

# Radical Healing:

## Break free with naked communication

### Insatiable Season 6, Episode 1

[INTRO]

[0:00:08.4] AS: When you're fed up with fighting food and your body, join us here. I'm Ali Shapiro, creator of the [Truce with Food® Program](#) and your host for Insatiable, where we explore the hidden aspects of fighting our food, our weight, and our bodies, and dive deep into nutrition science and true whole health. Fair warning, this is not your parents' health care. This is a big rebel yell to those who crave meaning, hunger for truth, and whose lust for life is truly insatiable. Believe me, freedom awaits.

[INTERVIEW]

[0:00:47.4] AS: Welcome everybody to Season 6 of Insatiable. This is our kickoff episode. Now, I get a review of a theme, which is radical healing. By radical and using Angela Davis, an activist definition of radical, which is when we get to the root of things. We're going to talk about what's possible when we get to the root cause of what ails us. When we heal when we're in choice, not when everything goes our way.

We're going to explore how to get to the root of our stories and what radical healing changes in our lives. Before we get there, I just want to invite you guys to join me in my 2019 Truce with Food program. It is a personalized online coaching experience that creates lasting food freedom. Registration opens in January. We all know diets are a losing battle. If we don't want to get up, what's our option C? That's Truce with Food.

This program with me, only runs once a year. Please if you're interested, come join me. You can join the wait list at [alishapiro.com/trucewithfood2019](http://alishapiro.com/trucewithfood2019). When you join that list, you'll also be added to my regular list and you'll be getting a lot of free mini-lessons, so that you can get a taste of it before deciding.

Another thing before I get to today's episode, I just want to thank all of you who left reviews. If you remember I was trying to get to 100 reviews by the end of the summer. We did it. We literally had 100 at the end of summer and we've since got a couple of more. For everyone who's left your review, I really appreciate it. So funny, even in your reviews, but you have all left really thoughtful reviews and I appreciate it. If you haven't, we would still love one. That helps more people find the show, so that we can start to change the story about what food and health really is.

Okay, so now on to today's episode. Many of my clients eat out of alignment with their goals, because they feel lonely, or alone. Even during times when they're surrounded by people. Yes, you can be alone amongst other people. Most don't recognize the loneliness as a trigger for their eating. In today's episode, radical healing break free with naked communication. I invited Sage Hobbs to discuss healing through self-expression and deeper intimacy.

Sage is going to share her story around being diagnosed with cancer and how Naked Conversation supported her through both the challenges and benefits of that diagnosis, plus the healing effects of the intimacy reached with Naked Communication and why relationships are critical to making changes in our lives, including food freedom.

First, a little bit more about today's guest, Sage. Sage B. Hobbs is a coach, speaker, author of *Naked Communication: Courageously Create the Relationships You Really Want* and host of The Naked Conversation Podcast. She's known for her bold, insightful and dynamic approach to communication, leadership and personal growth.

Sage holds a bachelor's degree from the University of Pennsylvania. Phillie, represent. A master's degree in counseling psychology from the University of Colorado, Denver.

Prior to creating her current work, she spent a decade working with teens and families to navigate the wild path of growing up. She's a mom of two, a cancer survivor, a proud teacher's wife, a "retired school counselor," a world traveler, a living room dance party aficionado and a book lover.

Thank you Sage for being here.

[0:04:20.1] SH: Oh, it's so fun to be here with you, Ali. Thank you.

[0:04:22.3] AS: It's funny. As I was reading your bio, I know that we met through Sarah Snyder who's also been on the podcast, and I totally forgot how much we have in common, including we both went to Penn, my parents were teachers and we both had the same cancer.

[0:04:35.0] SH: I know, it's bizarre. We were absolutely meant to meet. I recall that the first time we connected and when you were on my show that I was like, "Oh, my gosh. I love when there's such synchronicity." I'm like, "Oh, right. Yeah, me and Ali of course. It's meant to be."

[0:04:45.4] AS: Yeah, yeah.

[0:04:47.6] SH: Totally.

[0:04:48.7] AS: I want to open up with your story around being diagnosed with cancer and what it opened up in you, both the challenges and benefits.

[0:04:56.5] SH: Okay, great. Let's see. I was 23-years-old and I had recently graduated from the University of Pennsylvania and gone off to Kenya after graduation to teach and to live in a rural village and something I always wanted to do. I had a deep calling to adventure and to travel and particularly to Africa. I came home from my trip and had – I'd had my first job interview, like a real job, professional job. I remember I like Ann Taylor black suit, remember Ann Taylor in black? I took the train. I was back at my mom's house and I took the train into Center City Philly to go meet – to go to this interview with this nonprofit in Philadelphia.

I walked in and it was like a boardroom with four people. I was nervous, right? At that point, it was probably one of the scarier things in my life. It went well. I got this job and I was like, “Whew. I'm going to change the world. I'm going to transform public education. I'm going to eradicate poverty,” all the things you think you can do when you're like 21-years-old, full of hope and optimism. I went to work in my dream job.

About probably only a year, or a year and a half into it, I was at my desk in West Philly, I was working in four different West Philly public schools and I was sitting at my desk and I had my – I remember this part. I do not have a great memory for details at all, but there's certain things you do recall. I remember sitting at my desk with my elbow on my desk and my hand right above my collarbone working on something on my computer. I felt this little pea-sized lump above my collarbone and I was like, “Huh, that's weird.” I don't feel sick. I don't know if it's a lymph node or whatever. Weird.

