

Insatiable Podcast with Rebecca Ching

Season 3 Episode 3

(INTRODUCTION)

(0:00:47.6) AS: Welcome to Season 3, Episode 3 of Insatiable; Oprah's *60 Minutes* Discovery Applied to Body Image and Eating. A couple months ago, Oprah Winfrey did a piece on *60 Minutes* that was life-changing for her, where she examined the effects of trauma.

She didn't relate it to the body image and eating world, but it was very much a thread that is in our eating and body image challenges. I wanted to have Rebecca Ching on today, who has been a long-time friend-colleague of mine. She is a therapist and a speaker, writer and a leadership consultant, who has a brick and mortar, integrated holistic therapy center in San Diego, California.

She really understands trauma from so many different perspectives, from ENDR, to cognitive, to inner family systems, which is basically to say she's got a lot of different lenses that she looks at it through.

I really wanted to have her on today, so that those of you who are struggling with keeping up healthy habits, whatever they are, can maybe see why, that it's really not broken, and you don't need to be fixed. Maybe you just haven't had the right approach.

Today, we're going to talk with Rebecca about what exactly is trauma and how so many people think it doesn't relate to them, but it does, and how it's not really what happens to you, but about this key thing about your body and your system.

We also discuss about wanting to "just move on" from challenging things. Is it possible? You may try to do it, but there is going to be some residue. The body holds, right? The body keeps the score, Vandercook says.

Lastly, we're going to really get into, and this was hugely helpful for me. She gave me language that I didn't have previous about the difference between being victimized and a victim mindset. This is really going to be helpful for those of you who want to take charge of your life and your health and issues yet have to really explore the pain, rather than un-attach it.

We'll get into why I've never really resonated with Tony Robbins' work, even though I know he's helped a lot of people, so I don't want to dismiss that. We get into one of the nuance disconnects when it comes to trauma and how sometimes his work can keep people stuck. That was really helpful for me, and I hope for those of you who maybe have found those type of approaches and the personal development world ineffective for you, you might discover why today.

Enjoy today's episode. Also, just a reminder on my brand new website, there is a quiz, "[What's My Comfort Eating Style?](#)" You can take that at alishapiro.com and get some insights, especially related to today's episode trauma birthed on certain patterns that are very protective. [You can learn some of those patterns by taking the quiz.](#) Check that out, again at alishapiro.com.

Enjoy today's episode.

(INTERVIEW)

(0:03:43.5) AS: I am here with Rebecca Bass-Ching. I am so excited for you guys to listen to this episode today. Rebecca and I have known each other for quite some time, and she's the real deal. Part of the reason that instigated this episode is a bunch of my clients, I encouraged them to watch Oprah's *60 Minutes* piece on trauma.

Oprah went to a town in Wisconsin and it was this life-changing piece for her, of realizing that a lot of the reasons that people have trouble holding jobs, or they have trouble with

alcoholism is that it's basically unresolved trauma. Oprah did this amazing piece on it and they talked about how people can move through trauma if they have one person who really advocates for them and how it has changed everything with how she's approached her foundation, her nonprofits, the question of not what's wrong with you, but what happened to you.

I was thrilled to see this, but then at the same time, Oprah's a stakeholder in Weight Watchers. Weight Watchers is also rolling out free memberships to teenagers, which for a lot of my clients, and I'm sure Rebecca's clients, myself included, we started Weight Watchers around 11, or in our teenage years and it's set up this huge cycle of disordered eating, when really a lot of disordered eating, and we're going to get into exactly what that is, is unresolved trauma.

I felt like it was this huge disconnect. Not that the *60 Minutes* piece capture everything, but I wanted to have Rebecca on today as someone who works with trauma, who has worked with Brene Brown's work around vulnerability in a daring way. Rebecca, you really – to help us flesh out and make this connection between body image and eating disorders and unresolved trauma. Thank you so much for willing to come on and chat about this.

(0:05:30.9) RC: Thank you, Ali. Thank you for having me. I'm thrilled to be here.

(0:05:34.2) AS: Yeah. Let's first start by defining trauma, because what I've experienced in my work and I'm sure you have with your clients and in your practice with other therapists is people tend to think trauma is something that happens to other people. Or when they've had – been raised in a divorced family, or with not a lot of financial support.

I'm thinking, or I've been bullied and marginalized. They tend to think like, "Well, I'm over that and I've moved on. I'm not coming from a war-torn country." Some of my clients like, "I didn't have cancer like you." I'm like, "No, this isn't like a competition of how bad a trauma is." How do you define trauma? Let's start there.

(0:06:16.1) RC: Yeah, great question. You're right, when you say the word trauma, it often evokes either this image of early childhood abuse, or someone who got in a car accident, or was in a plane crash. It's like this more extreme experiences and obviously those things are traumatic.

We talk about trauma also as difficult life experiences, because it helps people get their brains around it a little bit more. Traumas are those experiences that are – with it are little dings, or leveling dings, but they cause some distress emotionally and physically on our bodies.

Like a little trauma, and I want to make sure when I use a little trauma, it doesn't sound like it's small and insignificant, but little traumas are ones that we experience and we don't really say what it is, because it could be – everyone gets hit differently with different things. Would be something that stings and causes emotion, physical emotional response, but they still can move on. You can still function, show up at school, or at work, and in your relationships, and after a while unresolved this little dings, they start to burden the system.

Then the larger traumas, again it can vary. It's not much what it is, it's how your system receives it. These are the ones that keep us from going to work and practicing hygiene and feeling well and relating well.

What's been really powerful is to educate people that it really isn't the event that we analyze. It's more of how our system experiences it. Someone who experiences the world and feels deeply, or someone who has a genetic hardwiring that's highly perfectionistic, or has a strong obsessive compulsive tendencies in their hardwiring of personality, may experience things like not getting an A plus, or not scoring the winning goal, or a relationship breakup. That might hit their system a lot differently than the other things.

