction so it's very much, I think it's more an addiction to people pleasing to wanting to look good both physically and emotionally. However, I say that and I do think that food companies, they've done studies and it's like, mice are more — if they had a choice between cocaine and sugar, they go to sugar.

So I do think that the amount of sugar, even hidden sugars, it has totally changed our taste buds right? We want to blame food manufacturers for having all this sugar, which I agree, I wish they wouldn't. However, someone's buying it right? It takes a while for your taste buds to re-acclimate. I love when I hear clients being like, "Oh my god, I can't believe how sweet that stuff. I used to be able to eat that right?"

[0:47:05.3] JB: Oh my gosh, I used to have a pumpkin spice latte every day for like a year straight when I was 18. I remember on my way to school or my job that I had, every day would

have a grande PSL. “Can I please have a grande soy PSL?” I might even have asked for an extra pump, I don’t know? I sure loved pumpkin. I think the last time I tried one of those is like a year ago. It was unbearable, I was like, “This is toxic.” I’m being dramatic but it was just like, equivalent to me of drinking dish soap. It was just like, “This isn’t edible to me,” and I couldn’t believe that I used to have one of those every single day.

[0:47:58.0] AS: Yeah.

[0:47:59.1] JB: You get accustomed. The way that drugs right? Your tolerance builds for drugs.

[0:48:07.5] AS: Exactly.

[0:48:07.9] JB: It builds for sugar.

[0:48:10.6] AS: Like you said, then your body wants more. In the paleo community call it carb flu when you’re coming off sugar or even carbs in general, it is pretty miserable for a couple of days and you do have this cloud over you. I do think, everyone has different chemical sensitivities, however I do think addiction, food addiction, it’s so multifactorial like everything is.

[0:48:31.3] JB: Can you be addicted to other macronutrients like protein, fat? Are we just — because we’re focusing, we’re centering around sugar.

[0:48:41.2] AS: I don’t think I’ve met anyone who can eat bowls and bowls of vegetables or even with fat. One of my clients in Truce with Food, she’s like, “I love eating butter again. I can’t believe,” — she’s like...

[0:48:55.7] JB: “I can’t believe it’s butter.” That’s the new tag line. I feel like that’s what people are saying now because butter is acceptable now. “I can’t believe it’s butter.”

[0:49:07.8] AS: Yeah, she’s like, “But I’m full,” I feel like it’s hard to be like if you’re actually eating the right combo of nutrients, you can definitely overeat. I think you kicked it off when you were talking about, in The Biggest Loser taking them to the ranches, that “safe space” right? So

much about emotional eating is feeling unsafe, not physically unsafe, sometimes it is. This visibility invisibility that we talked about in episode 12 with doctor...

[0:49:35.6] JB: Uncertainty.

[0:49:36.1] AS: Yeah. “Will I be liked, will I not?” So you have to do both, you have to work on the emotional and physical and I think some people will have to be more careful for sure. We talked about everyone loses weight, everyone has a natural body type. Not everyone is meant to be a size 2, 4, 6, 8, 10 and you can be healthy at many sizes. I think that’s another big thing. But I think your question answered it for me. Can you be addictive to something you need? Maybe, but...

[0:50:07.8] JB: You can when it comes to sugar, you can have a physical dependency on it that you will need to break, or it won’t be easy to break.

[0:50:22.7] AS: Yes.

[0:50:25.6] JB: I hope I’m saying that right? Your body has learned to need sugar because it’s what you’ve been giving it. It’s not going to be, you can’t just sometimes cut it out cold turkey, you might need to win yourself off of that.

[0:50:39.8] AS: Yeah because your blood sugar, I use the analogy of a roller coaster, if you’re eating a lot of sugar, your blood sugar roller coaster is like, the heights are so much higher now and you have longer length, you can’t just chop off half the ride, you have to slowly renovate it.

[0:50:57.6] JB: Yikes. I just had a really scary visual. I don’t go on roller coasters though.

[0:51:05.4] AS: Oh my god, I used to be able to — I used to go on all of them and I remember a year ago, Carlos and I, actually there’s swing is new on this park that wills sometimes go to it and I’ll go on the swings and getting nauseous and I’m like, “Oh my god.” I used to...