I really thought not much of it, because I was young and invincible in that way that you are in your earlier years. Fast forward, I did not do something about it right away and then I had it on the other side, above my other collarbone and I remember that I have this beloved friend from Penn, one of the things I loved about Penn, Ali, was the international component. I have such a cool collection of girlfriends who were of different backgrounds. I was at my friend's parents' house outside of the city and her

mom is Persian and she's a healer. I don't even know what the translation would be in our culture. She's a healer.

I asked her to feel it. I remember because she said to me like, "You need to go to see someone." She was not a traditional western practitioner. It took something for her to say that. I remember that was when I was like, "Oh, shit. Okay." I went to my primary care doctor as you would, like not even really thinking of what this could be. Honestly, it truly did not occur to me that it was going to be cancer.

I can actually say that that – I don't know that that even crossed my mind, until I went to the doctor and actually initially, I still didn't think of it. She told me I probably had – I don't even know what she said. She said, here's a cream for this hives I was getting on my legs. You're probably sick. I went back. See, here's when it gets fuzzy; I went back and she said, "You need to go see a surgeon, because they do lumps and bumps." That's when I felt scared. I'm like, "Okay, that feels not great." See a surgeon, they do lumps and bumps. Basically, you're going to have a biopsy.

I had a lymph node biopsy and waited anxiously for her a few days. At that time, it really wasn't instant results. I didn't get that information right away. I remember that my dad was with me at my apartment in Center City. I was living downtown Philadelphia on this cool, old historic building. The doctor called me. In that moment, as soon as I answered the phone, I knew something was bad, because a nurse in all of her not so intimate wisdom said to me, "Hey, if I call you, it's going to be fine. The doctor will only call you if it's something serious."

Basically, as soon as it was the doctor's voice on the phone, I knew something was scary was happening. All I remember is he said cancer, then I threw the phone down and had a moment. My dad picked up the phone and then I breathed, then he handed it back to me and I was able to hear, "You have Hodgkin's lymphoma. We

need to figure out what stage. We need to bring you back in for further tests. We need blah, blah, blah.”

Blah, blah, blah, because that's actually all I remember. You know what I mean? I'm sure there was one word to that, but what landed with me is cancer, cancer and the thing in my brain was, “Oh, my gosh. You could die.” That's the meaning I made up right away, right? I couldn't even get the information fully dialed, before I went to what our brains do, which is to make meaning out of circumstances, right? To make it mean something.

[0:09:49.8] AS: That could be a good thing. I think sometimes in coaching, you have the choice, but it's also survival. You need to know what to do with this information.

[0:09:58.2] SH: Totally. Right. You can't help it anyway. I'm a coach. You can't help it anyway. What you want to be able to do is uncollapse it, right? I don't want to stay in the place with, “Oh, my gosh. I'm going to die.” I needed to like, “Okay, hold on.” Pause, separate like this is what's happening, you have this disease from the worst-case scenario. I did need to pull those two apart, but my initial reaction was total fear and panic.

Then I got super grounded, which is my coping mechanism and I start and I got into action. Fast forward, what happened was a series and you can ask me more whatever you think people would want to know, but a series of tests. Not all great experiences. The experience of changing doctors for a better fit, until we landed on what stage I was, which was 2B. I was not – I hadn't caught it right away, but I wasn't in my mind totally effed, you know what I mean? I was a little bit 2A would have been better than 2B. It was slightly more advanced than the middle point.

[0:11:03.5] AS: That's interesting, because I was 2A, but back then, back when I had cancer, I sound so old, A was a symptom – was that you didn't have any symptoms

and B was that you did. They didn't even stage it like that. They didn't probably know as much back then.

[0:11:18.6] SH: Or, I don't remember it properly. That's also a 100% possible, because I had the symptoms that I had were night sweats and these hives.

[0:11:28.4] AS: Oh, then you're symptomatic. Yeah, those were symptoms. I had none of that, so you have that.

[0:11:32.6] SH: Somehow, that equated in my mind, here's an interesting thing about the brain, right? In my mind, my memory of it is that that was worse.

[0:11:39.5] AS: Well, it was because you were having night sweats and hives and I wasn't.

[0:11:43.1] SH: Right, but it was worse in terms of my prognosis. They had some concern that – because there was the possibility of me getting a laparotomy, which I remember being a very scary decision, which would be an enormous surgery where they cut open your abdomen and actually pull cells from other parts deep further along than the initial lymph nodes where they know the cancer is. Because I was in that in-between stage, there was discussion of whether or not they needed to go that far to get that information. We decided not to for which I think was a great decision and turned out fine.

I remember that there was some fear around was it beyond where we have noticed it being. Maybe that's because of the symptoms, I don't know. I remember, isn't that interesting? You remember and you were younger than me. I was 23 and I'm now 41, just for those who don't know me; perspective. I don't remember that exact detail. I just remember that it wasn't awesome and it wasn't the worst. That's how my brain filed the memory.

I did both. First, I did chemotherapy and then I did radiation and I took a leave of absence from my job. That was a really big deal for me. That was a challenge. Challenges. There were the physical challenges and the psychosocial challenges, right? From the experience. The physical challenges were it was scary, it was not fun to have chemotherapy, it made me feel super miserable inside of my skin for a few days, like the most tender skin experience I've ever – I don't know how to explain it other than I felt I wanted to crawl out of my skin and I would sometimes ask my dad.

I would go stay with my dad and stepmom for a few days after each treatment cycle. I'll ask him to squeeze my feet, because I needed the pressure on my feet. Nausea. I actually never threw up, I'm really grateful for that.

[0:13:37.2] AS: You didn't?