One of the other foundational pieces that Oprah's piece touched on is this element of relationships and who in your life are – we're hardwired to need and want our parents and when something is disrupted in that and we don't have another person to attach to and

have ourselves reflect it back to, that can also disorienting, and so how we even engage in the world.

That's why as you hear folks have been through some things that really shake us when we hear the stories, but they are thriving and doing well. A lot of it is because of their ability to have other mentors, or key relationships in their lives. Or their ability to connect with themselves and their own story.

What was interesting about the Oprah piece, just to jump back to that, she quoted an ACE study. For her, this was new information. I just want to make sure your audience understands, the ACE study is over 20 years old and it was done – it's a Kaiser Permanente and Centers for Disease Control joint study that they did, between '95 and '97.

In the trauma treatment world, this is like known. This is foundational. This is 101 stuff. It just shows the chasm there is in really understanding trauma. Your audience can Google ACE. There is some test people can take and get a sense of where they land on that.

(0:09:30.4) AS: Yeah. I'm glad you reminded me. We've talked about that, because actually you know the ACE scores came out of an obesity clinic in your neck-of-the-woods in San Diego.

(0:09:37.5) RC: Yup, and a Kaiser.

(0:09:40.1) AS: I thought they were understanding – studying obesity and they're like, "Wow, these people don't want to be visible as they started to lose weight."

(0:09:47.6) RC: Yes. Anyway, trauma is really difficult life experience. Then just circle back to really our brain is amazing. Our body is amazing. I know you talk about that a lot too, and it's so wise. Like if we get a cut on our arm, we get a scratch, the body's natural healing way would be to scab it up and eventually it will flow doing. Maybe there will be a little scar, maybe not.

If some sand or dirt got into that wound, the scab would have a hard time healing and it would get infected. The same thing happens with our brains and memory network system. It flushes through when we have a difficult experience on that trauma spectrum. If something gets on the way and that difficult material doesn't get flushed through, they get stuck there, then our brains and our bodies get frozen in time.

If a sound, or a smell, or a touch, or something we see reminds our brain of that, it will respond as if it's in that moment. That's why people are like, "Why am I freaking out over something that's so small? Or why is this still lingering? I thought I worked on this?" Often, that's a sign that just the brain needs some extra help and the body needs some extra help to reintegrate that difficult material flush through, for a lack of a better term, so that healing process can get jump-started.

When we don't do that, and it's like layer upon layer and upon layer, we can't like little traumas cumulative are more difficult to treat, along with – I was just talking with our team on Monday at our team meeting, that the most difficult traumas I treat are not physical and sexual abuse, but that of neglect. They all agreed. Because it's like, this sense of they can be provided for and have resources, but this sense of neglect. They didn't have feel seen and that goes back to that attachment figure. We're able to connect with themselves and their own sense of internal leadership.

(0:11:48.1) AS: You said so many good things. I think what's really interesting is because we both work in the body image, like I work specifically with people fighting on food and body image is tied into that and eating disorders. I find that it's often really sensitive people who struggle with this.

To your point, it's not about what happened to you, it's about how sensitive in a way your system is. That's part of maybe that this puzzle piece of why it seems to really conscientious, perfectionist – I'm not saying it's the only reason people struggle with, but it's definitely a thread there is that their system –

(0:12:21.2) RC: Yeah. Food is one of the few things we can't control. I mean, it really isn't much control we have, but we could control how we feed ourselves, how we move, how we rest, how we talk to ourselves. If we really get honest, there isn't much agency – we have agency to try and do things in the world, but with the endgame, we get to – that's very little, if you know.

(0:12:43.0) AS: The agency is in how we react. That's the choice we get.

(0:12:46.6) RC: Yeah. When everything else feels out of control, we can go to those things. Those are known things. What is failing, I remember when I first started, I was still interning and I was working on my certified eating disorder specialist credential and I was interviewing all of these treatment centers. I met with the founders of (inaudible 0:13:06.4) books and they sold it. They're the incredible folks and she's in recovery – she wrote one of the first books on bulimia, and was part of all these – in the start of a nonprofit organizations and I'm all starry-eyed. I'm like, "Oh, my gosh. You've been around so long. What's changed? What have you seen?" She goes, "Nothing."

I felt my heart sink. I unpacked that a little bit more and she's just like, "No, we're throwing spaghetti on the wall. We still are trying to figure out all these different theories and modalities." The reality what I realized is I dug deeper into trauma, if we're not getting to the heart of the stories that their systems are holding and help their systems tolerate difficult emotions and build emotional literacy and unburden the traumas their systems are holding.

It's like don't have to numb, they don't have to disconnect. Nothing else works. Yes, we need to learn about how to feed ourselves well. Some people haven't had – didn't learn that. I grew up in the Midwest. My vegetable was iceberg lettuce with blue cheese. That's just how we roll in the Midwest, and I still love my blue cheese, but I do different greens now. I digress, and it was like watery and iceberg lettuce. If there's any Midwestern people on the podcast, they'll understand.

There is an education element, but I mean with the internet, we all can WebMD food, where there is all these different mindsets. We try to heal our pain with the easier thing. Then having worked in advertising and politics and understanding the power of using fear and scarcity mindset to get people to take action, we absorb that. I mean, Ali you and I, we're on the frontlines helping people reeducate their relationship with food and media literacy.

Even we still have to catch ourselves. I mean, there's little things that sneak in like, "Wait that was a good marketing piece. In 10 days I could do that." I mean, there's some good marketing out there. When someone's in pain and their system is overloaded and flooded, the thought of two to three in doing some trauma work, or a 10-day plan.

I mean, let's be real. They're going to collect data. The danger is when people collect the data and try some of these quicker fixes, and that's why I say you're going to go collect data, but it sometimes will take them down a path that they'll lose their choices and go down a path with their relationship with food and their body to the point where then it will hijack their life. We've got trauma and their body is not fed well and nourished well. It's a cluster there.