[0:51:18.1] JB: I’ve always been so sensitive to that, even when I was a kid, that feeling of your stomach going into your throat. I’m like, “Why do people put themselves through this?” I’ve

never been an adrenaline junky, I never understood that, I think maybe it has to do with the trauma and the safety I've created in my life.

[0:51:37.7] AS: I think you're already short circuited.

[0:51:41.5] JB: I'm like, "I don't need any — I have emotional roller coasters, I don't need a physical one, I'm good."

[0:51:49.6] AS: You're like, "My switch board is tapped." Yeah, we had a great time meeting with everyone, we definitely I want to do more meet ups in the future. We mentioned, we have a Google voice number. If you have questions, we would love to hear them because we love answering your questions that helps us make the podcast more valuable for you. Juliet, do you have the phone number up by any chance?

[0:52:11.4] JB: I can get you that phone number right now.

[0:52:13.7] AS: Yeah, so if you're online, you can always go to Alishapiro.com/podcast and the phone number is right there. We also have transcripts there so if you ever want to read or you have friends who are interested but don't do podcasts, you can send them that.

[0:52:29.5] JB: Yeah. Oh, you want the phone number?

[0:52:30.2] AS: Yes.

[0:52:31.7] JB: All right, it's a Philly number. It's 267-702-5899.

[0:52:40.1] AS: Yeah, so call in and we're happy — or you can always email us as well and we're hoping to get some new voices on.

[0:52:45.7] JB: Yeah, just call us, let us know your first and last name, where you're calling from, only we're going to hear it so it doesn't go out to the public and just share your question or your comment and if you could keep it under 30 seconds, that would be awesome and you can call as many times as you want, just we ask that you leave one question per voice mail.

[0:53:08.7] AS: Yeah, and please also we do need reviews, that really helps us a lot. So many of you have written in and said that you love the podcast, which we love hearing and a review would really help us. I know it can take a little bit of time, it takes like three minutes once you're in the system on iTunes but that would be really helpful. We're also on Google Play and Stitcher now too, so spread the love. Thank you everyone for coming out, thank you again for...

[0:53:31.9] JB: Ali, what are you loving these days?

[0:53:34.4] AS: That's right, someone asked us. Yeah, I talked about — I started lifting with Carlos. Carlos who is my husband, if you're new to the show, he came and he's lost like, I forget how many pounds he said he lost.

[0:53:47.0] JB: Like 25?

[0:53:48.3] AS: Yeah, something like that. He's so fun, he keeps being like, "My clothes don't fit."

[0:53:52.7] JB: He like parades himself around now like a super model. That is so cute.

[0:54:00.1] AS: I'm happy for him. I'm happy he's taking care of himself. But we're lifting and he got me this app, it's actually free, I forget the name of it but you can record like how much you've lifted so that you can track and move up. You know Juliet, you were saying you don't like to track because it's so intuitive for you but I'm still so new to this that it really helps me to track and then you rest for a minute and then it beeps. So I'm loving lifting. What about you Juliet?

[0:54:24.7] JB: Nice, and I should say that I found it really cute, they came to my gym and you guys were just like, it was like little bodybuilders, I loved it. I'm like a proud mama lifting bear, I don't know.

[0:54:40.4] AS: Well thank you so much for letting us come to Unite, your studio is amazing, everyone definitely go. It's such a great vibe there.

[0:54:46.9] JB: I'm loving and I didn't get a chance to do it again since but I went to a pole dancing fitness class for the first time and I loved it. It was just so different and it was not weight lifting, it's just — it's total strength and it's using your bodyweight and it's being graceful while using a lot of strength in your body and I have a whole new respect for that sport and it's just amazing.

[0:55:14.1] AS: Wonderful.

[0:55:15.7] JB: So if anyone wants to try something to make you feel super sexy and in control of your body, pole dancing fitness, it doesn't even feel like you're working out. It's just learning skills and just being really in touch with your feminine side, which I'm trying to work on.