[0:13:38.2] SH: Mm-mm.

[0:13:38.8] AS: Wow.

[0:13:39.4] SH: That was a huge change in the decade between me and you. Huge change. Yeah, because I talked to – later I met somebody else who had Hodgkin's like us. Hodgkin's Club; the club you never want to be a part of. He was also a child. He had his about a decade before me and he was violently ill often. I never threw up. They were able to mitigate that with the type of chemo they – how it had changed from that decade between the two of us.

[0:14:06.3] AS: That's great. I mean, I'm glad because I remember I had this – it's so funny, because I'm like you. I'm not actually great with details, but certain. Someone have sent this poinsettia. It was a plastic bucket of – it must have had something in it. It was poinsettias around it and it became my barf bucket. We called it bucket wash.



[0:14:27.5] SH: Oh, poor me.

[0:14:28.8] AS: There is that and it was just like, "Uh." I remember too eating and my jaw would cramp up. I got a lot of finger cramping. I'm glad I'm getting better, because they even gave me this thing called Zofran, which is anti-nausea, but it never really worked.

[0:14:42.9] SH: Oh, Zofran is supposed to be a miracle for a lot of people. That's unfortunate that you –

[0:14:47.2] AS: We're all different, right? Yeah.

[0:14:48.5] SH: I know. We're all different. Isn't that the truth?

[0:14:51.7] AS: Well, yeah. What I guess so what I guess I'm also hearing and this is that you had to switch doctors and I don't necessarily want to say that there's benefits, but what it opens you up to. How did you start to learn to communicate? Because did that have any – I guess, that's my question, because I'm thinking about how many times people when they're struggling with their doctor, doctor isn't working with them or whatever and here you are in these high-stake situations. I mean, it's the highest stuff.

[0:15:18.1] SH: Yeah. Right.

[0:15:19.4] AS: I can imagine especially being 21 it's like, "I don't want to make the doctor mad, or something doesn't feel right." Is that what got you into seeing the importance of clear communication that I am imagining starts with ourselves and what we want?

[0:15:34.2] SH: Great question. You're a very discerning host, Ali. I love that.

[0:15:39.0] AS: I hope I wasn't leading the question.

[0:15:40.6] SH: Well no. Well, let me let me go to this question of benefits. There were lots of benefits. Again, choice right? You could choose to see all that was shitty about having had cancer in your youth, right? There were plenty. There was plenty. You could also eventually come to a place, not while you're in the heart of the crisis, but hopefully afterwards where you can reflect and be like "What did that give me? What was the gift of that experience, right?"

One thing for sure is self-advocacy. I will say like, "There was something that happened inside of me where I got really clear that I needed to look out for myself." I was never docile, so it wasn't a huge leap from some girls and women who we're all conditioned, I believed in the West here to pretty much be pleasers, take care of other people, not make rock the boat. Different from the boys for sure, the messaging. That's my opinion and experience through being a school counselor for a decade and now raising a boy and girl myself and seeing how they're being trained by society.

I was not the most docile girl. I definitely had some of that core fire inside of me. At the same time, I was pretty much a good girl. I followed protocol, I worked hard, got into Penn, got these B's. There was an edge for me around like, doctors know what they're talking about and where's my voice inside of that? Where's my voice inside of that? Because what happened was I went to get a bone marrow biopsy, which is a freaking – I thought a very painful experience where they put a hollow core needle basically into above your pelvis, above your butt. Not your pelvis. What would that be? Your sacrum area.

[0:17:27.8] AS: Yeah. I woke up in the middle of mine, because they didn't get enough the first time and I woke up.

[0:17:31.6] SH: Well, they didn't put me to sleep, so that's what changed in a decade. No sleeping. I was wide awake.

[0:17:37.0] AS: Oh, that was the most pain – I think that was the most painful medical procedure I've ever had in my life.

[0:17:42.2] SH: Oh, okay. Here is what happened. It hurt and it seems here's an interesting thing; it was terrible. When they got the results back he was like, "It's not exactly clear, but I think it's this." I think we learn a lot from the people, the adults who get to advocate for us when we're young, you know what I mean? Thankfully, if we're lucky. I had been taught to be curious, right? I was like, "That doesn't feel great. That sounds too inconclusive for me to decide my treatment plan on. What's up with that what?" You know what I mean?

Somewhere in conversation with my parents we said, "Well, maybe we should go get a second opinion, right?" Again, you and I talked about this a lot when you came on my show. This is such a position of privilege. I am acutely aware – also something I learned is through all of the challenges I faced, it is not fair. The system is not – opportunity and access for healthcare is not equitable, right?

I am speaking knowing full out that even getting a second opinion was because I had parents who thought that that was possible. We had the health insurance that had made that available to us, right? When we got that second opinion he said, "I want to do another bone marrow biopsy, because honestly this is inconclusive." In that moment, I remember thinking, "Well, what the hell was up with that first dude?"

[0:19:04.0] AS: His ego.

[0:19:05.9] SH: His ego. Right. I was like I said, I had enough of that fire inside me to be like – and enough fear. I have always managed my anxiety, right? There was also enough anxiety inside of me to be like, "Hold on. I want to know for sure what's going

on here” You know what I mean? I want to live, so we can figure out what the best choices are.

There were lots of tests and opportunities to examine communication, voice and then also nuance of relationship. When I went to this other doctor he was like, “I really don't want to say anything disrespectful of a colleague,” which I thought I really respected that, you know what I mean? He said, “But it really shouldn't hurt. The bone marrow biopsy shouldn't hurt.” I was like, “What? That shit hurt.” I'm like, “Okay.” He's like, “I'm going to do another one.” I was like, “Oh, gosh.” He's like, “Really, it's not going to hurt. I've done thousands.” I'm like, “Okay.”

