

*Stephanie  
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**The Beyond The Food Show  
PODCAST TRANSCRIPT**



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# Podcast Transcript

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**Stephanie:** Welcome to Episode 44 and today is all about a practical step by step approach to connecting your mind and your body. Dr. Rachel Carlton is going to teach us how to be body wise and how to reconnect to our body in a very easy manner. It's a technique that she has developed her own practice. She's an MD and an integrative family practitioner. And to help her patients, with her diagnosis and her protocol, she's teaching them those steps and she is coming on the show to talk to us about it. And you know how passionate I am about the mind-body connection and how much it did for my own health journey and how I use it with my own patients, so this is a show that I've been waiting so long to share with you but I'm happy the day is finally here.

Now for those that are new here, if it's your first time or the first few episodes, you may not know this but I have a program called the Keto Connector that helps you implement those principles into your life with the other lifestyle elements such as stress relief technique, food and lifestyle changes. It's called the Keto Connector. And today I wanted to share with you how Kim, who has gone through the Keto Connector in actually my beta test program – so a few months ago I actually tested this program with a bunch of people before launching it to you because I'd been using the Keto Connector in practice one on one with patients but I had never actually run it in a online system so I had to create a bunch of videos and tutorials. Kim was one of those persons who volunteered to test the program and she's sharing this testimonial because of how it changed her life. So listen to this.

"The post today in the community made me realize that I'm doing a lot better than I thought. I quit drinking wine in the evening over the past few weeks, and that is a huge boost for me and another stressor gone. So grateful for this group and the amazing ladies."

One of the elements of the Keto Connector program is what Kim talks about, is community. And especially for women, it is so important to be in a group of like-minded individuals. And the program Keto Connector comes with the ability for you to join my community so you are with other women that have either gone through the program or are going through the program so you can get that boost of energy with being with like-minded individuals. So that's a huge element of success in any type of protocol for health, so part of the Keto Connector is being in that community. So if you are interested, all the links to the program are actually in the show notes and on my website. You cannot miss it.

So are you ready to get in to mind-body connection with Dr. Rachel and increase what she calls your emotional intelligence? If you are, let's do this.

Our guest today is a family practice physician, an integrative health expert and author widely recognized for her work in balancing conventional medicine and wellness practices to heal the body both physically and emotionally. A graduate of Stanford University and she received her medical degree at the University of San Francisco and earned a master degree in holistic health and medical science at the

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University of Berkeley. She's a Board Certified family medicine and integrative and holistic medicine and has been voted best doctor in Santa Cruz County every year since 2010. Her newest book, *BodyWise: Discovering Your Body's Intelligence for Lifelong Health and Healing*, offers a new approach to healing, showing women of all ages how to decode their symptoms to create vibrant and lasting health. So welcome to the show, Dr. Abrams.

**Dr. Abrams:** Thanks so much. I'm happy to be here.

**Stephanie:** I am so excited to have you on. As we were talking before – the listeners weren't privy to that – I feel like I've discovered my sister. I have a brother but I don't have a sister yet and I think I just found you.

**Dr. Abrams:** Done.

**Stephanie:** So I've discovered Dr. Abrams on a fellow podcast, a ritual podcast. That's actually how I came across you and I was hooked within the first five minutes you were talking because you're talking about body messages.

"Who is this woman?" So I started researching, found your book – and I'm showing it for the people on YouTube right now. I found your book and I just devoured it because you were referring to exactly what I've been talking about for the last two years. And I'm like, "Oh my god, and she's blending the science with that." It's so interesting so I'm very happy to have you here.

**Dr. Abrams:** Thank you so much. I'm excited to be here and I love what you do because, again, it's right up my alley.

**Stephanie:** I know. I think we're going to have a long story together in the future.

So *BodyWise* is the name of the book. It's about discovering that body intelligence and getting in tune with your system as a means of communication. So can you give the listeners a high level version of what the message in the book is about?

**Dr. Abrams:** Sure. I've been an integrated physician. I've been a family practice doctor for 20 years. And this all started – I mean, this book is really a distillation of my experience for the past couple of decades because the people who walk into my office, women and men, who seem to do the best – and I see people with really difficult problems because people come to see the integrative doc either because they hate regular doctors or doctors in general or because they have really frustrating problems. They've got fibromyalgia, they've got chronic fatigue, they've got chronic pain, they've got digestive issues that can't be addressed, they've got cancer that seems beyond treatment, they've got difficult, complicated problems that aren't well-addressed. And of all the things I do – and I have a lot of bells and whistles

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that I use – I use nutrition, I use herbs, I use fancy testing – by far the most important thing I have in that room is the person sitting in front of me and what he or she has to tell me about their story because the answer always lies in the patient. Always, always, always 100% of the time. So if I can be a really excellent listener and help her or him get in touch with what their body is telling them, then we have a crack at it.