(0:15:32.3) AS: So much of my work is around doing experiments so that my clients see they can trust their bodies, because part of what trauma does is it makes you not trust. At first it's not trusting the outside world, but if you don't heal that then it almost starts to turn on yourself. Then the neglect that you experience then becomes the neglect that you internalize in a way, and that's – I think it's not only the great marketing, but it's preying on the fear and the decades of not trusting ourselves. It's like, "Oh, this is a salve. This is a cotton."

(0:16:02.5) RC: Yeah, they're counting on that. The great marketing is counting on that. They're speaking that pain. I feel like it's absolutely crucial. There's so much shame around claiming our traumas and our hurts and our woundedness, because we got to have it all together. Yet, when we hear someone in a healthy bounded way share their story or struggle, that empowers us to be more courageous and to share a story, or to ask for help and to dig deeper.

There is this myth that you like fix your trauma and you're done. The thing is, depending on the nature of the trauma and how it impacted your system, okay I'm going to say this and then have a caveat. It's a part of your story forever. It doesn't have to run your present and your future though.

There may be tender spots and vulnerable areas that you have to circle back to. There is this narrative in our culture of deal with it, let it go, move on, suck it up, don't be weak, don't be a victim, move past that. The thing with trauma, you absolutely 100% cannot just think yourself through it.

We try that. Our brains love certainty and is something they can hold on to. Trauma treatment and doing your own work and feeling the feelings is uncertainty and it's vulnerable. If we can expand our tolerance and vulnerability which is risk, uncertainty and emotional exposure as Brene Brown defines it, that's the work and there isn't a three-step plan.

Again, it really is also we can help heal our brain. Then what I find with my clients too and our bodies are still holding on to stuff too. Food, it's beautiful, it's powerful, it's fun, it's medicine, it's pleasure, it is joy. We're in a culture that says, "Let's just get rid of a food group." Let's just say I can never do this again, and we white-knuckle our relationship with food in a way to try and disconnect from our pains and our traumas.

It really is a courageous act is it's not about the food, but it is. It is in a sense we need food to live, but it really is and this is what you're alluding to in this conversation. At the heart of it is our traumas and difficult life experiences.

(0:18:10.5) AS: Yeah. I love that you said stories, because a big part of my work is transforming the story and the narrative. Looking at while we would never choose these traumatic things to happen to us, they did birth in a certain capacities and certain values, that to your point, if you get rid of that, you also get rid of the wisdom. I don't want to dismiss,

or say, “Everything happens for a reason,” because I think you actually – you have to make a reason. That’s my guiding philosophy.

What I’m always trying to again, compassionate your mind clients when they’re like, “Why did I do this?” I’m like, “This is your nervous system. This is not a logic game. This is something that we have to calm your nervous system down, we have to expand capacity for this comfort and realize it’s not going to have the same outcome as before, and that it is such a process.” Food unfortunately can really numb us out to that discomfort.

(0:19:04.9) RC: It serves a purpose. We survive. People survive because of how they restrict or emotionally feel their bodies. I think we look at those parts of us as the enemy and we want to get rid of them instead of really getting really curious about the parts of us that have a really restrictive, or more an emotional, or bingeing, or orthorexic all or nothing, whatever those parts may be, we have to understand, they’re just trying to protect. If we look at those parts with compassion, that is a really fundamental shift. That was like, we got to get rid of it.

(0:19:39.3) AS: I just came off a call with a client who I call it your inner protector and she’s like, I’m now realizing all these years that I referred to as my “inner Nazi” was not someone – My inner critique, or my inner rebel. I hear clients being like, “Oh, I have this inner food rebel.” Certain coaches encourage that. Even those names make you distrust yourself. I have this side of me that doesn’t want to do what I intend.

(0:20:05.5) RC: The work I’ve been doing with internal family systems has been a fundamental game changer in that arena, and that these parts took these protectors, the inner critique, the inner food Nazi, however your clients name that, that doesn’t really matter to me as a lot of those parts get to build a relationship with my clients and the get to unburden.

Because we’re not born with an inner food Nazi. Those parts are parts of our internal multiplicity, internal system, that’s not how – but life happens, and these protectors that care about us and want us to be saved, all they’re doing is trying to help. That’s where the work

that you do helps people give some space from them, help them come from a place of more calm and clarity and confidence.

If we can unburden those traumas and those wounds and those heavy emotions, that's the work. It's not counting calories, it's not weighing ourselves and having, getting a sticker, it's not sorry. I have to say Ali though, I started off giving these talks like, "Diets don't work, so don't do them. Yay, guess what? Here is the research." Then people would look at me and nod and then they would not come to future talks because they're like, "No, I really want to do this." Because I was like, "But the research says."

I can't believe I'm saying this publicly, but I think it was the 0.5% of the world that when Nancy Reagan said don't do drugs, I was like, "Okay. Abuses your brain on drugs." Like that made a difference on me. Not most everybody else. It's like, "Here is the research." I think that was my perfectionistic part falling on that and confused at why would we know the body of research that that just don't work.

Then we see the diet and just your change in the language to lifestyles. This isn't a diet, this is a lifestyle, this is a movement, this is a way of living. That's marketing too, but it's a lot softer, because some people are realizing, well the data is huge. That very, very small segment of population, do they work and even then, it's not living.

(0:22:09.0) AS: Right. Well, I try to get my clients to see that diets, why you don't realize it, why they're still attractive is because they're a form of safety, a temporary safety of like, "Oh, I don't have to figure this out."

(0:22:20.3) RC: Totally.

(0:22:21.0) AS: Someone else is telling me what to do and they must know, because inherently if we've experienced trauma, or if we've struggled with eating and food, we internalize something is wrong with us. It's like, "What am I not getting? I can't trust myself." You must know.

I want to circle back. You had talked about like, you had mentioned briefly different type of eating issues. How are you defining disordered eating? I think being anorexic or bulimic is actually a very small – last time I checked, it was 3% of the population. Yet, is it growing?