I remember this part for a little humor in this heavy story, that there was a really cute intern. Remember, I was 23 and I'm facing my mortality in a way that I was ill-prepared to face and he's like, “Do you mind that I have an intern learning with me right now? He's going to participate in this.” The rooms, because this was Philly, it's not the suburbs, those doctor's rooms are so tiny and I remember like, “Oh, my gosh. There's this really cute 20-something year old intern looking at my butt.” That was my last thought before he did the procedure.

[0:20:35.5] AS: That reminds me when I was in Lynchburg, Virginia and I was diagnosed with IBS. They made me get a colonoscopy, because of my cancer history and it was the greatest doctor. There was Lynchburg, Virginia –

[0:20:45.3] SH: My gosh. It's a colonoscopy.

[0:20:47.1] AS: Yeah. I raised your bone marrow –

[0:20:51.2] SH: Totally.

[0:20:52.3] AS: Lynchburg was like a 100 people, okay.

[0:20:55.5] SH: Right. I love this, but we're having this moment because I just want to say this is the humanity in it all, you know what I mean? This can happen to you and you're still a woman, you know what I mean? Like we're growing a little bit.

[0:21:10.6] AS: Trying to be.

[0:21:11.4] SH: Right, right. Exactly. In short, it did not hurt. It did not hurt. I was like, "Okay, another lesson here; not all things are created equal." People are better and worse at their crafts. There was all these layers lessons around how do I speak up for myself? Is it okay to ask? Wow, I'm really lucky that I can ask – because they're a doctor doesn't mean they're created equal. How I feel treated by them matters to me, so I felt heard and seen when he said to me like, I want to be sure before I decide how we're going to proceed.

In order to be sure, I need to do this procedure again, but it's, "I'm going to take care of you. It's not going to hurt you," you know what I mean? There were all of these opportunities and messages around what is a core belief of mine? Relational intelligence matters. Like how we engage with each other in crisis matters as much or more than when how we engage with each other in times of love and peace and affection, right?

[0:22:14.9] AS: I love that you brought up to emphasizing the relational piece to this, because often when we talk about our relationship with food, emphasis is still on the food. What clients come to start to realize is wait, it's how I'm relating. How I'm using my voice is also how I'm relating to food. It's the relationship itself, or relational as that is actually what we want to examine. Rather than what is on the other side. I mean, it matters if it's food, or conversations and the answers you get. I think, we need to understand that we're the common denominator, right?

[0:22:50.8] SH: Right. Totally. We're really in relationship to all those core things in our lives. Money is another one that's super tricks us a lot of women, right? That's a relationship, like how we perceive –

[0:23:01.2] AS: How we use it.

[0:23:02.0] SH: How we feel about it, how we use it. Does it feel dirty to us? Did we get rid of it as soon as we have it? Does it feel like a safety blanket? Food for sure – food isn't my – that hasn't been an area of extreme focus in my life. At the same time I will a 100% tell you, it's always there as an underlying thought. I have to really catch myself in my body talk as I age and have had two children and you know what I mean?

As I catch myself in that body talk, it will translate into my consumption of food and how I – it's everywhere. It's pervasive. It's really all in relationship to ourselves first. Then from there, others, food, money, exercise, wellness, creativity.

[0:23:51.3] AS: Yeah. It's also we can relate, like different situations bring out different ways that we relate. I think what's really interesting about your story and I want to really emphasize this, because I don't think most people have the experience of having an authority figure when they're feeling very vulnerable, right? When you go to the doctor, whether you don't like what you weigh, or you don't like the diagnosis, or you can't get answers, right?

We tend to think when we're in that vulnerable state, we tend to think we want someone who's going to tell us this is the plan. Right? I think doctors – I always tell my clients, part of their success is their ego, right? If I have a surgeon who's going in, I want her or him to be like, “I am the best at this. I am the –”

[0:24:33.5] SH: Yeah, yeah. I do, totally. Yeah.

[0:24:36.6] AS: That creates incredible blind spots of being not open to what you don't know that you don't know. For everyone listening, my dad's doctor who's my dad's in his 70s and the guy jokes with my dad, he's like, "You want to stay healthy, stay away from doctors. They call it a practice for a reason." It's really important to realize that this isn't – there is definitely standards of care in healthcare, but you are going to get different information and different experiences based on the doctor that – the doctor or the practitioner that you work with. Even if you're feeling vulnerable, it's really important I think and to find practitioners who are willing to make sure that you feel at peace with how things are moving forward.

[0:25:22.0] SH: A 100%. For me, that means feeling like I trust them, like safe. There means like a shared humanity. I want you to be the best and I want you to be kind and listen to me, you know what I mean? Not patronizing. This was the beginning of me really getting clear about that. I mean, I've since changed my children's pediatrician, I changed – when I moved to Colorado, I had an oncologist who was going to follow up my care. I didn't like him. He was totally arrogant and totally didn't listen to me. I'm thinking, "Dude. Dude. I am the one who just went through this," you know what I mean? I am aware and I need to be treated with respect.

I changed to another physician and his practice. It was awkward. It's a pain in the butt to advocate for yourself like that, to move your – if you have to change actual offices, then you have to move records. In this case, I felt embarrassed because – or guilty maybe, not embarrassed. I was changing within his practice, you know what I mean? I was like, "Oh, he's going to know. He's going to know I chose to leave him and go down the hall."