And the folks who are able to listen deeply to their bodies, both their basic sensations – some people even struggle with that. We can talk about that in more detail particularly when there's been any kind of trauma. It's a difficult or a really repressive culture. I would kind of put Western culture in that category. There's a real suppression of even listening to the signals of your body at all. But people who can listen to the signals and then make sense of them figure out that's physical or that's emotional or it's a little bit of both and listen deeply to what their bodies have to tell them. And that could be literally a dream or that could be a flashback memory they have or that could be – like my patient who had abdominal pain, which was diagnosed as gallbladder disease – which, by the way, it was gallbladder disease – but she only had pain when she talked to her mother. She didn't need surgery. She needed boundaries. As soon as we were able to help her recognize that yes, she had pain, yes, it probably was gallbladder disease, but as soon as she figured out how to deal with her abusive mom, she didn't have pain anymore. Those people get better.

So the more body intelligent I can help my patients to be, the better they are and the better able they are to crawl out of some of these complicated issues. And I know you teach a lot about obesity and I'm so glad because it's so poorly treated by medicine and it's so ridiculously treated by our society. And in my humble opinion, I think the single nugget that helps people get to where they want to go is getting back in their bodies and loving themselves and listening to their own body's intelligence because from there, all possibilities are open, all paths. And it's important because not everybody needs to walk the same path.

You and I don't need the same behavior to get to where we want to go. We need what's necessary for us at this moment in our lives. So BodyWise is all about empowering women and men to get really body intelligent, to get in touch with their body intelligence so that they can actually make smart decisions about their healthcare and their lives in general.

**Stephanie:** That's brilliant because that's the tool that should have been taught to us from a very young age. But unfortunately, today's society doesn't teach that.

**Dr. Abrams:** No, you don't talk. We discourage it.

**Stephanie:** Absolutely, because we have a system that compensates for not doing it.

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**Dr. Abrams:** Yeah.

**Stephanie:** There's a part in your book, at the very beginning of it, where you said, "My body wisdom helped me in fact and forced me into a transition to the necessary next phase of my life, my healing journey." So how did this concept of body wisdom come to your awareness in your personal journey?

**Dr. Abrams:** Right. Well, it's a great question and it's really good to talk about in the context of why it's hard for your doctor to help you with this because it may be that Western culture is lousy at really respecting and listening to the body. I think it goes all the way back to Descartes, the separation between the mind and the body, when, hello, not separate. Every modern neurologist or neuroscientist will tell you that the mind is distributed throughout the body. It's not just in your head, it's not your brain. So if you're walking around like this, like a head with this thing that dangles down here from your neck, it's not – it doesn't work that well. It doesn't work that well. And we compensate, like you said, in all these ways because we can, I don't know, order out, take out and take more ibuprofen or take more morphine or whatever your thing is to not feel your body, but it's not the way to be well and vibrant and happy.

Unfortunately, even worse than the rest of society is medical training. To be a good doctor, part of the definition in the training is that you need to ignore your body. You need to be in surgery and ignore your painful legs. You need to be in surgery and ignore the fact that you have to pee. You need to be in the ER and ignore the fact that you're hungry for 12 hours straight, and then you need to eat doughnuts because that's all that's there, because people are nuts and need more energy and that's quick energy.

Medicine is a particularly lousy place to learn body intelligence. In fact, it's where body intelligence gets shut down. I would say that as a young person I was pretty body intelligent, I just – I don't know, I was born that way. I think that the best thing my parents did is they mostly left me alone.

**Stephanie:** That's good.

**Dr. Abrams:** They didn't bother me. I was the third kid. They were busy. I got to go be in the woods and do whatever I wanted to do.

I was kind of an embodied kid and I loved nature, and I really think being in your body is deeply connected to being connected to nature because, hello, our bodies are nature. We are animals just like the rest of the planet.

**Stephanie:** Yes, absolutely.

**Dr. Abrams:** But then I was smart and so I wanted to be a doctor. So then I studied and went to college and then I went to med school. And again, your success is really dependent on your ability to ignore

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your body just to a large extent. And I got really good at it. I was really good at it. But that is not without consequence just like all of us. You can ignore it but you will pay ultimately. When you're young, you've got a little more of a leash but the older you get, the less you can do this and still feel well.

In my medical residency – and I had a kid during med school, then I had twins at the end of residency and got married in med school. It was a little bit insane. I wore myself out. I was exhausted after my medical training. And then I started my practice. I was being somewhat body intelligent. I was working part-time because I had three small kids. I wanted to be with them. But my job was still a 12-hour day and the way Western medicine is set up in this country – in many countries but particularly in the United States, talking about right now – doctors, in order to be able to make an income and bill insurance have to see patients every 10 to 15 minutes. It is the consequence of the reimbursement system that we have. And it's kind of nuts because you don't have time to listen to people in that period of time.

I was the kind of doctor who really cared about the root cause of the disease. What we're talking about – how do I help my patients really heal instead of just writing them another prescription. And it hurt my heart to have to get to the end of that visit what really mattered. Like somebody is getting abused in their home by their partner or they have this horrible abusive relationship from their parents or they're in a job they absolutely hate but they feel like they have to be in it to get societal approval. Whatever the root cause of the illness was, we would get to at minute 14 of 15. And then I would have to shut them down, shut me down, shut down my heart in order to see the next patient and not be an hour behind at the end of the day.

