

*Stephanie  
Dodier*

**The Beyond The Food Show  
PODCAST TRANSCRIPT**



*the*  
BEYOND THE FOOD  
*Show*

WITH STEPHANIE DODIER

# Podcast Transcript

## DISCLAIMER

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## Podcast Transcript

Stephanie: This is Episode 54 of The Beyond the Food Show and today we're going to talk to Dr. Carolyn Ross about overeating and bingeing. And that's Episode 3 of The Crave Cure Series.

My name is Stephanie Dodier. I'm a clinical nutritionist and at the age of 35, I was trapped with severe anxiety, panic attacks, obesity, and my health was collapsing. I needed a solution and that's when my journey began.

Each episode of The Beyond the Food Show will bring you an expert or a message to help you achieve your health goal, unlock your self-confidence and live a better life. Let's dive in.

This is Episode 54 of The Beyond the Food Show and it's brought to you forward by [stephaniedodier.com](http://stephaniedodier.com).

As I said earlier, today in this episode number three of The Crave Cure Series, we're going beyond the food in attempt to understand our food cravings, and that's what The Crave Cure Series is all about – 10 experts, 10 reasons why we crave. I want us to understand why we have those cravings and what we can do about it. We cannot solve what we don't understand.

Now in show 53 or Episode 2 of The Crave Cure Series, we talked to Dr. Kyrin Dunston, an OB/GYN and a practicing MD about female hormones. First, we looked at what are those female hormones and how they interact together and how they can actually influence our cravings and how our cravings can actually be a gateway to our hormonal health. So go back to show 53 and check out Dr. Dunston's solution, very, very powerful.

Now, this episode is about overeating and bingeing and for us to be successful in our journey of actually understanding our cravings and reversing them, we actually have a better chance of success when we work in a community. So as I asked before every Crave Cure Series episode, I want you to find your tribe. I want you to share this with three women in your life. Share this episode. Share The Crave Cure Guide, which you can find at [stephanidodier.com/cravecureguide](http://stephanidodier.com/cravecureguide) totally free. That's your guide in your Crave Cure Series journey with each expert. This will give you information you can keep in your hand. So share your guide, share the episode with three women in your life and take this journey together. Create yourself a point of contact every week for the month of May where you chat about the topic that came up during the week and how you can apply this information in your life to transform your relationship to your cravings.

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You can also access the show notes at [stephaniedodier.com/054](http://stephaniedodier.com/054) to get the link to watch this video. So maybe you're doing a movie night with your girlfriends next Friday watching this video.

So are you ready? Let's do this.

Dr. Carolyn Coker Ross is an internationally known author, speaker, expert and a pioneer in the use of integrative medicine for the treatment of eating disorder, obesity and addiction. She's the former head of the eating disorder program at the internationally renowned Sierra Tucson. Dr. Ross is a consultant for treatment centers around the US as well. Dr. Ross currently has a private practice in Denver and San Diego and specializes in integrative medicine for treating disordered eating, addiction, mood, anxiety disorder and obesity. Welcome to the show, Dr. Ross.

Dr. Ross: Thank you, Stephanie, it's great to be with you.

Stephanie: It is an honor to have you as a specialist in that field of disordered eating. I'm using the air quote here because I think what we're going to talk about today will give you, the listeners, a completely different perspective as to what is "disordered eating" – air quote here for those that are listening to the audio. I was looking at a little bit of statistics in preparation for this show here and I was surprised to see some of the stats, and I'll just quote you one here, Dr. Ross. One of the stats was 50% of the people seeking weight loss treatment actually have a binge disordered eating pattern.

Dr. Ross: That's correct, yeah. The estimates are 35% to 50% of people who go to any weight loss program actually have binge eating disorder.

Stephanie: Wow. Let's dive in to this because for many people that I interact with, either social media throughout my program, being labeled with a disordered eating is actually a shame, number one. And number two, they're in complete denial. What is binge eating disorder, for an example? Can you take us through what it is?