(0:22:54.1) RC: Well, binge eating is a little higher. Honestly, I think those numbers are so under-reported and there's certain – especially other populations too, whether it's people of color, LGBTQ, there's just so much that we're not catching in really measuring that data, but I really talk about the disorder eating spectrum, because –

(0:23:13.7) AS: Can you talk about that?

(0:23:15.1) RC: – if you claim like, "I'm not anorexic, I'm not bulimic," in the DSM diagnosis, I mean, it's beneficial if my clients want to use their out-of-network insurance, and I can ethically check that box based on our treatment plan. Really it's these one spectrum is body image, and we say it's the first to come and the last to go is our relationship with our body.

That's usually the residual and I suspect you deal with a lot of your clients too is that shaking that that just takes time. We're taught to be at war with our bodies. I mean, shoot Ali, my daughter she was feeling spooked in the shower last night. She's like, "Come be with me." I'm sitting in there and I look at her in the shower and she's body checking, like sticking her stomach out. I mean, she's going to be turning 10.

I was like, "Why are you body checking?" She's like, "But mom, look how fascinating my body is and now I can move it." I was like, "Okay." Or maybe she was just covering, because she knows what I do for a living. She's very aware of her body and who's different and who's alike.

For the spectrums, I got the body image and here is the thing, I am hard-pressed to find a human being who doesn't have at least a bad body image day, week, month, year, ongoing. I think there's times that we may be able to tap into that. There's some folks are like, "Oh."

Where they're, "Oh, I'm on my period. I feel bloated." Or, "Oh, I've been sick. I feel I've been able to work out. I feed well. I feel a lot of sorts. I don't like what I'm seeing or what I'm feeling." There is the ish, to more chronic, obsessive.

Then it goes into how we feed and our relationship with how we feed, or connections with hunger and fullness and eating for joy and pleasure and feel and medicine, eliminating food groups and all sugar is bad and all gluten is bad. We'll have an air sandwich is what is allowed.

Then life starts getting smaller and you can't go to places, because the food that's eating, or you can't get to the bathroom, or you don't have the energy, or there's not a gym nearby. You're not going to be able to work out right away. Then it starts to consume how you do life. I work with a lot of elite athletes, and this is a tricky nuance where they're training and they have to watch this stuff a lot. When they get injured, we get to see if it's dealt with traumas, because it comes up like a geyser.

Then you've got more of the – then you fall into the clinical at that end, but honestly I just look at it. It's just figuring out where we are. It's normalizing. It's not about getting rid of body image, it's how we respond. If you touch on the agency of how you respond to our hertz. It's building emotional literacy and it's healing and redefining a relationship with food and movement.

What's tricky is even working with leaders and organizations and schools, it's really hard, because you want to have this top-down – like my daughter's school, they'll talk about how sugar is horrible and fat is bad. I get to say, "Oh, no. This cushion on my hips, this is protective, because when I fall, these hips are less likely to break, so I'm going to live longer." Hazel is like, "Oh, really?" I said, "Yeah."

It really is like this – most of the hangout and that body image to good food, bad food, restrict, numb out, versus this eating – there's not a lot of joy and we obsess about it and we disconnect from it. At the heart of it is we're disconnecting from these difficult emotions;

shame and fear and pain and loneliness and despair and grief and lost, betrayal. This is the step – if someone's literally in PTSD, or acute self-response, I mean getting someone to feed, or let alone sleep well is difficult.

From a leadership perspective, it's really redefining how we even talk about that. Your voice is so crucial Ali in this arena. To normalize that these are struggles, because anyone who lives in the western culture is going to have a bad body image day, at least. We get to say how to respond to it.

We're going to feel off, we're going to feel icky. People expect eating disorder therapist to – There is some days I'm like, "This is not my game day." How I respond to that is different than I did when I was in early 20 something. The spectrum, as I really look at, and the body image piece really hangs around a lot, especially if someone danced in more of that clinical arena, or more the entrenched.

I don't really care what the label is. If you're wake time is predominantly occupied by around food, or exercise, diets are not feeling like if you got something ended and fee clean, you got to get it out, and talking about food all the time, or who is pretty, who is not, scanning Instagram and all that stuff, that's there.

A lot of us fall in that and we don't even know, because we think, "Oh, I'm not in the throes of someone who ends up on the cover of *People Magazine*, where they've just done a horrible job representing disordered eating. It's this extreme, someone who carries an immense amount of weight, versus someone who's just shell and bones. Those are extremes and they're dangerous.

Eating disorders are the most deadly of all mental health struggles, usually through suicide and heart attack. Really, most people are living maimed; maimed physically, whether they've done some damage to their body, their bones, their muscles, their brain. Or maimed emotionally, because they haven't dealt with the trauma.

Again, difficult life experiences, because we can say why – that wasn't that big of a deal, says our executive functioning, our pre-frontal cortex, that wasn't that big of a deal. When we get curious about it, we realize that wow, to a five-year-old, or 10-year-old, or 15-year-old, it was to that part. Then that part overwhelms the system, and any threat of that feeling again.

(0:29:04.6) AS: Well, this brings up this bigger piece of – I always tell my clients like, “The healthier you get, the more you realize how emotionally unwell our culture is.” Like, but it's not this, or I just want to move on, because that's what the culture tells. Until you can really get out of the matrix and say, “Wow, “I'm actually not living in a very emotionally stable, or healthy culture either.” Am I looking at was it “normal,” because normal is not working out so well.

(0:29:34.3) RC: Yeah. I am like a weirdo. When I work out at the gym, or in the classes and I listen to all my friends and every now and then I'll be like, “Or, you could just not weigh yourself this week.” Then I get the death stares and then I zip it again.

You're right. It's so homeostasis. Diet culture, body shaming, all or nothing, good food, bad food, all orthorexia, obsession with eating healthy in the name of health, all of that is homeostasis in our culture. It's a 65 billion dollar, I think this is the last study – anywhere between 55 and 65 billion dollars a year in America alone; industry, including diets, diet-related services, supplement, all that stuff that –

(0:30:17.1) AS: In healthcare too. I've had so many clients who – they come to me after their doctor is like, “You need to lose weight, you need to move more, eat less, try Nutra System.” They're like, “What?”