It was exhausting. It was spiritually exhausting and it was physically exhausting. And my body didn't like it because – this is the thing, the body is not just this physical thing that doesn't great intelligence. In a way, if you're someone who is at all spiritual or you just think that there is a greater knowledge in the universe or a self with a capital S, the body owns this. So my greater intelligence started giving me headaches only on workdays.

I didn't get it. It took me months to figure it out and I had to have someone else tell me about it because, hello, I wasn't paying attention to that. But as soon as I realized I only get headaches – never having had headaches in my life – on my work days, and it's not my stethoscope and it's not my neck or my computer. I was like, "Oh, right. I'm being asked to do this job." And I knew I needed to. I'd already done all the training to do so. But I was terrified like many of us are about life transitions. And so I took a deep breath, I got a little help, and I left. And when I quit I still had to work for six months, but literally the day I handed in my resignation my headaches stopped.

Amazing. The whole body- soul, body-brain connection – amazing. Why I also tell stories about this – and I wanted to just talk, Stephanie – with other stories I tell about native peoples and how body

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intelligent they are. How much they are in touch with their deep intuition in their body and it allows them to track animals and predict the weather and know when something dangerous is going to happen. It is part of our inheritance. Everyone has it. But we've all shut it down for one reason or another. And it's really just a matter of hooking back up to this deep intelligence that lies within you and then being respectful of your body, not talking about it as if there's me who wants to do all these things and then there's my body stopping me. It's all you. The body is you. That incarnation, you're a human. So we're all one, all connected up – physiologically, neurologically neurochemically, all one.

**Stephanie:** And it's the reason why I'm shaking my head and I'm agreeing with you is your story is my story. I had panic attacks when I was at the peak of my corporate career. I went from a cashier to the executive vice president of store operation in 12 years, so you can only imagine how much work that was. I was almost going through medical training. And one day I stepped on stage to give a public speaking engagement for my company and I had a panic attack. And I was shipped to the hospital thinking I had a heart attack. And then the following weeks, every time I would go on a conference call or a speaking engagement to talk to my team, I would have a panic attack. Literally, the moment I pressed the mute button on the phone, I would stop breathing. Talk about body messages.

And then the fourth week after six panic attacks, I signed up with a coach, a health coach. Never had a panic attack since then. Just shut right down because I listened to what my body was telling me through those panic attacks.

**Dr. Abrams:** Can I ask you something about that?

**Stephanie:** Yeah, go ahead.

**Dr. Abrams:** Did you have little signals along the way that you ignored prior to the panic attacks?

**Stephanie:** Totally. I mean, I was 100 pounds heavier than I am today so I was out of breath. I was at 34 diagnosed with pre-diabetes, high cholesterol, high blood pressure. I had a skin condition. I was very anxious, I was biting my nails to the blood.

**Dr. Abrams:** There you go.

**Stephanie:** I had a ton of messages but I suppressed, suppressed, suppressed to succeed in my career. And to do that, I had to disconnect and just be the head because that's what it takes to be successful in the corporate world.

**Dr. Abrams:** Yes ma'am, it is.

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**Stephanie:** Yeah. Because if I lived from my heart – so there were days when I would fire – not me, but I would sign off on paper to fire 500 people. Can you imagine the impact if I was to do that from my heart? I wouldn't have been able to do it. And what happened is when I reconnected with my heart through diet and movement and spiritual teaching, I wasn't able to do the work anymore and I had to quit.

**Dr. Abrams:** One thing I want to say to our listeners is that my story and your story are not unusual. I know lots of people with this story. But I do want to say I don't think you have to leave your career in order to have a transformation. Like I didn't actually leave medicine, I just had a different doctor job.

**Stephanie:** You modified.

**Dr. Abrams:** I modified. And I have lots of patients and clients in corporate America, for example, who just need to change the way they did things.

And the other thing I want to say about that - like you right now, don't you feel far more powerful and successful and a better leader than you were then?

**Stephanie:** Absolutely

**Dr. Abrams:** So the body intelligence doesn't make you have to leave your job. It means that if you're doing that job – and let's say you did have to fire 500 people but you were fully connected, the way in which you did it would've been kinder, more compassionate, more effective. So body intelligence actually makes us better leaders. And if you see somebody who's particularly charismatic up on a stage, who really impresses you, I will guarantee you that person is in their body because they're actually inhabiting their whole self in order to project their teaching or their power, whatever it is, out into the audience. So I mean, it's like this secret tool to greater personal power but it will require of you that you listen. You can't have the power if you cheat and then you want it for the presentation but you want to ignore it as you work 16 hours. It doesn't work that way.

This is like your better self slapping you upside the head. And I often say, just like with you, Stephanie, I was the same. We get little – it nudges you a little bit and then you don't listen. And then it kind of shoves you. And then if you still don't listen, then it really –

**Stephanie:** It was the baseball bat in the back of the head, that's what I said to people. The baseball bat had to come out and whack me in the back of the head for me to listen.