Dr. Ross: Well, in the States we have the Diagnostic and Statistical Manual which gives a definition and criteria for each disease. Interestingly, binge eating disorder recently – I think it's been two years now – was included in the DSM. The definition is eating a large quantity of food in one sitting in a short period of time, usually less than two hours. So eating a large quantity of food in less than two hours, having frequent episodes of bingeing and then feeling an emotional distress or shame or guilt around your eating behaviors, eating in isolation and eating when you're not physically hungry and when you eat, you eat to the point of becoming uncomfortably full. That's basically the definition of binge eating disorder.

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People with binge eating disorder tend to be overweight or obese and they tend to really be suffering with this problem that it's causing a lot of distress in their lives. It can even cause financial issues as well as health issues, problems with relationships. I have a patient now who reports that she can't wait for her boyfriend to leave her house so that she can actually start bingeing. So you can see that the relationship with this behavior is stronger even than the relationship that people have with other people.

Stephanie: Yeah, that's amazing. It's on a scale, I'm assuming. You can have a binge eating disorder and it can be more severe or less severe. I'm assuming it's a grading scale.

Dr. Ross: There's really not a scale. There's frequency. According to the criteria, the frequency, I believe, is three times a week. But the bottom line is I think most people have at one time in their lives overeaten. In the States we have Thanksgiving or Christmas or fill-in-the-blank where you may have eaten to the point of feeling disgusted with yourself. But for someone with binge eating disorder, this is a weekly thing. It's not something that happens once or twice a year. It's something that happens every single week and multiple times a week.

Stephanie: That was one of my questions – how do we differentiate overeating versus binge eating?

Dr. Ross: That's a great question. Really, the definition hinges on the definition of what a binge is. A binge is eating a large quantity of food, more than what most people consider a normal amount of food, and doing that in a short period of time, usually less than two hours.

I have some patients who say, "Well, I snack all day. Am I binge eater?" No. A binge eater is someone who really stops on the way home and gets three hamburgers or eats a mountain of chips and then eats ice cream and cookies and so on. For some people it's a really large excessive amount of food that can make them feel really sick.

Stephanie: Awesome. For the benefit of the listeners, that's the definition of binge eating disorder, but before we dive in to this specifically, I want to give the listeners an overview of the different types of disordered eating that are currently occurring and that you're seeing. We definitely talked about the binge eating disorder but there're others as well. Can you go through them quickly and what they are?

Dr. Ross: Sure. The other eating disorders you mean?

Stephanie: Yes.

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Dr. Ross: Okay. Starting with the most well-known one, anorexia nervosa, where people have the inability to maintain a healthy weight and they usually are underweight to the point that it can cause malnutrition. Then there's bulimia, where people also have bingeing behaviors but then they purge the calories that they eat either through self-induced vomiting or the use of laxatives or diuretics, and many of them can also have problems with compulsive over-exercising, sometimes exercising eight hours a day or ten hours a day or waking up in the middle of the night to do sit ups and run laps. That's anorexia, bulimia, then binge eating disorder.

Those are the three that are the most commonly recognized eating disorders. And then we have another category, which is a catch-all where anyone who doesn't fit as anorexic, bulimic or binge eater they go into eating disorder, not otherwise specified or other feeding and eating disorders.

Stephanie: That would present themselves towards other patterns. What about something called orthorexia? Is that unofficial?

Dr. Ross: It's really not an official diagnosis but there is a lot of talk about orthorexia and it's a really big fad. I mean, I live in California, you can imagine with Hollywood being pretty close by that the whole issue of eating healthily is orthorexia. People don't want to eat too much fat or no fat at all or they only want to eat organic or they'll only eat these certain foods. It's all about having an obsessive focus on eating healthy.

Stephanie: Awesome. So that is an actual condition that more and more people are expressing.

Dr. Ross: It's not an approved eating disorder but it is a problem that we're seeing in the eating disorder world.