[0:55:29.2] AS: Love it. I love it, we'll have to have an episode on femininity and what that really — because I think it gets kind of distorted in the media and the culture. So everyone stay tuned our update with Linda with Truce with Food journey, we're checking in on the third month and it's going to be pretty exciting.

So that will be next and then we'll be back next week with Jennifer Jordan from Vibe Seattle and her very coming close to suicide as a health professional and coming back and how she's redefining what health looks like from a mental health standpoint is next week so tune in. Thanks everybody.

[LINDA'S TRUCE WITH FOOD UPDATE]

[0:56:04.6] AS: Hello everybody and welcome to Linda's Truce With Food update. This is our third instalment, welcome back Linda, I'm glad you're still here.

[0:56:14.9] L: Thank you. I know, me too.

[0:56:17.2] AS: I was really excited though when we were scheduling to do this again, you're like, "Wow, this month's fly by." I'm like, "No one ever said that on a diet."

[0:56:27.6] L: It's so true. It's so true.

[0:56:31.5] AS: So everyone, we've been following Linda on Truce With Food, her Truce With Food journey. The first episode was the bonus episode that was released mid-April, it was our first bonus episode. So I really recommend listening to that so you can hear the arc of her story and then the second update was in May with the GERD episode, which was episode 21 I believe.

So to give you a quick recap based on last month, we were talking about how the middle of this process is, I affectionally call it the muddle. Although there's many models within the process. So it's not something that goes away and it's actually, I'm a huge fan of Brené Brown and she has this Courage Works competing and the meme that came out two weeks ago was "the middle is very messy but that's also where the magic happens" and I think we were last time Linda, we were talking about with listeners about how in Truce With Food, we all have stress right?

We often can say, "Oh I'll get back on track when the stress at work dies down or the stress with my family or from aging parents." We have a lot of people in our group who are taken care of aging parents and are sandwiched between children. What we're really looking at in truce with food is what beliefs do we have that cause that stress and then also make us think that food is our real only skill set in dealing with that stress?

What I loved is you talked about how you were starting to really be able to identify in that moment with the dates and almond butter of eating them that it wasn't because you were bad or didn't have willpower but, "Oh my god, what's flaring up? What belief is flaring up?" And you were able to get back on track immediately the next day rather than just say, "Okay, I'm just going to wait till the busy season at work ends."

That was a real big breakthrough and what I loved too that you talked about was from a breakthrough standpoint, there were a couple of weeks where you were just observing and it felt like nothing was happening and I think that's really important because I always want people — I'm about measuring things but measuring the right things but it's not a linear process. It's not like, "Okay, I'm going to do this and then this is automatically going to happen."

It is really making sure you're measuring the right things and knowing that they will happen but not on a necessary timeline. So I think that's a really important listening and learning for people who are listening that when you're really changing, another internet meme I love is that it's like, "People think change looks like this," and it's like a slanted line. But in reality it looks like kids drawing like boom, out the other side.

[0:58:59.4] L: That's what it feels like right now.

[0:59:03.2] AS: Good, good. So I'm so excited to talk to you. In month three everyone if you didn't hear the second episode, the Linda's update. In month three of Truce With Food, it's really out in the wild and was a little bit nervous because there's no new content. We're still having weekly calls, I'm still hoping everyone get clarity on what's going on but it's really like the training wheels are on but they're like coming off at the same time. So Linda, let's check in. What do you feeling/thinking, what have you experienced in this last month?

[0:59:36.4] L: That was a great recap because I couldn't remember what I was doing last month, I probably should have listened to see.

[0:59:41.2] AS: I did.

[0:59:43.7] L: I actually do remember when it was when you let go of the back of my bike and started cruising and I remember it was interesting because I was coming off a couple of big realizations last time and at some point, I would say over the past month, I started feeling really off. Off being like in the past when I was off my diet, when I was just kind of cruising and I was kind of like digging in our chocolate drawer at work, I was having more wine than I had been having. Just a little bit of those old beliefs were coming up.

At first I was like, "Oh my gosh, this is so scary because now I'm out here by myself but doing this." I actually, I think I kind of did what you were saying which was to say, "All right, hold on a second, there's a bunch of stuff going on and I'm noticing, I'm having chocolate from our chocolate drawer at work, I haven't had that in three months, why now? Why is this happening now? Why the minute I walked in the door after work, I poured a glass of wine when I haven't been doing that for months?"