**Dr. Abrams:** Yes.

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**Stephanie:** In your book, you teach about the four-step process of how to get body wise or body cue, as you say in your book. Can you tell us at high level about those four steps?

**Dr. Abrams:** Sure. You build your BQ, your body IQ in four steps. The first thing is – I am a doctor so I do believe in measuring. We can sense tremendous things in our body. I had patients who predicted cancer, autoimmune disease, all kinds of things. So I'm not saying we can't sense things in our own bodies, we absolutely can. But it gets difficult to sense your cholesterol, for example, or even your blood pressure unless it's really high. So I do believe in measuring and just having a sense of how is your body doing, so your blood pressure, your pulse, your cholesterol. Basic wellness labs, I think, are important for everybody, certainly by the time you hit 40. As you were saying, you were already having blood sugar issues. I've had blood sugar issues, too. I mean, who would guess? Who would know? But now that I know that, I'm empowered and I can do something about it. So measure is the first level. And that includes MRIs or X-rays or whatever testing is necessary.

The second level is sense. And that is really sinking into your body – and I do give exercises on how to do this – to actually be able to feel every part of your body, which to some people seems completely elementary, and to other folks they go, "What body? What do you mean feel your body?"

**Stephanie:** And that was me. Like when I started my mind-body work, the practitioner would touch me and was like, "Can you feel this?" I'm like, "What are you doing?" I couldn't feel what she was doing with my body.

**Dr. Abrams:** So how are you supposed to know when your stomach is full if you can't feel your body? Impossible, right? Impossible. So that second level is really all about re-inhabiting our bodies and feeling the sensations of our bodies in detail. Not just "Oh yeah, there's a thing down there but – oh, it's a vibrational sensation and gosh, it feels about this big and it really feels stabbing." What's the quality of it?

Then the third level is feel. And that's because, as I said before, physical sensations – can they be purely physical? Sure. If I go sprain my ankle right now, I'm hurt. I stretch my tendons, my ankle swells, it hurts. Okay, that's physical. But we have lots of things we feel – headaches, belly pain. Like when feel anxiety or anxious, those are all physical sensations in the body, real neurochemical hormonal experiences. But their cause is emotional. So feel is the process of going, "Okay, I got this sensation. Is it associated with any memories, any feelings, anything else?" Like my patient who had belly pain when she talked to her mom.

And then the fourth level discernment, which is how do I put all that information together. So in that patient, she had an ultrasound showing she had gallstones. She had her own physical sensation and then she got that emotional association with her mom and suddenly discernment. This is her body talking,

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this is her body saying, "You need to develop a different relationship with your mom." And for her, she had to stop talking to her for a little while. And when she did, her pain went away.

I mean, that's the other big thing. This is testable. I'm someone who believes that when we make a change, you should feel it. Whether it's a supplement or it's a lifestyle change or whatever it is, you should feel that it makes a difference for your body. And if it doesn't, maybe we need to try again.

And learning the language of the body is a skill. It's a complex skill, actually. I often say the sensations are words, the vocabulary, and the feel aspect, the emotional part is metaphors, and discern is really the story itself. But all of those levels take a while to understand so we don't always get it the first time. We usually don't get it the first time. And then we try it out, we try something different. We experiment on ourselves what works best for us. But that process allows us to have this nuanced relationship that allows us to really love and take care of ourselves at a whole another level.

**Stephanie:** That's very important because it's an evolution. It's not something you get or you don't get.

**Dr. Abrams:** Correct.

**Stephanie:** I believe we're all born with it because I spend time with my niece and nephew – I don't have kids but I have three nieces and nephew and I was observing them when they were really young. Around probably before the age of three – and they have all those four elements intuitively in them. And you can observe it when they enter a room full of strangers. They won't go to certain people. They all go to others because they feel. And often parents will push them to go and shake hands or give a kiss to somebody when really the child doesn't feel like it. And that's exactly those four steps.

**Dr. Abrams:** Right. Exactly. As a parent, I have three kids. It was really important to me to respect my children's intelligence in that way. I never made them kiss anybody they didn't want to kiss. It's their body. But it's the way most of us got parents in that traditional way where adults know best, children don't know, do what society expects, don't listen to your body. And so it's like we have to be parents ourselves. We have to un-train all of that. And if you have young ones, you don't want to train in them the same problem.

**Stephanie:** Absolutely. Is there any science behind this? I know you have that part of your brain that is a doctor. Is there any science in that body wisdom, to acknowledge that for people who may be doubting that avenue of thinking?

**Dr. Abrams:** It's a good question. Because we don't have a definition of it or we don't have a scientifically testable definition of it, we don't have any studies on body intelligence in the way that you and I are talking about. But I will say, when you look at native cultures, I find that really interesting. In

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integrative medicine we're often looking at other cultures for answers because, hello, it's going to take us a long time to have enough randomized controlled trials – which, by the way, I love them. I'm a total scientific geek. But it's going to take a while for us to have that on all the herbs that exist and all the supplements that exist.