It was the best decision I ever made. That was 15 years ago and my current oncologist who still monitors me is amazing. He knows about my life, he cares about my life, he tells me a new research, he's thoughtful, he listens, he doesn't scare me. That's important to me and I want somebody who's going to be an alarmist. I think that a

benefit is I still I'm never going to be a doctor and unlike you, I don't want to know as much. I need to find somebody that I can ask questions of that I feel has my best interest at heart, who will communicate and relate to me.

My doctor, we talk about our travels, we talk about what I'm doing in my work. He sees a whole woman. He's been my doctor before I had kids, to now having children. There's a relationship. In that relationship, I have more faith in my care. I chose that. I chose him.

[0:27:14.8] AS: What I think what you said about the humanity in these conversations, right? He sees you as a whole woman and the cycles that you go through. I think when you define Naked Conversations, I think so many times I hear from clients, "Oh, I felt I had to be fake, or I can't bring [inaudible 0:27:32.1] there." I think self-expression is how we heal. How have you learned, or what have you done so that to talk you through that guilt of changing practices?

Or, because I also think to your point when we feel safe, we disclose information that we might not know, right? Then that we might not tell other doctors, because we think they don't want to hear it, or we think it doesn't matter, but so much comes up in that space when you start that you might not know is important and the doctor is like, "Wait, what did you just say?"

[0:28:04.6] SH: Right. Yeah, in conversation; in a really related conversation with shared humanity, anything can come out. Yeah. Yeah. Oh, that's a great point.

[0:28:13.2] AS: Yeah, so how do we start to bring more of ourselves into these conversations? Because in the work I do with clients, if we don't – we often proceed – we aren't safe when we actually are. Then if we don't have intimate conversations, and by intimate I don't mean sexual, I mean raw, human, I like how you say the naked.



We keep up this idea that we aren't safe in certain relationships and we miss out on the deep, rich connection that's possible. How can [inaudible 0:28:42.3]?

[0:28:44.3] SH: Yeah, where are we again? First, I want to tell people who are listening and you just pointed to it, but naked conversation – Naked Communication does not have to do with being naked at all. It's about peeling back the – although, that's fun too and you should use it in your bedroom as well. It's about peeling back the layers of pretense and pretending and old conditioning and messaging. That comes from a lot of places.

The way that we show up in the world comes from how we were raised, both directly from the adults who raised us, as well as the culture we were raised inside of what our background is, what we were exposed to, how we were listened to, right? We had so many factors that impact and influence how we see the world. Then there's societal messages and whether or not you have value or don't have value, based of perhaps on what neighborhood you were raised inside of and what the street lights were looked like. There's so many layers that create our own cultural identity and therefore, how we express ourselves or show up in the world.

Naked Communication is about how can we start to peel the onion, right? How can we start to really, really take some of that away, take some of that conditioning off and see more clearly who we are, how we want to express ourselves, how we want to connect and show up. It's forever work. You don't just do it and you're done. There's always another level, another layer to examine. It usually happens in a time of new possibility, a new opportunity, or a new challenge, right? Some edge points.

For me and for listeners, right? It's beginning to really look at what are my – we could go on and on about this. I'm going to try and synthesize. What am I really – what are my core values, right? What matters to me the most and how can I speak, show up and connect from those? How we often do it as out of fear and pretending versus our

actual commitments. I love this. Lynne Twist is one of my heroes of the world. She wrote this book called *Soul of Money*. She has fundraised millions of dollars to end hunger around the world, as well as now through the Pachamama Alliance to save the rainforests and indigenous lands, and she's in her 70s. She had three children and was pretty much a stay-at-home mom, supporting her husband's career years ago, when she really did some personal development work that led her to this idea of living a committed life.

She speaks about living a committed life and having your commitments be what calls you into action, not your fears. When she saw that and she had an opening to support The Hunger Project, which is an organization that helps end world hunger, she never looked back. It wasn't that I wasn't terrified, it wasn't that I didn't – I wasn't always clear on my path, but I was clear that I had a commitment of service and a bending hunger on the planet. That drove my actions.

I think that when we get clearer about what really matters to us, how we want to express it, can become a little easier. It's still scary. To say to a doctor like, "Wait, can you explain that to me more? Because I'm not sure I fully understand it, or I'm not sure that that's actually what my experience is. I'm not sure you're actually getting – that's accurate." You know what I mean? That takes courage, right?

If we're committed to our own healing for example, or to our own marriage, let's say, like to love and affinity and connection, then you find from that commitment you can sometimes find, like just a little bit of everyday courage. That's what I say to people. It's like, you don't go from sitting in your living room to Oprah Super Soul Sunday in one sitting, you know what I mean? You had to cultivate little bits of everyday courage to be like, "Let me raise my hand a little bit more. Let me be a little clearer with my intention."

Actually, what I would like for you to tell me is this; actually what I'm wondering is A, B, or C, right? You get a little courage to be a little clearer and that's the practice. Then it gets a lot easier the more you practice it.

[0:32:47.7] AS: Well, as you're talking I've been thinking like – I think sometimes we're like, "Okay, great. Now my conversations have to be completely clear," and all this stuff. To your point, no, each time you practice you figure it out as you go. I found that when I'm having hard conversations that I'm not used to, I'll even say this is hard for me. It might come out wrong, but I have the best of intentions. Just so the other person softens, right? Almost the fumbling sometimes is the naked part of it.