(0:30:30.5) RC: Yeah. This is a thing, Dr. Holt who is on the team at Potentia, she's amazing. When she was at Loyalinda, which is a blue zone, Dr. Dean Ornish talks about these blue zones in our country. It's a seventh day advent culture, so that's a little of how their meal plan is. She learned that and I have dear – I have doctors in the family, I have doctor friends, so this isn't personal.

The profession is a whole – knows the least amount of nutrition out of all the wellness professionals, the traditional ones out there. That's why working with someone like Megan who has expertise in the disordered eating spectrum is crucial and the terms of the ethics too of anyone working on these issues to work with a team, or people who have expertise in that area.

Often, the doctors, finding a doctor was that mindset, because to me the BMI is a 100% a marketing tool. It is not a health market at all. It's a fabulous marketing tool. I'll have doctors who – clients will come. I'm like, "Your doctor is doing the best she or he can. That's what they know." Unintentionally, they're feeling the parts of you that want to binge, want to restrict, or feeling shame.

Try and do education, but that's really what they know. They also are seeing – there's a lot of burnout and I give a talk to about 300 family physicians on shame resilience and empathy and compassion, because they had this burnout towards the population who are not complying, have late onset diabetes and just aren't taking care of themselves and just feeling frustrated and giving up on those patients.

The reality is these folks are traumatized. They're getting re-traumatized by you when they get shamed like, "What? You didn't this?" It's blowing them up. It really is this epidemic of disconnection and epidemic of numbing and exhausted of feeling the traumas out there. Again, you're so right Ali, our homeostasis really is the disorder eating spectrum of – I can't believe I said that publicly.

I'm saying, that's why I'm thinking of all my friends who have different food philosophies, or workout philosophies that I love dearly. I feel like when our identity get so – our worth is wrapped up on that. Safety with someone who have dealt with trauma for years, safety is crucial. We can't think our way through. We have to feel our way through the healing and help our brain and our body unburden the pain and build up confidence and resilience that

we can feel rejection, feel disappointment, get triggered by shame, but that's not to take us to the dark pit of despair again.

That's the work and is sometimes that's long nuanced work. I'm so grateful, your voice for many people on their path to healing, to help them ground themselves and stop the spinning and get curious about that deeper work, help them get to a place where they're able to do that, and curious enough and stable enough to go, "Okay, what's next?" That's really cool. I appreciate that about you.

(0:33:32.4) AS: Well, I appreciate that about your work too. It's like, "Let's get real here, right?" I think part of that, what you're calling homeostasis, I'm calling normalization, the challenge is we hear in our culture that is not so well, don't be a victim and that mindset. I want to really talk about and I think none of us like to think of ourselves as victim, but we can be victimized.

I want to talk about the difference between that, especially in our – around the time we're recording this, there has been this viral video. At least in my world, it's been viral, or Tony Robbins who again, people who tend to be in health and wellness also overlaps with personal development, because it's just the same thing sometimes. It's all about vitality.

He has thought of this as like leader, because he's – I don't know, Oprah ordained him, or whatever. I don't know. I've never really followed his work, because just something wasn't in alignment for me. The clip that went viral was basically this woman asking about, me too, and him basically saying, "You're being a victim."

I want you to breakdown, what's the difference between being victimized and not having a victim state and having to own that we have been wounded?

(0:34:44.0) RC: I mean, we as a culture, just first to say, there isn't permission to have face-down moments. There isn't permission to struggle. There isn't permission to bring the messy. I mean, we see a lot of people trying to encourage that, but there's still these narratives out

there. With that said, if someone has been violated and perpetuated, betrayed, abused, hurt, whatever those words best identify, then if we –

There is this sense of, we want to rush through that process, because we don't want to claim any of that, because we're afraid of being misunderstood, as weak, as not capable, as not strong, as not credible. The statistics with trauma, particularly abuse, physical and sexual abuse, neglect on that spectrum, and even being exposed to – kids being exposed to things they shouldn't be exposed to, or women being harassed in the workplace, on the streets, in public transportation, the statistics are off the chart. It's hard to find someone who hasn't been touched by those boundary crossings, or impacted by those boundary crossings.

To say, yeah I've had experiences where I've been violated and I have been abused and abuse is a part of my story. Sexism, being discriminated against, being objectified, yes. I mean, just like body image, I'm hard-pressed to find a woman in particular who hasn't experienced that. Does that mean I'm a victim?

I've heard different people talk about, "Oh, I'm not a victim. I'm a survivor." Whatever works for my clients for the people I'm consulting with. I'm not wedded in that. There are people that have a hard time – you talked about victim mindset that gets shamed a lot by some of these quick fix, don't think about the past, personal development folks, like Tony Robbins.

Then we're just shaming our story and we can't – I mean, I'm right-handed, so I wish I just go ahead and cut off my left hand, because I don't need it? No, I still need it. It's crucial. Yeah, the difficult parts of my story, I can't edit them, but we can numb and detach in them. When we don't have permission – This is a big point though and this is what working with Brene and her community and digging into her research has really taught me is you and I can probably jam for days. I mean, we could just go. We could up and down and that would be easy.

From what I know of your story, you've done a lot of your own work. You have been through a lot. You are a survivor, mind, body and soul. Some people are at different places in that

journey. You remember your face-down moments. You remember those questioning moments, and the extreme loneliness and despair and the pain emotionally and even physically.

You're excited to go, "Hey, everybody. Here is my ish." Why were you not excited to go share all your ish at that time? Because you were afraid of being misunderstood, rejected, people not seeing you a certain way, feeling worse.

(0:37:56.0) AS: I didn't even understand that fully myself.