Some of what we do, we base on traditional knowledge, like it's been used in Chinese medicine for 3000 years. That's a little bit validated even if we don't have a trial. And what I would say about body intelligence is that you don't have to look very far back in human history to find body intelligence as the thing that helped people survive. Even now in traditional cultures, if you go into the rainforest to those tribal cultures, they actually talk about their dreams in the morning and they use those dreams and their intuitions to make decisions about what they're going to do that day. And many cultures have been like that because if you didn't have body intelligence, I'm sorry, but your genetic line got wiped out, you got eaten by the lion or you couldn't sense what was going on in the culture. And it's only modernity that allows us to be dissociated in this way.

**Stephanie:** And I think we just have to go back 150 years, maybe 200 years ago, to look at medicine back in the days. There were no X-rays, there was no MRI, there was no medication. It was all traditional and literally feeling the body, or the doctor would feel the body or the patient would come in with some type of symptom and then there was a directional decision that was made on what to do about this condition.

**Dr. Abrams:** Right. And I still trained. Now, almost 30 years, 25 to 30 years ago, when there were doctors who had been traditionally trained without echocardiograms and without MRIs and without X-rays, and oh my god talk, about clinical acumen. And it was deep intuition married to cardiologists who could hear every kind of arrhythmia with no echocardiogram and then treat it, who knew how to assess a patient in that deep intuitive way. And now we have doctors in front of computers, typing on the computer while talking to the patient over here that they're not even looking at. Talk about taking away their clinical ability. I mean, it's sad.

And I've got to tell you, the doctors don't like it. They know they're not doing their best job. So I think we're blinding our best healers. And hello, 90% of illness that walks into doctors' clinics in the United States, in the U.K., in most of Europe, in most industrialized countries in the world is lifestyle-induced. We're talking about blood sugar, obesity, diabetes, blood pressure, cholesterol, cancer. Those are lifestyle diseases. That means they're caused by what we choose to do and what we're exposed to that we don't have any choice about. But we can actually fix all those things, but you can't fix it if you're not connecting with the patient because, Stephanie, do you and I know what we're supposed to eat?

**Stephanie:** Yes we do if we listen.

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**Dr. Abrams:** I mean, who listening doesn't have a sense that they're not supposed to eat doughnuts? We know this. We know this stuff. The problem is not that people don't know. The problem is that there's a reason that they're not choosing to do it. And we're not going to get to the source of that problem unless we're really listening as practitioners and/or you're listening to yourselves because reaching for the French fries or reaching for the doughnut or stopping by the drive-thru has to do with stress, lack of money, feeling lonely, feeling anxious, needing a pick-me-up, being chronically exhausted, all kinds of things that we have to address if we're going to help people make their decisions.

**Stephanie:** And that's exactly what I want us to focus on now for this part of the interview is the whole piece on emotional eating because I strongly believe through my own personal journey – I mean, emotional eating for me started at the age of 11 when my family moved and I lost all my friends and I felt lonely. And I had no tools to deal with this loneliness so I started to eat. And I continued to go to food every time I would go into an emotional traumatic period of my life because I didn't know what to do with this emotion so I went food as a means of numbing. And that's a form of body wisdom. Your body will send you a signal of craving. And so how do we move away from that based on the body wisdom? How do we use those intuitive moments of craving as a directional tool?

**Dr. Abrams:** Well, I always say, because these patterns are deep, we have to start this with a giant scoop of compassion for ourselves because no one's going to do this perfectly right off the bat. The first thing is just recognizing it, "Oh, here I am, stuffing my face with potato chips again. Ha. This is probably that thing that I was thinking I was doing, which is emotional eating." So awareness. "Here I go again, I'm driving to 7-Eleven at midnight because whatever." And it's okay. Nobody loses weight because they hate themselves, or they might but they'll gain it right back again. You and I know this. This is why dumb diets don't work or super restricted diets.

If you're going to have sustained wellbeing in your body, it's because you love yourself. And loving ourselves includes not really beating up on ourselves for making decisions we know are bad for us. So awareness, first of all. "Gosh, here I go again." And then the next time, as soon as you can get in front of it – and this goes for all behavior. I mean, I've also been married for 25 years. That thing where you keep reacting to what, here she says you can't help it. But as you're doing it, you're "Oh yeah, this is the thing I do."

**Stephanie:** It's happening again.

**Dr. Abrams:** The first thing is recognizing it. The second thing is, just a millisecond before you go, "Oh, right, I'm reaching for the cupcake, here it comes." And I realize this is that moment. I'm going to take one minute and I'm going to take a breath. I'm going to take one breath. And maybe I'm still going to eat some of the cupcakes but I'm just going to think about what is the situation I'm in personally, both

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environmentally – what's around me, the people that are around me, the conversation I just had – and how do I feel inside my body right now that's making me want the cupcake, because that's body intelligence.

Understand the sensation. "Feels like hunger." Probably not. Probably something else. Not that real hunger doesn't happen, it absolutely does. And I'm not into people starving themselves, I don't think it's a good idea. I don't think we should be hungry for long periods of time. I don't think it's healthy. But just getting in front of it a little bit allows us to sometimes shift those behaviors. I mean, I got through medical school on banana bread and vanilla nut coffee with sugar and banana bread because it was comfort food, because it reminded me of what my mother used to bake. So it's just this one moment where I go, "Maybe instead of that – I'm still going to treat myself but I'm going to choose this lovely sugar-free chocolate that I found that I really like," which is a fine decision. Sugar-free chocolates are actually good for you as long as it's sweetened with decent sweeteners. I think there's the awareness about it, the millisecond beforehand, and then shifting it to a better option.