[0:33:14.7] SH: Yeah, a 100%. Yes. I talk about clean, clear, compassionate, right? Clean means you don't bring a whole bunch of full baggage and project it all over somebody, because you've been pissed off for years, or resentful of a medical establishment for decades. Therefore, you just [inaudible 0:33:33.5], like you regurgitate all of that you've built a case against them before they even had a chance.

[0:33:40.8] AS: I need to do and listened to that three times.

[0:33:44.4] SH: That's clean, right? You're coming at it from this moment, in this experience with this individual, right? The clear is about not hinting and hoping and wishing and implying. I really wish that they would understand this part. Maybe if I just tell them, well I heard about so-and-so had this experience. Clear is about I would like to have the least amount of radiation possible with a maximum amount of effectiveness. What is possible inside of that desire, right? That's clear. How can you help me make that happen? How can you help me figure out how to get the toxicity of the chemotherapy out of my body when I'm done? That's a clear request, right?

[0:34:27.5] AS: Yeah. I'm even thinking of like, I'm open to your suggestion, but I want to get –we're going to only give it a certain amount of time to work. I'm thinking not –

[0:34:35.2] SH: Totally.

[0:34:36.1] AS: – not chemo or radiation, but I'm thinking certain medicines, or even I'm working with a naturopath right now and I'm okay here's our timeline.

[0:34:44.8] SH: Yeah, what can we try inside of this timeline, and we're inside of this budget? I mean, just really clear. They don't know.

[0:34:52.1] AS: Yeah. I think sometimes, this is what I think is so fascinating is I say that Truce with Food is option C. Really on a micro-level, what I'm helping people do is getting out of black-and-white thinking. When you're in all or nothing, we only can see A and B. Then we feel like we're, "Uh," we don't have any choice, right? We call it no control, but what's really happening is we feel like, "I'm damned if I do. I'm damned if I don't."

I think deep down, we can tell that's not the satisfying choice. When we start to become clearer as you're saying and I loved your point about not bringing baggage, we can frame the conversation in a way and ask the questions that actually get us more to what we want. Maybe we can get it all perfect all the time and I need not perfect ideal, but if we start with that clarity, we start to generate those options C, D, E, F, right? Rather than –

[0:35:41.5] SH: Absolutely. Right.

[0:35:43.1] AS: I have to take this doctor I don't. Oh, wait. There was someone in the same practice. I don't even need to transfer my medical records and maybe I have to find out what days he's off when I schedule my appointments.

[0:35:55.0] SH: Right. You know what? Nothing ever happened with that, right? All my internal thing though, but we do that to ourselves. You also point it to something in that which I love, which is about curiosity. There's way more space for curiosity when you're not in a binary mindset.

[0:36:10.2] AS: It's hard getting out of that though in the beginning. I see this with my clients, because you don't know what you don't know, and so you don't know what questions will even get you to what you don't know. I've over the years, I start just leading with what don't I know that would help me – that I should be asking here? Because –

[0:36:26.4] SH: Yes. Right. That's a great question, especially in the space of our healthcare. I often will ask, well what else might be possible here?

[0:36:33.7] AS: I like that one.

[0:36:35.1] SH: What else might be possible here in the coaching that I do? It's like, how do we lean into our greatest capacity? Well, what else might be possible here? What else can we explore? They're just open inquiry. I'm not always great at this, let's be clear, right? There are times when we just get thrust back into our old patterns and then you peel off another layer and you're okay, but what else do I want to create? What's the option C? I love how you say that.

I just want to make sure I go back to that third piece, because that's where I read that this is about compassion. That is so hard. When I say compassion, it's for you and for the other person, because you are going to stumble. If you start trying to have intimate, vulnerable connected conversations in your personal and professional life, because I come at this from both angles. I really believe that the quality of your life is –

but on a personal level and in terms of your professional success are both directly correlated to the quality of your relationships.

You're going to mess it. You're going to come out – it's going to come out sideways sometimes. Just that is the human experience. It's so messy to be real and raw and naked with people in your life, whether it's your nurse practitioner, or your partner, or your children, or your boss, you're going to be times, right? That it just doesn't – you're like, "Oh, can I suck those?" I have that experience. Sometimes I want to go, "Can I suck those words back in?" I'm just like, "Ooh, where is the vacuum cleaner for my overly eager mouth?" Okay, sorry. Doesn't exist yet.

You're going to mess it up and that's where compassion is important. If you can apply that for yourself and the other people as they're stumbling along trying to meet you halfway, that's where there's the potential for real profound connection. I believe from that connection, this might be a little heady, you and I go heady, we went super heady when you rode with me on my show too, but I believe from that profound connection, from the foundation of deep and real connection, we could transform the world. We could transform it occasional institutions, organizations, medical establishment when we get really relational and share that common connection of humanity. There is actually the potential for a massive organizational shift. I think that's what excites me the most, right? It starts with a conversation with the world is the end-product.

[0:39:02.3] AS: It's true, right? I mean, I think about how they say all politics is local. I think that's true in the sense that it's all changes local. Let's think globally about how our choices are impacting other people, but at the end of the day, we have to start with ourselves. I see even this political divide as a metaphor of us as individuals being so divided, in split inside ourselves, right? In terms of we're missing a lot of pieces. We don't live in a culture that – I don't think we live in a culture that values relationships, or even this messy intimacy, right? We want it polished, we want it quick, we want it off the manufacturing line, you know what I mean?

It's like, oh my God. Real life is so much more messy than that. Even I'm thinking about what you were saying about compassion. In my group right now, I'm running alive. Why am I eating this? Now group and –

[0:39:57.6] SH: That's a great title, Why am I Eating this Now?