You gave a lot of great material, I would say on our own, we had a lot of good material to kind of reference I think the first week that I kind of said, “All right, hold up, let’s reflect.” You gave like a very kind of inclusive checklist and it was a bunch of, I don’t know what you called it and I can’t remember exactly. It had things like, “If you’re feeling this way, here’s a way to talk to yourself.” Something that I kept noticing was like, a lot of my things, “Am I making this more dramatic than it needs to be?”

I think as I was like going through that process I’m like, “All right, I’m stressed,” and I was using that blanket kind of word to cover all my stuff. So I forced myself, that sounds kind of strong, but I did. I sat down and I wrote out, “All right, let’s talk about what you’re feeling stressed about?” So I wrote out the four different kind of things that were on my mind and I thought them through kind of more like, “Well what am I really feeling?” So one was, and this is a little personal but I don’t mind sharing it.

I have a history of colon cancer in my family. I didn’t realize but I was really stressed out about the fact that I had to go back and have a second colonoscopy after three months to get some polyps removed. In reality I was like, “It is what it is, I’ve known about this history, my dad died 20 years ago, it’s not new to me.” But it was the first thing on my list, as I started writing I was like, “Wow that’s really impacting me.”

So if we take that a step further, I started to think, “All right, well let’s be reasonable here, worrying about this isn’t going to change what it is but there’s probably things you can do to feel better about the fact. There is things that are in my control, like my diet.” So I’m like, “Well that’s interesting.” So I did a little bit of research and I was like, “It looks like I’m kind of eating the stuff they suggest.”

Then your suggestion Ali was to actually take it one step further and this suggestion really impacted me because you suggested going to a bunch of different websites and different sources and not just take the materials that came from my doctor which was a high fiber, low fat diet but investigate what the American cancer society — my husband works for the American Association of Cancer Research. So I checked their website out, which Mike tells me there’s info. I didn’t find it very easily so we’ll come back to that, Live Strong and then I went to some

functional medicine websites as well. The interesting part was I found a lot of information that was consistent across the websites and then I found some that was different.

But what I felt like I was able to do was make a really educated decision on which things I was going to do. Which suggestions I was going to follow, which seemed to have the most research support. The example, I think you and I talked a bit about was red meat where a lot of websites say, "Don't eat red meat." And I'm like, "That makes no sense." There's certain kind — I've made the decision that I'm going to have red meat, I don't have it that often but I eat grass fed organic red meat and it's not like hotdogs. There's different types of red meat.

So I think the main thing, I guess where I'm headed with this is that by staying organized and kind of like really understanding what I was feeling, I was able to take something that was stressing me out and making me eat chocolate, which is not going to help my colon cancer situation. But instead, turn it around and become like the boss of it and I feel like I'm controlling my destiny, even though I can't control to that degree. So I think that's where I'm kind of landing right now. I keep thinking of that example as I do one of those things to say, "All right, you're the boss of this. What are you choosing to do?" I feel good, I'm like, "Yeah, I'm choosing to do this."

[1:04:26.9] AS: Oh my gosh, you said so much wonderful stuff there. I want to back up, I think the first thing and especially for people listening as you said, I'm so big on not magical thinking. I think I'm one of the people that's like, we're doing a whole episode on why affirmation suck. We'll get in to why. If affirmations work for you, that's wonderful but for a lot of us, they don't. There's obviously happy medium in there but you were saying, "Okay, I've known about this for 20 years, I've known about my risk." But when you actually have to go in for a colonoscopy and the doctor is sitting there, this is no longer a rational situation.

[1:05:03.7] L: Right.

[1:05:05.6] AS: I think so many of us beat ourselves up because we have the feelings or the emotions and we try to calm ourselves down with logic and it doesn't work. That just festers. So part of really growing this boss mindset that I call is not just saying, "Okay, I'm going to just feel my feelings." It's like, "Well let me work through them and transform them."