A lot of people will say, "Oh, just go for a walk or do some jumping jacks." I think that's lovely if you can do that but a lot of us can't always do that. So sometimes shifting to a treat or something that is at least not going to make you feel worse when you're done with it is a good short-term solution.

**Stephanie:** And also, because that is my four-step process to eliminate the emotional eating that Dr. Carlton just elaborated just now, I want to say to people, as you practice this awareness, this body wisdom, your body tends to not scream as much at you, because in part the reason why your body screams at you to your craving is because you don't pay attention. And when you start paying attention the scream gets not as loud, is not as frequent. Am I correct?

**Dr. Abrams:** Absolutely true. And we should talk about addiction a little bit here, too, because I think that sugar, for example – let's just use sugar, which is unbelievably addictive. It's neurochemically addictive. And not everybody has this but some people really, really do, and they eat sugar and dopamine spikes in their brain. That's what happens with heroin. This is the addictive neurotransmitter. You just got a big shot of feel good hormones, so of course you're going to want to do that again.

Getting off a lot of foods, I think, works the way we just talked about. But some people have to actually stop cold turkey and suffer a little bit because sugar has this withdrawal quality for many people and you have to get through that period of a week to two weeks. And then the cravings really do go away. And that's the thing that I think people need to know, which is it's not easy in the beginning. Like any habit, it's not easy in the beginning. But if you stop eating it and you try to do it intelligently and you get support and you get a girlfriend on the phone and you get other people doing it with you or whatever you need, just like stopping smoking, whatever you need to do it, you know that if you can make it a

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week or two, the cravings are going to get less and the irritability is going to get less and the lightheadedness or whatever you're having is going to lessen.

So there's eating general foods in an addictive way, which I think what we're talking about, that four-step program you have is perfect. And then there're foods that are actually addictive like caffeine, sugar, processed food to some degree. Fast food can be like that, too. I mean, it's perfectly formulated to be that way, the right amount of salt, sugar and fat that it brings all those bells in our evolutionary make-up. There is something to some foods, just stopping them and realizing it's going to take a little while.

**Stephanie:** So what's your perspective on sugar addiction? Because some practitioners will say, "Well, sugar is addictive and we need to go black or white and never have sugar again in our life." And there're people who say, "Well, we can have it but less and you won't trigger this addiction again."

**Dr. Abrams:** It depends. I mean, I've got – I hate to say this because this is really – but I've got alcoholics who eventually can drink a little bit again. That is verboten in the addiction vocabulary. I'm not suggesting any of you who stopped drinking to start drinking again, I'm really not because most people cannot. But sugar is a little bit the same way. Sugar addicts, some of them really need to never eat sugar again. And the way you know this is you try it. I'm going to suggest you stay off for a good long time before you try it again. But you try it and you see what happens. And occasionally somebody goes, "Wow, I used to be a sugar addict but now I can have a little bit and be okay. It depends on what situation I'm in."

Now I'm a daughter of an alcoholic and I can tell you that I'm not alcoholic but I could be. I really might. My genes want to be alcoholic so bad, so I have rules about when I drink. I can't be sad, I can't be angry, I can't be alone. I'm protecting myself from addictive use of alcohol. And I need to because I'm vulnerable. Sugar addicts are the same. You're going to eat a little bit of sugar? Okay, where are you? Are you with anybody? Are you happy? Like what situation? Re-trying sugar again when you just had a break-up and you're devastated and you feel lonely is a terrible idea. It's a terrible idea, doomed to failure.

It's understanding your own body's reactions here. I mean, part of this book is that I'm so sick to death of people, whether it's diet people or parenting gurus telling people what they have to do like "100 % of people need to do it this way." Really?

**Stephanie:** No.

**Dr. Abrams:** Almost nothing is like that. Almost nothing. You have to listen to your own body. You're the expert. You're the expert of your body, not me, not Stephanie, not anybody else. You're the expert, so

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you can experiment and see what works for you. Just be careful because the experimentation with going back on sugar can definitely go wrong and can spiral back down again.

**Stephanie:** But sometimes you need to spiral back down to come back up, right?

**Dr. Abrams:** Exactly. And if you do, be easy on yourself. It's really not easy. Sugar addiction is really hard. Food addiction is really hard. I mean, I have a lot of eating disorder patients in my practice, all kinds. I've got the anorexics, I've got the bulimics, I've got the overeaters. I think it's harder than my addicts, my drug addicts, because you can't get away from eating. It's always, always with you, and then all of society is against you – the advertising, the magazines, the billboards, the media is all not on your side. They want you to eat shit or eat nothing depending on who they are and it's a struggle. So I think we have to be really gentle with ourselves around it.