Stephanie: That's very interesting. For the listeners, that's an overview but today we're going to try to focus more around the concept of overeating/binge eating and binge eating disorder because that's where the topic is about craving and a lot of women have expressed to me that they crave in a certain way that leads them to overeat, that leads them to binge, and that's their expression of their craving. They don't necessarily crave sweets or chips or anything like that. They have this hunger that they can't stop eating. Would that be overeating?

Dr. Ross: Yeah. Overeating, like you were kind of implying with binge eating disorder, which doesn't have spectrum, but overeating does have a spectrum. There are people who overeat at every meal but they don't eat between meals. There are people who graze all

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day. There are people who restrict and don't eat anything during the day and then they can't control themselves and they overeat at night.

Most of the studies have shown that overeating is linked to a couple of different things. One is depriving yourself. If you've been a frequent dieter and you've said, "Oh, those are bad foods. I can't have those," then eventually, just the way the mind works, eventually you will binge or overeat those foods. Anytime you bring deprivation into your life, it will be followed by overeating or bingeing. That's really important to know.

Even when we talk about things like sugar addiction, which is a big fad now, the studies in animals really only show that animals can be addicted to sugar when they're intermittently deprived of sugar and then given free access to sugar and then deprived and then given access. It's the deprivation, we think, that really triggers this kind of overeating or bingeing.

Stephanie: Interesting. So that's one of the root causes of overeating/binge eating, the deprivation that was self-imposed through dieting.

Dr. Ross: Absolutely, yeah. Dieting is a trigger for all of the eating disorders, interestingly. I've had numerous patients who were seemingly fine and then went on a diet and then just could not stop dieting and became anorexic or started bingeing and purging. Dieting really has so many negative components to it.

Stephanie: I'll be very interested later on to ask you the question – how do we differentiate eating lifestyle versus dieting? I'll keep that question towards the end for now. What are the other causes – in your observation clinically or within study, what triggers overeating or binge eating? Clearly, we've got deprivation but there has to be other components as well.

Dr. Ross: Sure. Another big one is an imbalance in the diet. For a lot of people who are trying to restrict the amount of food they eat, they actually can become deficient in certain nutrients. Often, these nutrients particularly – I have so many patients who don't like to eat, for example, fruits and vegetables. That's just an example, fruits and vegetables. Vegetables in particular are rich in certain minerals and vitamins that affect the brain's ability to make neurotransmitters like serotonin, dopamine, norepinephrine, etc. If the studies have shown that even people who are overweight or obese are often deficient in B vitamins, vitamin C, and other vitamins and minerals including calcium and zinc, those can then lead to cravings as well.

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Stephanie: Yeah, we explored that with Dr. Keesha Ewers in another show, an upcoming show where, yes, in your case it can trigger overeating but – what she was explaining to us, it can trigger cravings in general because the body is not getting what it needs.

Dr. Ross: Yes, exactly.

Stephanie: It's very interesting. What other root causes do we see behind overeating or binge eating?

Dr. Ross: The others are a little complicated to explain but just in general, there's been a large, huge study done in the United States, now being hosted by the Centers for Disease Control, over 17,000 people, that showed a link between adverse childhood experiences and weight problems later in life or overeating later in life. If a person has been a victim of trauma, abuse or neglect, that can be one adverse childhood experience but there are others. If you had a parent who is alcoholic or a drug addict or a parent who is severely depressed or severely anxious, those can also be adverse childhood experiences. They have the list of these experiences that they've been able to link to medical conditions, risk for depression and also risk for obesity or overeating.

Stephanie: That is in part my story. For the benefit of Dr. Ross and the audience, if you don't know, for me, my cravings or my relationship to food, which I call an emotional relationship to food, began at the age of 11 where my trauma was simply my family moving from one end of town to the other and losing all my friends.

Dr. Ross: Yes, exactly.

Stephanie: My parents didn't do anything bad to me, they didn't abuse me or anything type of that, we just moved to go to a bigger house and I lost all my friends.

Dr. Ross: Yeah. If you're a sensitive child, that can be really traumatic.