What you did was then be like, “Okay, I really am feeling this way. So what is in my control?” And what I love so much is when you took up — what you were describing is, when you looked at the different information and saw what overlapped, which was consistent, you were able to really put yourself at ease in a genuine way and you could always know it’s genuine if you’re eating stuff. If the chocolate stops, right? It’s like, “Okay, I definitely feel at ease,” and I should have said, first of all, I love that it’s becoming clear to you what questions to ask.

Not, “Oh my god I’m bad and I love chocolate.” Its like, “Whoa, this hasn’t happened.” Not that I’m, “Oh, I’m spiralling backwards.” It’s like, “Oh no, there is something that’s agitating me,” and yeah, when you’re like, “I didn’t force myself,” it sounds dramatic but I always tell people, “Oh no, I work my clients very hard but not in a way of deprivation and how bad do you want it? Like no, I need to get control over this and make the time to do it.”

It may have felt forced but I’m sure as we’ve been talking, the more that you value clarity, the more it’s like, it becomes natural. Then to look at all of that stuff and then filter out, to know how to filter out the conflicting research and what works for you and all of that stuff is, it’s such a skill set that can really reduce stress. So something that yeah, you’re right, none of us ultimately have control over stuff right?

There is people who smoke and drink and diet 101 and people are like, “Oh, that gives me excuse to drink whiskey every night.” Then there’s some people who I remember my cousin was a PA oncologist in Boulder, Colorado who these people did everything “right” and they still get diagnosed with cancer. So life is just not that simple but you’re doing what you can control and that gives us enough of the ability to “let go”, which people say often I guess is the phrase they use.

What I love too is something that you also said that when people are able to let go, I think what they’re really describing in relationship food and food guilt is that they trust themselves. “Okay. I’m letting this go because I trust myself and I’m doing the best I can,” and you wrote to me in an email that you really feel like you’re starting to trust yourself. Can you tell a little bit more about how that feels and the downstream effect of that?

[1:07:42.1] L: Yeah, this was also really cool thing. So my weekdays are pretty — I can kind of predict how I'll feel based on my eating and I have a very structured routine. But on the weekends we have a bunch of stuff going on with the kids and sometimes I relax in my bedroom a little later, so I have breakfast later and so I was feeling a little — like at lunch time, I wasn't in the mood for my lunch.

It would be time for lunch and I'd be like, "Oh, don't want to have like a big lunch," because that's what I like to eat now, is a big lunch and a lighter dinner and I knew if I didn't each lunch, in a couple of hours I start craving weird things, weird, unusual things for me. So I had written you originally, I was like, "I need some suggestions on an easy kind of lunch that would still give me the right kind of protein." 'Cause I'll usually have a green smoothie and that's great, I feel like I'm getting my veggies but I'm not in the mood for this chicken or whatever.

So as I was writing you, I think you asked back, "Well what are you craving around then?" So I responded, and as I was working through it, I realized, I'm like, "Why am I asking Ali this question when I can just try a couple of different things and see what works?" One idea is doing a lighter lunch so that, a lighter breakfast so I'm hungry at lunch time or I think this past week, it was interesting.

I started my smoothie like a little earlier than I usually would and then after I drank it, I was like, "Wow, I'm actually — I could sit down and have lunch now. I am hungry." It kind of like awoke my hunger up. I don't know. I think the coolest part was when I started writing that, when I realized that I'm like, "I can try different things and if these experiments don't work as I want them to, I have data to know what I could try again the next time."

So I thought that was the coolest part where I really did feel like I could trust myself because I think in the past I'd be afraid to experiment because I was afraid it would send me into some kind of carb craving and then all of a sudden I'd be off for weeks or so. But in reality, what I'm learning is, even when we experiment, like when we did in the first month, we experimented with breakfasts. My blood sugar was a little off balance but I was more talkative or I was a little tired. That can, on a Saturday, who cares? I can fix that and I can fix that with a nice balance snack or whatever I need. I think having that trust where I was like, I can figure this out, I know my body, I know what's working, that was pretty huge, it was fun too.