(0:37:58.0) RC: You didn't handle the language. Okay, yeah. Even that, but we know that it's not okay to struggle. I think more and more people are loving – they're like, okay we're at a culture where we can at least Instagram quotes that it's okay to struggle. We're taking it there and now the next level is living that and it's brutal.

If you are vulnerable, you are not smiling, you are not like, "Hey, I was so vulnerable." No. It's terrifying, but you're aligned with what matters most. You're putting yourself out there. You're saying, "I need help. This isn't okay. Stop." The woman in the video who kept circling back with Tony, it was beautiful to watch. Like, "Hey, I really do value you. At the same time, I think you're off the mark here, because this is what's important." He kept rejecting and pushing back, and that was a dialogue.

She didn't shrink, she didn't puff up, she stood her sacred ground. I don't know her story, but a victim mindset means I don't have a voice, my story doesn't matter, I can't share my story, I can't be found out, no one is going to love me, I'm never going to succeed. Even some of the Eeyore mentality.

Here is the thing Ali, I'm hard-pressed to find some of that has a dip into that. I think that's part of that we go down into it and then we get arise. That's how we learn. Sometimes people also that the mindset of being a victim is safe, because if I've got clients who are like, "If I dare to hope, if I dare to try, I might be disappointed." It's safer to stay in Eeyore land.

Those are hard folks to be around for long periods of time, so that tells me, "Wow, it must be really hard for them to be around them self too."

If there's been victim, could again, perpetration, abuse, trauma, boundaries have been crossed verbally, physically, sexually, emotionally, that's different than believing that's the best you can get. We try and hotwire people in that space and rush them out of it too quickly that we send the message that that part of there is shameful, those feelings we can't stay there, you can't take it, so we actually perpetuate that mindset when we do that. Just let it go, just suck it up, pull up your bootstraps, think about the present and the future.

I joke with you at pre-call, it's like when people say, "Just let it go and don't think about the past." I'm like, "Oh, you're asking me to get a lobotomy." You can't do that. Yes, I feel like if you have had any experience where you've been a victim or perpetrated, you have danced with a victim mindset. Some people stay there longer than others. When I see people that really reactive to someone, like if I'm in that place, I'm in just like I suck, the world sucks, nothing ever good is going to happen, and the person in front of me just gets him a business and just yells at me for being so stoked, I got to let it go, that's not helpful.

If I have someone that loves me and says, "Man, this is it, the Rebecca I know. What's going on? Oh, my gosh. Someone really cares." Empathy, compassion, curiosity, sincerity, love, then I slowly can maybe get out for 10 more minutes out of that and 20.

A real trauma informed mindset is sometimes a victim mindset is going to hang around, and sometimes those of us that are not in it, we don't want to go back and it can be really triggering for us. Sometimes the victim mindset is more about the people around that person and how they handle someone struggling.

Because we're not tolerant of struggle, we're not tolerant of trauma and difficult life experiences. We love overcome stories. We don't like, "Oh, I'm in it and it sucks." Okay, let me know when you're done. I'll bring out casserole when you're done." That's the mindset about trauma. Then speaking of casseroles, it's like, "No, bring the damn casserole now. I need it

now.” That’s where food is our friend, and that’s one of the huge things that the diet culture has done is it robbed the joy of food.

If you’ve got someone who hasn’t felt joy in their life, and their system is like, “Hell to the no are you going to take away this joy.” That’s I’m like, “Hey, you can joy on with that, but I could tell you, you want that one lasagna slice, great the whole pan? That’s not joy anymore.” The system doesn’t know that, and that’s the nuance where we can’t think our way through it. We got to feel our way through it. We got to create and (inaudible 0:42:16.8) with more permission for struggle.

It doesn’t meant that we don’t have boundaries too. I remember Brene saying, there’s no such thing as compassion fatigue. I was like, “What? You made my brain explode.” She’s like, “No, compassion isn’t like a pie that you piece out and then it’s all gone. If you have compassion fatigue, you’re not doing compassion right.”

One of her first courage camp conferences for all the folks that are certified in her work, should Christine (inaudible 0:42:40.9) speak at the end, who is telling –

(0:42:43.0) AS: I love Christine (inaudible 0:42:43.5).

(0:42:44.8) RC: Yeah. This is why my brain exploded and I feel like it’s really related to this, whether it’s which side you’re on. Brene’s research found that shame can’t exist in the presence of empathy, and that’s where I connect with the emotion that you’re feeling, Ali. If you’re talking about rejection and I happen to feeling what that feels like for me, then shame can exist there.

What Christine and that brought home to me in what is crucial is almost like you’ve got an exchange between two people, but almost this arc above them of self-compassion. Day in and day out, we’re setting with people and their stories of struggle, and we’re connecting with those emotions. That’s brave work.

Today I felt rejection, betrayal, forgiveness, grief. I connect with all of that stuff. If I don't check in and practice self-compassion, my empathy can't sustain – my capacity for empathy can't sustain, then shame is going to come in and run the show. I feel like it's both ends is someone who is healing to practice the self-compassion, like my best today was to not have a victim mindset for 10 minutes.

My best today was to have a little hope and me not having a victim mindset. It's like, "I'm going to dare to hope that I can love again, or be loved, or that I can like my body someday, probably have the relationship. 10 minutes, that's what I got today." All right, that's what someone says to me. Then for that person's loved ones to practice self-compassion too, because it's frustrating and painful to see someone you love hurting. We have no patience for that. We're like, "You got to get better soon, because it's hurting me too much."

(0:44:14.8) AS: Yeah. A lot of it is about their need that they can't fix it. They feel powerless. I love your concept though of victim mindset isn't something that again is fixed and permanent, like we can go in and out of it, because we all have days where we're more depleted in this. Yeah, and as you were talking I was thinking about, like that woman was actually saying, "No, I'm not a victim. My voice matters."

The meta level of – you would have to understand trauma to understand actually she was saying, "No, I'm not a victim, because I'm standing up to you." To me, courage is speaking truth to power.