Stephanie: It was for me. That's what I've learned in my growth and my journey over the last six years, I'm very sensitive. I'm a person that's very sensitive emotionally. I'm very sensitive from a nervous system perspective. I've got a whole bunch of sensitivity which then explains why I was so affected at 11, and then you started to use food as a soothing and coping to help me avoid that pain of being by myself and losing my friends.

Dr. Ross: Exactly. That's a great example of it.

Stephanie: So trauma or some type of emotional incident can lead you to overeating and binge eating later in life.



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Dr. Ross: We can also describe periods of transition. Just like what you're talking about may not have been traumatic for another kid but it was for you, but certainly any period of transition like going away to college for example, that's why we often see so many eating disorders start during that period because that can be very difficult for some people to leave home for the first time and leave their friends and all of those kinds of things, so periods of transition. Going into puberty is another time that can trigger eating disorder, so again that transitional period can be very difficult.

Stephanie: That's very interesting. That gets me to another side of this question – what is the relationship between emotion and overeating/binge eating? How do the two intertwine?

Dr. Ross: Well, that's a really great question and it's the subject of my second book which came out last May called The Emotional Eating Workbook. I've written a whole book on that subject, Stephanie.

Stephanie: Bring it on. I'm going to go and buy it when we're done here.

Dr. Ross: Yeah. But basically emotions trigger a cascade of physical and brain chemicals and body sensations that then can either increase cravings or can make us feel uncomfortable. When we feel uncomfortable for any reason, whether it's because we feel too happy and we can't deal with that or we feel too sad or we're angry, any time those emotions come up, food is often used as a way to either soothe ourselves or to numb ourselves from feeling anything. Many of my patients, everyone from the anorexic who's underweight to the binge eater who's overweight, experience that difficulty in regulating their emotions. Many, many people experience that.

When they feel emotional, if you don't have this particular genetic or brain chemistry issue, then you may be able to just go for a walk or call a friend or do other things. But for some of us, feeling those strong emotions, just we reach immediately for food or drinks or drugs or other things.

One of the things that I talked about in the book is that there is a genetic predisposition to – I don't know if you've talked much the brain reward center where dopamine is made.

Stephanie: You go ahead from your perspective. I want to hear it from your perspective. I've heard it from a sugar perspective, I heard it from other people, I want to hear it from your perspective. How does that interact with –

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Dr. Ross: Well, basically the brain reward center is where dopamine receptors are. Dopamine is the feel good brain chemical. In certain people who are genetically predisposed, they may have a reduction in dopamine receptors. It means that they're not getting as much pleasure from pleasurable activities as those who have a normal amount of dopamine receptors.

A guy by the name of Kenneth Blum coined the phrase "reward deficiency syndrome" or RDS. RDS is associated with a reduction in the number of dopamine receptors. A person who's an overeater, the theory is that they're eating food but they're not feeling that sense of reward from eating those foods that someone who doesn't have RDS is getting. Therefore, they keep eating, wanting to get that reward. It takes more and more for them to get that than it does for someone who doesn't have the problem. People with RDS are more likely to have other impulsive and compulsive disorders, everything from attention deficit disorder, depression, anxiety, other eating disorders and drug and alcohol problems.

Stephanie: Very interesting. I had not heard of from that perspective, so thank you very much for sharing with me. But as you're saying that, here's another observation from my own clinical practice. I often see, particularly with women, a lack of self-care, a lack of attention to themselves – some people will quote it as "self-love" – and they're finding probably a hit to that reward center when they eat certain foods or quantity of food, then they're getting their dopamine, their happiness from their interaction with food as opposed to other behaviors that they could have in their life that would bring them that same feeling. Would that be correct?

Dr. Ross: That's really true. But it's kind of a chicken and egg situation – what came first?

Let's take a little girl who grows up with an alcoholic mom or dad and she doesn't get the attention that she needs and deserve so she starts to turn to food for that attention. And also, the trauma of growing up in a home like that can reduce the number of dopamine receptors in her brain. That's why I say it's a chicken and egg because it could be the experiences that she had growing up that caused the reduction. It can also be the genetic predisposition that causes the reduction. But then it all funnels into – how does she or he cope?