[1:10:09.4] AS: I love that because from a coaching perspective, to see how much this boss mindset is being internalized, some of my clients call it “sinking in” or it feels natural on a pilot is when they do feel like they can experiment and they know how to experiment and it becomes this great return — I know you're in finance, so great return on your investment and it's really embracing that growth mindset that, “Okay, the more that I learn — the more that I can focus on the effort, not the end result which in this case is experimenting.”

The paradox is your efforts, you end up achieving more. Because you're just getting better at that experimentation and I can't stress this enough for everyone listening, I mentioned it in our last update but if a program, any program that you choose doesn't teach you how to trust yourself, it just won't last because there's so much that a coach just won't be able to know about your body and the changing conditions and it's just — a root diagnosis of why we overeat or worry so much about food is we don't trust ourselves to be healthy or to know how to even read our body. I think that's one thing too is kind of a little recap, the first month, you were worried about not even being able to figure out. If I'll know that it's working and you're like, “Now you know, no, I definitely know.”

[1:11:28.5] L: Yeah, and it's subtle too, because it's not like I'm experimenting and I'm like, “Oh let me see if I have McDonalds breakfast, how I'll feel at lunch.” Like I know what that's going to do. These are all kind of tweaking things that I know are working.

[1:11:43.3] AS: Yeah, and that tweaking, that last 20% is, it's the most small shifts but that's also where we get the most profound changes.

[1:11:52.4] L: Right.

[1:11:53.2] AS: Two more things, one of the things you said, you felt like a boss, there were some other stresses that you had going on because I feel like this month you got hit with like the most primal stresses there are, right? Work, which is so much of our identity and finances are wrapped up in too, which is primal. Then you had family stresses and then health, life, death. It doesn't get more primal than that.

You started to notice that you were behaving differently even if it wasn't related to food but being more proactive and actually you notice some things at work like talking to people and getting — being more collaborative, and how has that been? Has it been enough time where you feel like you can relate differently to work or how has that felt to by proactively reduce the stress during a very stressful busy season?

[1:12:39.8] L: Yeah, it's interesting that you mentioned that because actually I've still been working through some of the work stuff. We have a really busy time that kind of culminates in May but then we have performance evaluations and stuff throughout the month, it's like we come down and then we continue to go. But the interesting thing is I've changed a couple of my relationships at work to be more I would say — well interestingly, like some of the people I work with, I'm trying to approach it more from like a coaching aspect where I can let them start to figure things out a little.

So I'm kind of using some of your tools in that way, but I think the main thing is when I'm not all stressed out and like wrapped up in my emotions, I realize that I'm able to listen better and I can be a little bit more genuine. Something we had talked about and one of the group members brought this to my attention but she didn't like call me out on it, but I realized that a lot of times I act kind of like guns blazing, overly confident when maybe I'm not even feeling that way and it might kind of affect the relationships that I have around me because people might be scared to ask me a question because I'm acting super confident.

Where when I kind of talk more, I guess, more genuine or be a little more vulnerable, it makes the conversation a little bit easier. So I think from that perspective, those sorts of relationships have gotten, kind of changed a little bit and I think we're still in the early part because this is something that I really kind of started embracing like I'd say over the past month. But really over the past two weeks, I've been really kind of working on those. Then I have some family stuff that I'm dealing with and kind of the same thing. I think the suggestion that you had and I like this is to kind of visualize what I want the event or for me I'm taking a trip. So I'm going to be with family.

“What do I want to feel like on that trip? What do I want it to be like.” And so kind of thinking about that instead of being so stressed, I'm going to have my five year old and we're going to be

with my family for a week? Instead of that, thinking how would it be? Can I just hang out and joke around with my brother and enjoy those moments. I'm looking forward to that trip and I can let you know how it is.

[1:14:50.6] AS: That will be the cliff hanger because it's so easy to be like, "Whatever, this is stressful," and just eat through an entire vacation which I have done many times. I think what you're describing is, I love that you use that work example and the relationships are changing because some of the pop psychology or self-development tips that make me cringe are when people like, "Well just cut those people out of your life," and it's like, "That is so impractical. What are you going to do? Get a new job? Fire them?"