**Stephanie:** And that leads us into the whole piece around weight loss being such an issue with women in particular because the whole body image is connected to this targeted weight that we're being taught or the image that we should be projecting into society. Correct me if I'm wrong but in most cases weight is just a symptom of something else that's going on either physically or emotionally in your body.

**Dr. Abrams:** Yes, and it's also inherited. And weight is your gravitational pull on the planet. It's no more and no less. It doesn't tell me whether you're healthy. It doesn't tell me how much muscle mass you have. It doesn't tell me anything except through your gravitational pull. So it's kind of a lousy indicator, I think. We don't need to measure it very often. You can get a sense of how your body size is whether your clothes that are your clothes don't fit. I mean, in some ways waist size is a better measurement than your weight. I have weighed 10 pounds more and 10 pounds less, and the 10 pounds more has been better because I've been more muscular and the 10 pounds less has been not good because I've been like no muscles and not working out and totally adrenally exhausted. So weight itself – it's not that it's unimportant because there are certainly people for whom their body wants to gain weight. And I just have to tell you this, but it is not calories in and calories out kind of thing.

**Stephanie:** And it is my story and I am very public about that. I will gain weight. It's my nature to gain weight because of my history with food since the age of 11. And my family genetic is all about gaining weight very easily, so I have to be – I don't want to say careful but I've got to be conscious of that. And I have a friend beside me who loses weight just thinking about it and her problem is gaining weight. And you gave a great example in your book about Katie and Lashimy – I think her name is – about – I mean, one is overweight, one is underweight, but the person underweight is actually in poor health compared to the person who was overweight.

**Dr. Abrams:** Yes. I really try in my practice not to focus that much on weight. That said, is it good to eat smart? Is it good exercise? Absolutely. But like in that example, that patient is in awesome shape. She's

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in the obese category but she's got Eastern European heritage, she's built like a tank. She cycles like 100 miles, most of her weight is in her hips and her butt, and her lab parameters look fantastic, so I'm not worried about her. So your weight is just one little parameter. And again, it's not that great. I mean, I look to do – if I'm really working with someone, I like to do body composition because I did a cleanse with a bunch of people a couple of years ago and people lost 20 pounds and 15 pounds or whatever. I gained six pounds. And it would have been a little sad except that I did body composition and I had lost fat and gained muscles. And I was healthier – bigger and healthier.

And good grief about our culture and how it thinks about body image. It's so wrong that I really don't know what to say other than I think avoiding media is a valid choice. I've got two girls who are turning 18. I've never allowed girly magazines into our house. I mean, occasionally they'll get them and they're independent humans, they get to do what they want, but I don't have that stuff in my house. I don't want them to see that. It's not even real. Now it's digitized so it's not even a real body let alone an anorexic model body. I think avoiding media if it makes you feel bad is fine. If you love media and it makes you happy, I don't care if you read People magazine. Again, it's personal. But the way that we depict women in our society is awful. It's awful.

**Stephanie:** And it creates a whole bunch of other issues, which lead us into eating disorder and dieting and so forth just because we don't fit what the picture is out there of what we should look like. It's very dangerous. I totally agree with you. Which then leads me to my next topic – and I don't think we're going to have enough time because we're already at the 45-minute mark and that's a commitment to my listener, but I think I'm going to ask you to come back to talk about your other book because I want to talk about sexuality and you're a specialist of that. Am I correct? You've written a number of books on that.

**Dr. Abrams:** Yes I have. And to be honest, sexuality is fun to work with and I've done a lot of workshops and a lot of teaching all over the country because it's sort of like money or eating in a way. As soon as you sink into asking about sex particularly with women, you get to everything because, gosh, to be sexually alive, you have to like your body. It's really impossible to have pleasure without inhabiting your body and liking your body no matter what your body looks like.

And by the way, just in case anyone was wondering, studies show that having sexual pleasure has zero relationship to your weight. Zero. Women of all sizes are capable of great pleasure and in fact, same percentage at every size can't have an orgasm, doesn't have pleasure, whatever. It's unrelated. There is no relationship between body size and pleasure. Any woman can enjoy her body and that's what I'm after in those books. It's really the same theme but around sexuality.

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**Stephanie:** And I would put sexuality as a need for the body, a need for the balance or your wellbeing at the same level as food. It's part of being human.

**Dr. Abrams:** Yeah, Right. It's a really good part of being human.

**Stephanie:** That's the fun part.

**Dr. Abrams:** Being on Earth, if this is like one of the most fun things on Earth an animal does, don't you want to do it during your lifetime? I mean, shouldn't we have fun while we're here? It also doesn't cost anything. It's free. It's widely available. You've got everything you need right here. And the same culture that separates our mind from our body says that sexuality is evil. And it's untrue. It's just not true. It's a part of our human expression, our exuberance.

If you look at Ayurvedic medicine or Chinese medicine – they're kind of like cousins, really, but one from India and one from China – they all have their holistic – meaning there's a medical tradition, there's an exercise tradition, there's a nutrition tradition, there's a movement tradition, and there's a sexuality tradition in both of them, all of those circles together to create a whole system of health and wellbeing. And one of the basic questions in Chinese medicine and Ayurvedic medicine is about – how's your sex drive, your sexuality? Because it's translated as your jing xi in Chinese medicine or prana in Ayurvedic medicine, and it is an expression of your life force.