Now some people cope by drinking, some people cope by using drugs or a multitude of other ways gambling, etc. But for the overeater, food is the solution for them and that's the thing that they turn to. And it starts that vicious cycle because as you become heavier and heavier, that also reduces the dopamine receptors in the brain. You're being bombarded from two different ways, whatever happened to you when you were

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young – moving and losing your friends – and then what you’re doing to yourself is also making things a lot worse.

Stephanie: It’s just a layer of making it a worse situation.

Dr. Ross: Yes, it is. It can be that way for sure.

Stephanie: We just talked about addiction in general. Would you say that those people who express overeating or binge eating can be categorized as food addicts and that it’s an addiction?

Dr. Ross: I don’t like to call them food addicts and I think I’m different from a lot of people in that way because I don’t see food as addictive. That’s the same as saying listening to music is addictive or anything that triggers the dopamine reward center can obviously be addictive. But I don’t want to demonize food any more than we already have where we’ve said, "Don’t eat this. This is bad. Sugar is bad. That’s bad, etc." But I think there is such a thing as eating addiction.

People become addicted really to their eating behaviors. And this addiction is what’s called the process addiction, so they’re addicted to the process of eating in a certain way, whether it be – because not everybody, for example, is addicted to sugar. There are people who overeat on chicken and they can binge out on chicken. It’s how you use the food, it’s not the food itself, that’s why I don’t want to use that term food addiction. But it is an addiction to using food in a certain way to self soothe, to numb ourselves, to deal with emotions or stress.

Stephanie: I think it’s a brilliant way of looking at it because like you, I don’t agree to the whole concept of food addiction.

Dr. Ross: Oh, good.

Stephanie: It’s the behavior you have around it that makes it problematic.

Dr. Ross: Yes, exactly. I agree.

Stephanie: For me, what I observe, I don’t necessarily attract a large number of disordered eating patients as much as people that have some type of distorted relationship to food either through restriction, calorie counting, macro counting – because that’s the big thing these days, 60% fat and 40% this. No matter what you eat is irrelevant, it’s just that they’re focus strictly on macro or calculating blood sugar or keto and that becomes an obsession. To me that’s a problematic relationship to food.

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- Dr. Ross: Absolutely. That's exactly right.
- Stephanie: Because food should be there to nourish not to –
- Dr. Ross: And to enjoy.
- Stephanie: Not to control.
- Dr. Ross: Don't forget the enjoyment thing.
- Stephanie: That's totally true. And the opposite, when you try to control through calorie counting, macro counting or even orthorexia, people who don't want to eat when they are not in control of their food, it's not what food should have been from the beginning.
- Dr. Ross: Yeah, and it's not fun. Food should be fun so eating should be fun.
- Stephanie: Let's talk about food as pleasure because that's part of the complication I see with emotional eating is that – I was talking about that with another specialist and we were talking about food being a normal pleasure giver because that's what food is, but at the same time some people over abuse that and go find a lot of good sensations through food as opposed to a variety of things. So food is pleasure but to a certain degree it can become a problem.
- Dr. Ross: Well, the way that I look at it this, the reward centers of the brain respond to anything that gives us pleasure. But I hear a lot of my patients who are overeaters or binge eaters talk about they overeat because they "love" food so much, "I love pasta," "I love chocolate," and so on. But if I ask them to really describe what they love about it, the majority of them can't really tell you anything. Like if you ask me what I love about cookies, which I love – I'm a cookie fanatic – I can tell you specifically what I love. I love crunchy cookies. I love cookies that have nuts in them and that salty and sweet flavor. I could give you a page about that. But if you ask many people who are overeaters, they're not loving the taste, the flavor, the pleasure of food, they're loving how food makes them feel. If they're eating comfort foods, that comfort food makes them feel more relaxed. It takes away the stress from the day. It makes them feel a little bit hummed down or numbed so they don't have to feel. That's not giving food its true measure, really, because you're basically just using food to give yourself that little euphoria, whereas you are not getting that same euphoria you could get by enjoying each bite of the food you're eating.