Or like if it's your family, it doesn't need to be that way, it doesn't need to be so extreme, it's these subtle shifts again that — and I really appreciate your honesty, it's like this is the beginning and that's often the hardest because when we're trying new behaviors or new ways of being, it feels really awkward and all that stuff. You also brought another point that I think is really important for everybody to realize when you are in that emotional hijacking that I call it and not able to really identify how you're feeling, you're operating from the amygdala which is the stress response.

There is no grace there, there is no — it's just automatic and that's like when the food, the chocolate drawer, just becomes so compelling. When you can sit back like you said I listened better and all that stuff that curiosity and coaching mindset really puts you in a different part of your brain which gives you so much more freedom and choices. That's so important for people to realize. I love that you're taking that approach because it puts a lot less stress on you and responsibility and stuff like that.

What you're describing too is doing the choosing right? "How do I want this weekend to go? How would it normally be and how can I be different and how can I," — all of that is so part of this boss mindset, doing the choosing rather than just saying well this is how it's going to go and so, I love that you're continuing to strengthen that muscle. We're going to wrap up here, this next month in Truce With Food is we just have one call in. The three months of the program is done, we still have the class room support and a group check in at the end of June.

So this is really like, “Okay, training wheels are off,” you know? And you’re right, thank you for saying, I did give him material and some help — things that would really help congeal and solidify everything. What are you — what is still, there’s got to still be questions. This is only three months that we’ve been at this and there’s muddled parts, right? Almost with an each different areas of our life but what are you focusing on for the next month and questions that are still unanswered for you?

[1:17:14.8] L: Yeah, the next month is interesting for me because I am doing a bit of traveling. I’ll be away for like a week and a half and then I take another little trip, and I don’t travel a lot. We have some books in the group who are like, traveling all the time and they probably learn ways to work through their blood sugar balanced meals on the road, and I haven’t done that yet.

I’m really thinking about how I’m going to hold that piece together. I feel like the two anchors that I have are kind of working through my emotions and kind of realizing when I have a belief flaring up and then also trying to stay focused on having a blood sugar balanced meal is going to make my next meal easier instead of kind of — I was thinking earlier today about it. It was almost like junk food feeds the junk food. Or like, my carbs feed the carbs so it’s like, if I have a big caby thing, am I prepared at my next meal or next snack to realize that it’s going to be hard to kind of move back into how I want to eat?

I know I can because I’ve done it before. I know when I go to see my brother, he has a bakery and I tend to hang out in the bakery. So that’s the biggest thing that I have going on right now is just trying to follow what I’d like to do for the trip and then also kind of keeping the eating in check.

[1:18:42.0] AS: I love that because what you’re describing is really, for anyone listening, no one’s life is routine. There’s always going to be out of routine whether that — for some people in our group, that’s actually staying home because they travel all the time. I love that you’re noticing the value of — you feel more emotionally resilient if your blood sugar’s balanced and so knowing the percentages that you need enable you to — of fats, proteins and carbs — will enable you to, it may not be as healthy as when you’re at home, but you can do the bare minimum.

That's what I always think in my mind for me, the bare minimum to at least keep me stable because what you're describing is, I was just wrapping up with another client this week and she was like, "It's so weird. I'm eating more but I'm losing inches. And I noticed though when I eat carbs, I just want more carbs." She was like, "I just don't do it now because it just makes my life so more difficult." It's coming from this place of like that's where kindness comes in rather than the shaming of "don't do it because it's bad." I just want my life and the trip to be easier.

Hang out at the bakery at night right? When you're going to bed and your blood sugar will rebalance. That's what I would do but I'm not as strict so — but yeah, we'll tune back in and see how now that you're getting out of your routine, can you take this on the road, which is for you, out of routine and we'll find out and what happens, mostly in family dynamics, I'm sure everyone can relate. That's always challenging for people. So thank you so much for checking in and congratulations on all that you're working through and that you're still here.

[1:20:19.6] **L:** I know, thank you.

[1:20:20.8] **AS:** I don't lose many people but — thanks so much Linda. Everyone tune in, you will get another update mid-July to see how Linda's June went and wishing you guys all as the summer kicks off a lot of luck with maintaining your health on the road and the non-routine that the summer brings.

[END OF INTERVIEW]

[1:20:39.8] **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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