[0:40:00.6] AS: Yeah. It's a great program too.

[0:40:01.7] SH: Right after Halloween, we're recording this by the way.

[0:40:06.1] AS: A couple of the women and I just – we have very naked conversations in there and they were saying that prior to the course, they thought compassion was weak. Oh, you give yourself – give your self compassion to eat whatever you want, or it's just – now, I'm realizing through the program how hardcore it is to stay with yourself when you're a beginner, and to stay with yourself when it is your peace that you did – you messed up and it's – but still getting back up again and compassion is –

I think to the point about the global change and we're splitting ourselves, we have a hard time being compassionate with ourselves, which gives us less grace and compassion for other people when they mess up. We haven't given it to ourselves.

[0:40:51.2] SH: Yeah, it really takes a commitment to maintain our compassion and you know what I mean? It really takes that repeatedly all the time, I have to remind myself that. That comes up for me super huge as a parent. I have a masters in counseling psychology and my husband is a high school teacher. We should do parenting well. Should, in terms of what we know and then in terms of what we do.

Sometimes it's like, "Oh, my gosh. Did I get – what?" I know everything about what I just said was absolutely the antithesis of what I know better about, right, so in heat of the moment. The compassion, it's a commitment again. This is one of the things I talk

about in the book is just in order to come to do this and to do it well, you have to recommit to it all the time of how you're going to show up, how you're going to treat yourself, how you're going to treat other people, how you're going to ask questions, how you're going to listen, how you're going to layer on compassion. It really takes something.

I love how you bring it out to the more macro level and a societal level. I actually think we do want to be connected. I actually think as human beings, our innate desire is this intimacy and vulnerability and step of connection that that is a longing. I really mean, pretty much everyone maybe barring those on a certain diagnostic access of personality resource in the DSM in my background, right? Most human beings are craving that.

What I think really gets in the way and I see this in the political divide you're speaking of is fear and divisiveness, right? It's like, things that we don't know and are unfamiliar to us make us nervous, and so we pull away versus leaning forward. I think it's Brene Brown says this thing that I love so much. I never get to quote quite right. I should look it up, because I say it all the time to myself and others, but it's basically like, it's easy to hate from afar move in, move closer, and there's risk in that, right? There's risk in that. There's risk in that. The reward is enormous, and that's where I think we have to be driven and called from that commitment, that reward, that potential for our own healing, our own love and affinity and our own impact.

[0:43:09.3] AS: I totally agree that we do want to be connected. I've mentioned this on the podcast before and some people on Instagram were like, "I just started reading the book." This book that I just finished, it's called *Ascent of Humanity* by Charles Einstein. It's an amazing book. It's 600 pages. I think some person –

[0:43:26.1] SH: Wow, wow, wow.



[0:43:27.4] AS: Yeah. It's 24 hours on audio, but he talks about the fundamental challenge we had. He does draw a lot of parallels between the right and the left is that we are disconnected from nature, which is our true nature. I mean, the book is amazing, but he talks about as a result of this connection, how we see everything as we are, which is disconnected and separate, rather than – he talks about how agriculture, especially created this idea that we could dominate nature and we were above it, and that started to create scarcity.

Because before then, hunter-gatherers never had scarcity of food. They never had scarcity of time. They didn't even have concepts of time. I mean, this book is super heady, talk about heady. As I read it, it enabled me to soften and really listen, because I think another part of these naked conversation is listening and hearing in new light people who seem so polar opposite of me. I'm like, "Oh, my God." Through this book, I realized we're both saying the same thing, it's dressed up differently.

For example, people who they'll say they don't – they're really, really religious, right? They don't believe in evolution or anything like that. What his argument is like, that's this want – this want for nature, their spirit in nature. When we started putting ourselves above it, we made God outside of us, but we are all God. That desire for – I mean, it's not religion. He's not advocating for religion, but there is a spirit to life. That's that extreme version, right? If we don't have the spirit – if we don't see the spirit in each other, it comes out in this way, right?

I'm like, "Oh, my God. That's so true. I want to know that there is a connection between me and someone else and everyone and that everyone can change and is worthy of connection." I'm going off on a tangent, but it made me able to start to listen to people with very different opinions, but also hear different things in the conversation. I think it actually changed a lot over the past couple years. I mean, I still had my own blind spots. Don't get me wrong, I was just in – Carlos and I were just going to get an anger match on Saturday about some judgments I have that were not nuanced. I'm like, it

was right after the shooting here in Pittsburgh and I'm like, I'm in a fit of rage. There is no space for nuance right now. I was crying and I was really angry.

[0:45:51.1] SH: Right. Like I said, in the moment of crisis when you access this beautifully, that's when you have to feel raw and you have to feel the things before you can access. There is something so beautiful in what you're saying and it's really – like to be at the heart of this work is when we can see our shared humanity, when we can connect from that place, the possibilities are infinite for our own. If you want to take it on a micro level to our own health and wellness in terms of our own well-being with the people who share our healthcare with us, all the way to a macro-level of peace in terms of that human thread can be brought closer together when we really, really can see the shared humanity.

It is not I have strong opinions. I have strong opinions and I have worked really, really hard to also listen. I have to really stay present to that and now I think it's one of my greatest strengths and facilitating groups and leading and having conversations is can I see multiple perspectives? It doesn't mean I have to agree with them. I still fall on the side of what I would like to be the best course of action for it to solve a problem, or what's right and what's wrong, but can I see their point of view? If that's what informs their experience, okay, that's how they see it. They don't want to tank the economy. They just think that there's a way, a different way to support our people than I do, you know what I mean? That has been an art form.