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Stephanie: I think it's brilliant. I love you. And that defines foodies as well because there's a whole trend right now where people are categorizing themselves as foodies and what they love is not to overeat the food, it's actually to taste the food.

Dr. Ross: Yeah, to taste a really incredible meal and the experience of eating food that's amazingly prepared, that's a foodie. Whereas a lot of our patients may think of themselves as foodies because they love to overeat but for most people, it's not the same at all, totally different.

Stephanie: Let me share with you, sometimes for people that I work within my program, I try to bring awareness to that. One of the ways we work on that is through mindfulness eating. I don't know if my approach is right or not but we segregate ourselves and we enjoy our food – no TV, no distractions – and we focus on the taste of the food and the sensation in the mouth to reconstruct our relationship with food from that perspective instead of the feeling after. Am I correct in that approach?

Dr. Ross: Yes, absolutely. That's something we use in our program as well. I think even when you're binge eating, I tell my patients, "Even if you're going to binge or even if you're going to overeat, do it mindfully." Be aware of the flavor of the food, of the taste, even if it results in a binge because over time that awareness will help you become more satiated without having to binge. In other words, the more you enjoy what you're eating instead of mindlessly eating stuff, the less likely you are to binge or to overeat.

Stephanie: Absolutely. From personal experience and from clinical experience, that's so true because when I was at my heaviest – I've lost 100 pounds from where I was to where I am – I used to constantly eat mindlessly either while doing emails or in front of the TV. I would eat my food and sometimes I was like, "Oh, I'm already done."

Dr. Ross: Yeah, and you didn't even notice what you had in your mouth.

Stephanie: Voila! And then half an hour later, I wanted more because somehow, somehow my brain hadn't registered that I actually ate.

Dr. Ross: Yes, because the brain, I think, is always waiting for you to feel good about what you're eating so if you're not really eating mindfully, that doesn't happen. And then you're right, you will be eating something 30 minutes later or craving something else later.

Stephanie: As you're saying that, I want to extend that the brain is always looking for you to feel good overall in what you do in life.

Dr. Ross: Absolutely. That's so true. Yes, that is so true. I agree with you.

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Stephanie: That it is eating and your relationship and the work you do. And again, personal experience, Dr. Ross, for me, I was seriously unhappy into what I was doing as a living, which then my body became overweight because I mindlessly ate, but it also produced panic attacks as a signal to let me know, "This is not good for you, you're not in the right place."

Dr. Ross: "You got to do something different. You've got to change something." Yeah, that's right. That was the wake-up call you were getting.

Stephanie: Absolutely.

Dr. Ross: And I think it's really important for your listeners to think about being overweight because when we think about people who are overweight or when they think about themselves, they think about it as this huge burden and this horrible shame or "Why me?" etc. But I look at all of the challenges that each of us has in our life, whether it be the loss of a loved one or other medical condition or something else, it is always a call from your spirit, your subconscious, your higher power, whatever you want to call it, to change something in your life. Sometimes you get a call early on and you ignore it and then things get worse, and then you'll get a harder knock on the door and either you wake up like it sounds like you did and you make those changes in your life or you keep going and it just gets worse and worse.

I'm a big follower of Joseph Campbell's work where he talks a lot about the arch of the hero's journey, and if you think of each of us as being the hero of our own lives, for you in your life when you were 11, you had this blow to your spirit and it took you x number of years to wake up from that and start making those changes. I think all of us have those experiences and sometimes we wake up and sometimes we don't notice that we need to wake up. Being overweight is just an opportunity for you to look at your life and say, "What do I need to heal?"

Stephanie: Absolutely, sister. You're my sister. I've always been preaching since the moment that I became aware of healing naturally and all that, that weight is just a symptom.