The other thing that I think is confusing is people think about sex as somehow being – it's a genital thing. Whether it's male-male, female-female, male-female, it does matter, that's a genital thing. And really, nothing could be further from the truth. Sexuality is a full body experience. And I know a bunch of amazing women who are very embodied, who have an experience of sexuality being just an energy that moves through them. And they feel it when they're on stage doing something they believe in, or they feel it when they're being creative. They're artists, they're singing on stage – that feels like a sexual experience to them because they get flooded with all that tingly wonderful wellbeing. So I would say that there is an orgasmic way of living that, really, don't we all want access to? It's about being fully embodied and having access to that part of our body.

One of the things I loved about working with women around sexuality is, I swear, if you help women inhabit their pelvis for the first time in decades, it actually begins to feel sensation and pleasure again. Their whole lives change. Talk about a transformative experience. A woman who is connected to her sexual power is a whole other thing. It's really beautiful.

**Stephanie:** And it's a powerful woman.

**Dr. Abrams:** Yeah. It's a powerful woman.

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**Stephanie:** Absolutely. So I'll have you back. I'm going to try to get my hands on your books and I'm going to read them and I'm going to have you back on the show to talk about that very specifically because beyond the weight complaint that probably you and I get when we do work one on one with patients, the next complaint we get from women is libido.

**Dr. Abrams:** Yes it is. It's the most common sexual complaint.

**Stephanie:** People don't publicly don't talk about it but when you're one on one with them that's when you ask them, "What is the next thing you want to work on?" It's their sex life.

**Dr. Abrams:** Right. And what does Western medicine have to offer for that?

**Stephanie:** A blue pill.

**Dr. Abrams:** Nothing. They have nothing, actually, for women. And we do have a blue pill but –

**Stephanie:** We'll come back and talk about that. But I want people to understand what they can do to work with you because you've got a number of different offers – you've got your book, BodyWise, but you've also got other programs – am I correct?

**Dr. Abrams:** Yes. I have the BodyWise book, I have The Multi-Orgasmic Woman, The Multi-Orgasmic Couple and The Man's Guide to Women, other books that I've done with my husband, actually. And then I have a 28-day course. At the end of BodyWise I lead people through an eating, sleeping, moving, love and community program – I'm actually just finishing a group right now – that helps people be in their bodies and learn how to make choices around these things in a way that is truly body wise. And it's the fundamentals of what I do as an integrative doctor in my practice. And you can join that at any time.

**Stephanie:** Okay. That's amazing. We'll link to both the book and your website so people can find the course that you're talking about, the 28-day program that you're talking about. And I think you do some courses while at the Esalen Institute in California, am I correct?

**Dr. Abrams:** I do some teaching, of course, at the end of October at Esalen Institute in Big Sur. And, oh my goodness, I've taught there for many years and it's an amazing place. I would say it's easy because trying to teach there is simple because the place itself is so transformative.

**Stephanie:** It's magical.

**Dr. Abrams:** It is magical.

**Stephanie:** And can people work with you? Do you work online or are you strictly work face to face with patients?



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**Dr. Abrams:** I do both.

**Stephanie:** Okay. Amazing.

**Dr. Abrams:** I'll just say in advance, I'm getting really busy, so I will eventually see everybody but you may want to do either of these options first because they're sooner.

**Stephanie:** And I always say to people, start with the basic.

**Dr. Abrams:** Exactly.

**Stephanie:** In your case, start with the 28-day program. If you work with me, start with my 30-day program, and you may avoid a whole bunch of costs of not having to see me because you can clean up your basic without the big money of seeing me one on one.

**Dr. Abrams:** Exactly true.

**Stephanie:** So I invite everybody to at least get the book, and that's going to be on the show notes, and we'll have you back to talk sexuality. I'm looking forward to that but first I want to read your book.

**Dr. Abrams:** Thanks Stephanie.

**Stephanie:** Thank you very much for being here with us.

**Dr. Abrams:** My pleasure. Have a great day.

**Stephanie:** There you have it. All the links we talked about today, the book for Dr. Rachel, her website and the HeartMath Institute are inside the show notes, which you can find at [stephaniedodier.com/44](http://stephaniedodier.com/44). That's where you can also pick up the transcript of the show and the link to join my community, so you can ask questions because that's one of the perks of being in a community. Saturday I post a thread, you can ask your question and I answer them in the following day directly to you via video or writing.

Now stay tuned for next episode, Episode 45 with Leanne Vogel because it's going to be a continuum of what we talked about today with Dr. Rachel in which Leanne, through her own journey, has learned to listen to her body and created a dietary protocol that is completely different of what you've ever heard before, especially if you are in the ketogenic or low carb world. She's created a version of that that actually is in tune with the woman's body and the wisdom of our body. And she did that through listening to her own body, so it's kind of a continuum. I invite you to stay tuned for the next episode coming up over the next few days.