It has been an intentional, an intentional thing that I have my work centered around over time, because it was – I was way more fist-pumping in my 20s. I still have mostly the same values and the same beliefs, but if I want people to hear me, I come at it a different way now.

[0:47:44.9] AS: Yeah. That's the key, right? Because it's interesting. I have so much capacity and empathy for people's health and emotional and stuff around food and

their health, because I've really worked on that stuff myself. I can be with so many different opinion, so I don't care if there's one diet. I don't believe one diet works, or anything like everything about my beliefs around this stuff is nuanced and complex.

[0:48:07.9] SH: Right. Yeah.

[0:48:09.0] AS: Certain issues that I have.

[0:48:10.2] SH: It's flexible. Open and flexible.

[0:48:11.6] AS: Yeah, yeah. That's why I stick to help him on this. I tell everyone I'm a one-hit-wonder. I know wellness and don't ask me not anything else. I mean, but there are certain issues that I have no agency, I have no choice around, because I just am still so fearful of and when I see polluters given, companies given carte blanche to not be regulated I'm like, do you know the – I mean, we're already exponentially increasing cancer. We're hitting a tipping point of toxicity. That just scares me so much, I came to the other side.

Then I learned, well you know what? The regulations, no one's enforcing them anyway, so there's an opening sometimes. That's not true all the places, but it's a lot more nuanced, I guess than I thought, than I originally allowed myself to think.

[0:48:59.0] SH: You want to understand a problem from all of its facets to best be able to solve it, you know what I mean?

[0:49:06.7] AS: Well, and to your point about – I think it's great that we don't – I hope we all agree on each person's humanity and can acknowledge our country's history and all that stuff. When I think about even my doctors, like the oncologist that I had in Philly, he was much more conservative and I wanted him – we had very different

views on things, but I wanted to go to him because I knew that was a blind spot of mine, right?

It's like, when we get more comfortable with ourselves and clear on our choices and we could have – if we're confident in those conversations, sometimes I think people think peace is like, "Oh, we're all kumbaya." It's like, no. It's when we can all respect and be in different places, including at the Thanksgiving table, right?

[0:49:49.9] SH: Right, right. I mean, you and I both we've talked before, so I just want to – it's not that there is an action to be done to fight for what you think is good and right and peace generative in our communities. I don't sit over here and be like, "Oh, I understand your point of view," you know what I mean? Therefore, all as well. I mean, I listen and then I try and go from that place. Okay, what's going to be the most effective way to move forward? Because if I just yell at the person that I think is a total ass, but believe me I want to do sometimes. There is zero chance of moving the needle. Zero chance of deeper connection for brainstorming, you know what I mean? I just think, it's a dance, it's a dance. It's this idea of leading for connection, leading for connection has enormous power in it.

[0:50:40.0] AS: Oh, I love that. I think that's a great place to end. I think for everyone listening, I hope you – you said so many great things. Really think about leading with connection. Start with your existing relationships. Where do you feel safe already? Try opening up anymore, because isn't there so much healing in this intimacy stage?

[0:51:00.2] SH: Oh, my gosh. It's where the magic is. It's where the magic – I mean, not in a cheesy way, but joy. It's where joy and hope lives in this intimacy. I just thank you so much for being willing to be so real in this conversation, Ali. It's such a privilege.

[0:51:15.2] AS: Oh. That's the only way I know how to be in these conversations. Or kind of all of them. Carlos said I'm really good politically at the poke and jab, where I poke

and job and then leave. He's like, "You're great at the poke, job and then run." I can be more spacious here. Is there anything that I forgot that you'd like to add, before we wrap-up?

[0:51:37.9] SH: No. I think we really covered a lot. I just want to send people off with a bit of hope that there's the opportunity at any moment in time to reconsider how you relate to the people in your life and to just look for those opportunities for connection from the grocery store. I love talking to the clerks, all the way to your mother-in-law, or your boss and just look for how do you want to be more generative in the way you show up with the people in your day-to-day life. That's all.

[0:52:05.3] AS: That is an amazing question, how to be more generative? In other words, how do you – when you were saying that you like to ask what's possible and I'm like, "What don't I know?" I'm like, "That's so indicative of our personalities, right?" I want all the information, so I can do it possible. When you're like, "Let's just find out." Thinking what's possible in this relationship, right? Rather than going into it. Can you repeat those three C's again, because they were so powerful?

[0:52:32.7] SH: Clean, clear, compassionate.

[0:52:35.6] AS: Yes. I love that. I just wanted to do put a plug in for Dr. Kristin Neff has a self-compassion quiz, where you can see how you lack self-compassion. I will put that link into the show notes here, but you can also google Kristin Neff self-compassion quiz, if you don't want to go back to the show notes. I highly recommend it, because it will help you be clear on how you disconnect from your own self-compassion, because self-compassion is hardcore.

Thank you so much, Sage. Where can people find more of you?

[0:53:05.2] SH: They can find me on my website, which is [sagebhobbs.com](http://sagebhobbs.com). I'm on Instagram and LinkedIn and all the places, but really I'm not that great on social

honestly, truth be told. My website is the best place, because that's where my book and my podcast are. The second best place is probably Instagram these days.

[0:53:24.3] AS: Wonderful. We will have all those links in the show notes as well. Thank you so much for being here, Sage.

[0:53:30.6] SH: So great to be with you, Ali.

[END OF INTERVIEW]

[0:53:35.8] 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](http://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. Remember always, your body truths are unique, profound, real and liberating.

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