Dr. Ross: Yes, exactly.

Stephanie: It's a signal to let you know that something is not right physically, emotionally, and there's a whole bunch of issues. And we have 10 experts talking up about 10 different reasons why craving is exactly the same thing.

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Dr. Ross: And you know, that's exactly why diets don't work because each of us has a different challenge that we have to face. For some of us, it's "I'm in the wrong career." For some of us, it's "I'm in the wrong marriage," or "I should be doing this with my life instead of that" or who knows? But it's different for everybody. So when you slap a one-size-fits-all diet onto those multiplicity of problems or issues, it just doesn't work.

Stephanie: Absolutely.

Dr. Ross: So you can't tell someone, "Hey you need to be eating what I'm eating," because my body is different, my life challenges are different. This is part of my journey to discover what I need to do in my life to make myself heal and to be in balance.

Stephanie: Absolutely. Our weight, our cravings are our teachers.

Dr. Ross: That's exactly right.

Stephanie: My weight is my teacher and it's likely the gift that I was given for this lifetime that I'm in – and I'm not going to get into this, but for this life, my challenge is my physical body, and to teach me, which it did, it let me leave corporate world and got me into this world of nutrition and healing naturally so it's been a teacher for me. To Dr. Ross' point, for all the women out there who are struggling with X, Y, Z, instead of seeing it as your body betraying you –

Dr. Ross: Exactly, yeah.

Stephanie: – it's your teacher.

Dr. Ross: Yeah, it's your opportunity.

Stephanie: Exactly, to learn from you, Dr. Ross, about maybe it's overeating or binge eating, or Dr. Cole with the gut microbiome, whatever it is, it's your opportunity to learn and to become a better person.

Dr. Ross: Yeah, that's right. I think that's the bottom line, seeing it as an opportunity or a wake-up call that there is the opportunity for healing but it doesn't have to do with a focus on food or on a diet. The opportunity for healing is a deeper opportunity that really comes from our spirit, comes from our soul. I talk about this in all of my books that unless you can really answer that call from your spirit, then the issues that are challenging you will never go away.

Stephanie: Brilliant. So –

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Dr. Ross: So it's deeper than the diet.

Stephanie: Absolutely. It's beyond the food.

Dr. Ross: Yeah, beyond the food, you got it.

Stephanie: Because we're mindful of time here, let's talk about solution. After hearing us, somebody realized that that could be me. What could they do? What's your approach into helping them through that?

Dr. Ross: I have a very holistic approach, looking at mind, body and soul, addressing behaviors, addressing emotions, looking at body sensations and using those as a way to point you in the right direction to what's good for you and what's not. The mindful eating is part of that and it's not because mindful eating itself is magic, it's because when you quiet your mind, you can listen to what your body is telling you about, "Oh, I like this," "No, I didn't like that," "Oh, when I eat this I feel really great. When I eat that I feel crappy." That's why you need mindful eating so that you can have the opportunity to listen.

And also looking at those underlying root causes, whether it be trauma or transitional issues, whatever those are and what kind of beliefs we may have formed as a result of those. Those beliefs tend to be the hidden things that run the show behind the scenes and make us overeat when we're not even aware of it. So my ultimate goal is to help people remove the blocks, to being fully expressive and reducing their body dissatisfaction or body hatred and improving their relationship with food.

That's it. It's not for everybody because a lot of people want a quick fix and this is not a quick fix. We just finished a four-week webinar series and we'll be starting another four-week program in June that gives people the opportunity to dive into this a little bit more. And if your listeners want information about that, they can go to my website [carolynrossmd.com](http://carolynrossmd.com) and sign up for the newsletter and that way you'll get information about upcoming programs. And then my books are all online on Amazon, with Kindle or in hard copy, and my books are addressing binge eating disorder and emotional eating. And then I have a book coming out in September on food addiction.