(0:44:49.1) RC: Right. Embracing the #MeToo movement, it's easy for someone who is perpetuated what #MeToo is all about to try and define it. That just is what it is, right?

(0:45:02.2) AS: That was his story and he was leading with what? Toward –

(0:45:06.4) RC: Yeah. It's not his to define. It's not (inaudible 0:45:07.4). Because he wasn't teachable, he wasn't humble, he wasn't curious. It was like, "No, I'm going to tell you what this

is and this is my physics of my reality and welcome to my orbit." She stood there, and again, I mean what is he like? 6'10" or something, 7-foot? I don't know.

(0:45:25.1) AS: He's something really tall.

(0:45:26.2) RC: She's something really tall. I'm used to that, because I'm like 5'2", so I mean everyone is really taller than me.

(0:45:31.2) AS: Everybody is tall.

(0:45:33.3) RC: Even I don't I feel 5'2". I sometimes have to get reality check when I do a thing. Trying to catch things in the kitchen shelves and all that.

(0:45:41.2) AS: I always know, like I'm really sure what I'm like, "I'm trying to reach for the glasses," and my arms just won't reach.

(0:45:46.4) RC: Well, here is the thing, I will say this Ali and I feel very strongly, I am Rebecca Ching. I am human, I am woman, I am mother, I am wife, I am friend, I am a secret of passion and joy, I am curious, I love learning, I have experiences with abuse and rejection, and depression and anxiety and shame and failure, and those parts are part of my story, but they don't define me.

There were times where they consumed me, and I moved through it and I went back into it and I moved through it. I mean, I'll be honest with you, 40s rock. Growing up is legit, I just want to say that. I appreciate that a lot for me and my story. She says like, "I am not a victim." No, I am not a victim, but I am a person who's experienced a lot of things that are different and diverse. I am Rebecca.

It's like we try and say, "Hi, I've had this experience in #MeToo movement." "You're not a victim." "No, I'm not, but I've had this experience." He was trying to put that on. Just move on. His whole thing is NLP and hyper-hypnosis stuff that he does.

(0:46:52.9) AS: What's NLP? I have my own, but I'm curious what you –

(0:46:56.0) RC: All right, I'm going to give you my piece opinion, because –

(0:46:59.8) AS: We defined NLP, which is neuro-linguistic program, but for people out here, because it's important if they're looking for someone who's going to help them, that they know what modalities these people are using.

(0:47:09.5) RC: Okay. Here is my standard response to this, there are so many ways to heal. If there was one way to heal, we'd all be learning it, doing it, getting it.

(0:47:21.2) AS: Learning from Oprah, too right? Oprah would've add it. Well, even though –

(0:47:26.4) RC: I mean, so let's just say that. Just saying, that's where the diet industry is 65 billion a year, because people keep going from thing to thing to thing. It doesn't stick. Even the mental health, people are frustrated, because trauma work is nuanced work, but so there's been a meta research study. Loosen the mental health field and I don't know if there's been anything in the more personal development or consulting, executive coaching type of thing.

The modality of healing is a percentage of it, but what's even more important in the healing relationship is the relationship with the client and the clinician. What's even more healing is what happens in between the sessions each week has nothing to do with the session. I have a hard time developing a lot of respect for certain theories, but I have an immense respect for the consumer's choice to get curious. If someone says, "Hey, where would you recommend I look? Well, I'm a big believer in internal family systems, Brene's shame resilience theory, EMDR therapy, sensory motor psychotherapy, Dan Siegel's interpersonal neural biology.

I'm picky about my semantic experience in practitioners, but if there's a good one, it's amazing. I am passionate about mind-body approaches that are trauma-informed, but I want to coach a consultant, a clinician, a mentor who has excellent boundaries, who has done their own work, who is curious, who is humble, who is always learning and is empowering the person in front of them, because the client is always the hero, not the practitioner.

(0:48:57.1) AS: I love that. That's an amazing ending. You're not going to comment on if you like it or not, but that's just –

(0:49:06.0) RC: I tell them what I do like, so hopefully that's implied. Again, what I look for is the people. I am overwhelmed and humbled with the many women on the Potentia team now, and with the businesses and organizations that I get to work with, with more consulting. Wholeheartedness, again, I mean that's the key. People who really want to master something and dig in deep.

There is a lot of things out there that I feel like because of my lens in IFS and neuroscience, and again Brene's work and – somebody's things out there don't feel like they get to the heart of it, but that's my lens. I trust people, and I know people have reported they've gotten help with some of these things, but maybe it's just for that season. Some people start with OA, over-eaters anonymous where I don't recommend that, because it's very calorie-focused. It celebrates not eating and losing weight.

(0:49:58.9) AS: It's been some restriction.

(0:50:00.6) RC: Yeah, and not having snacks and not eating intuitively. I can't tell you Ali, the number of people that have said, "Hey, that's where I started." That really spoke to me, when I listen to people I'm like, somebody need to start somewhere. You want to go with people that have high integrity and professional boundaries and who invest in their skill.

I'm passionate about these theories and approaches, but they're not my job, they're not my religion. Again, the client is the hero, not me. We get to be guides, Ali, which is so fun. I get to keep doing our own work too, because we're human too.

(0:50:31.6) AS: Yeah. I like that. I always think sometimes when my own little biases of NLP type stuff is like, "But it could be so much better. I know you think that you've gotten better, but if you do the deeper work, you can have so much more freedom."

(0:50:47.4) RC: Right. That's why people need to go try the diet.

(0:50:50.2) AS: Yeah. Hey, I was there for 18 years.

(0:50:52.6) RC: Collect the data. That's the thing, you know. That's why you're so passionate, I had 18 years of collecting data. I'd like to save you 17 years.

(0:51:00.8) AS: Yeah. I want to save people time.

(0:51:03.3) RC: What I've learned is I can put the information out there, I can build the relationship and that people will heal at their own pace and not to compare it. It's hard for folks like us, we see it, we see the train wrecks happening with what's going on in culture and what's being pushed out there in the name of health.

Yes, I was pretty disappointed at Weight Watchers targeting teens from our lens. You know what? Okay, from a business standpoint, I mean when you dig into the BMI change and the people that are part of change in the BMI, where people on the boards of Jenny Craig and Weight Watchers, so the business model is counting on people coming back and recidivism and all of that. From a business perspective, it's brilliant. Is it ethical? Hell, no. I don't think so.

What I hear from people who are pushing back when a lot of the folks who are in the health and wellness, food and body, disorder eating treatment community, people were saying, "You know what? Weight Watchers was there for me. It was my community, it was my

encouragement." I'm like, "The people are wanting community, they want relationships, they want connection, they want meeting, they want shared goals." I get that. It's how we're wired. We were wired for belonging. People felt belonging at Weight Watchers.

It's people are in permanent deep point detox for the rest of their lives and to some extent, but I don't want to shame people who are wanting to try it out. I just want to say, "Hey, be careful, start to feel like this is where you can't get out of it, or you're losing choices," but that sense of belonging and community and support and a language that everyone understands. I mean, I get it. Is it reckless and unethical and dangerous and poor leadership? I agree. Yes, I do. Business colliding with people's health, I feel like needs to be held a higher standard. I'm not sure what that looks like, but yeah.

(0:52:55.6) AS: Yeah, no I know. Whenever I do the kick-off diagnosing people's story, we look at the good habits that they do have, because no one's come – people tend to feel like, "Oh, I've failed. Nothing is working." I'm like, "Things can always be worse." I'm like, "I know that you can feel frustrated at all your past diet attempts as I did, however I'm sure you've learned some things along the way."

We look at that stuff and I love that you brought about up belonging in Weight Watchers, because I actually take clients doing exercise of when they felt most alive. A lot of times, people do think of their fitness period. We look at like, "Where did you have felt sense of belonging?" It wasn't that the diet was magical and working, it was that you were being emotionally fed at that time in your life in some way.

Yeah, we always look at the deeper emotional solution that sometimes these things provide. Yeah, we all have to start somewhere and go along our path. I agree. There is things to be learned from everything for sure.

(0:53:52.7) RC: We're always collecting data and we guys stay curious about it; even our failures. Failures aren't really failures, they're just where we learn and collect data.

(0:54:00.1) AS: I call them research.

(0:54:01.7) RC: Yeah. Got to do some research and a lot of people have to do that. When you give someone permission versus shut it down, I've – I mean, because I was far giving these talks I'm like, "Oh, wait," I want to have conversations. It's really just planting seeds so that they cannot spend as much time and their energy and their resources in that arena. Honestly, say hey, you got to do some trauma work, or some deeper soul work. That's just not sexy and not pleasant, not time efficient, not budget-friendly, all of the above, but I think that's where it's at and we're getting close to that.

(0:54:36.9) AS: Yeah. When I think too, my clients will say it's always worth it. Even though it feels like it's more time-intensive and all that stuff, to be able to live back in your body and to –

(0:54:47.0) RC: Game changer.

(0:54:49.0) AS: Yeah. It's freedom. Can't put a price on freedom. Freedom isn't free.

(0:54:56.1) RC: It really is about testing yourself, because we live in a world that says you don't know best; we do. I love it you're circling people back to their own wisdom, but that takes some time if they've never been taught that. We get to just keep dripping with stuff, I'm sure.

(0:55:11.3) AS: Yeah. I think for everyone, to Rebecca's point, next time you feel like you've over eaten, or fallen off a diet, or whatever, use it as research. Not to say, "Why am I broken, or why am I fixed?" But what uncertainty is happening here? Where is my nervous system jacked up? What triggered this that has really not a lot to do with food and maybe not even to do with the present moment?

(0:55:36.3) RC: Yeah, there's a lot of people to go walk with you on that journey if it's hard to figure that out on your own.

(0:55:41.5) AS: Yeah. Tell people where they can find you, because do you guys do – I know you're based in San Diego, but do you guys do virtual therapy, or –

(0:55:50.4) RC: Okay. We are a brick and mortar, integrated mental health practice in San Diego, potentially a family therapy, because of the whole licensing thing, we work only with people in the state of California. Through my work with rebeccaching.com, where I do hire – I don't do – it's more like working on internal family systems and Brene's research through helping business leaders and entrepreneurs in that arena.

I do consultations. It's about really the mental health therapy. We're going to be launching some really cool stuff, some cool content. We're going to be developing an orthorexia workshop. We're doing it in-person. We're going to take that online hopefully early 2019, if not by the end of this year. We're going to do a couple pilots then and orthorexia is one of our passion topics, the session of eating healthy, which is I think headquartered in San Diego, California, but definitely not limited to it.

(0:56:42.0) AS: You guys can't hide in sweaters like we can on the East Coast.

(0:56:46.6) RC: We do webinars and we're going to be getting some new content going soon, so you can definitely join our mailing list on our website at potentiatherapy.com, or follow us on Instagram [@PotentiaTherapy](https://www.instagram.com/PotentiaTherapy), or you can follow me [@RebeccaChingMFT](https://www.instagram.com/RebeccaChingMFT). Yeah, that's just some place to stay connected for sure.

(0:57:03.1) AS: Wonderful. We will have on my website alishapiro.com \podcast, we will have all of Rebecca's contact information and etc. Thank you so much for talking trauma and really clarifying so much about – I learned so much, so thank you.

(0:57:19.7) RC: Thank you for having me, Ali and thanks for all you do.

(0:57:22.1) AS: Yeah. Thank you.

(END OF INTERVIEW)

(0:57:27.0) AS: Thank you health rebels for tuning in today. Have a reaction, question, or want the transcript from today's episode? Find me at Alishapiro.com. I'd love if you leave a review on Apple podcast and tell your friends and family about Insatiable. It helps us grow our community and share a new way of approaching health and our bodies. Thanks for engaging in a different kind of conversation, and remember always your body truths are unique, profound real and liberating.

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