Stephanie: Okay, so there's a lot here. So let's recap that peeps. If you go to the show notes, [stephaniedodier.com/054](http://stephaniedodier.com/054), you will find the links to the websites so you can sign up for the newsletter and potentially join the webinar series. I'm going to put the links to your books as well in the show notes so people can access them.

Dr. Ross: Thank you.



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Stephanie: That will be all in the show notes. And then you have an upcoming book, which I had no idea about, so I'm going to have to have you back on in September to talk about your book, your food addiction.

Dr. Ross: Yeah, that would be great. I would love to.

Stephanie: In your workbook, you have a workbook on emotional eating, literally patients or people listening can take the book and work their emotional eating.

Dr. Ross: They can work the same program that I do with my clients through the workbook. And for people with binge eating, the first book I wrote was The Binge Eating and Compulsive Overeating Workbook. And again, it has that same ability where you can get down and dirty in the privacy of your own home, identify your core beliefs, identify the root causes and start to take steps to heal that for yourself.

Stephanie: And that's very important for people to understand, this is not the allopathic way of healing binge eating. This is not the approach that a normal MD doctor would take, am I correct?

Dr. Ross: No it isn't.

Stephanie: It's a very different approach that's mindfully based on healing the root cause as I've been speaking through, a functional medicine approach if you want, which is healing the root cause instead of putting a band-aid on the behavior.

Dr. Ross: Yeah. And I think it goes deeper into the psychological and spiritual aspects than functional medicine does. That's why I call it a whole person approach because it really is addressing all aspects of our mind, body and our spirit.

Stephanie: I think that's going to resonate with a lot of the listeners because that's where the people who listen to the show are at. They've done the quick fix, they've done the band-aid and now they realize at that point in their life that there's more to it, so I think your work will really resonate with people.

Dr. Ross: Oh, thank you for having me on the show, Stephanie. It's been a pleasure to be with you.

Stephanie: Absolutely. But before we go, we end this interview with everyone with the same question – three tips or action steps for people to prevent overeating. What would there be for you?

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Dr. Ross: Number one, try to have at least one meal a day without distractions. Sit at a table, eat your meal, don't watch TV, don't eat at your desk. The second thing is have a little bit of protein at every meal because that will reduce your cravings for sweets. It could be nuts, it could be nut butters, meat, chicken, fish, etc. And then the third thing is to ask yourself what you love about your body that you can start to be more self-affirming. If there's one thing you love about yourself, maybe it's your eyes, maybe it's your hair, maybe it's your nose, whatever it is, your big toe, who knows, but just pick one thing and express gratitude to your body for that one thing so that you can start to affirm a more positive relationship with your body.

Stephanie: I love you. I really do. Thank you very much. I think we're going to do a lot of great work in the future. I think you're brilliant.

For the listeners, you've just listened to a very good interview. For all of you that are suffering or experiencing overeating or emotional eating, really take what you've learned in the last 45 minutes to heart because there's a lot of truth behind that.

Thank you very much Dr. Ross for being with us today.

Dr. Ross: Thank you so much for having me. Bye-bye.

Stephanie: Bye.

There you have it. I hope you enjoyed it. Thank you for sticking around until end. I hope you learned the difference between overeating and bingeing and this will help you in your journey of transformation. Remember to share this message to help me get the word out there about food craving and the reality and the truth behind them. You can go to [stephaniedodier.com/054](http://stephaniedodier.com/054) and you can share the show notes on Facebook, on Instagram, and tag me and tag Dr. Carolyn Ross and tell us why you enjoyed this content and how it's helping you in your journey.

You can also leave a review on iTunes and you can access that very easily at [stephaniedodier.com/review](http://stephaniedodier.com/review) and tell us how much of an impact this information will have on your life.

Now we have some great show coming up. The next episode, show 55 of The Beyond the Food Show, we actually have Dr. Sam Shay. Dr. Shay is a specialist of addiction and particularly sugar craving and the relationship to addiction, so you don't want to miss this.



The Beyond The Food Show – 054  
Overeating & Bingeing -Dr. Carolyn Ross -The Crave Cure Series

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I'm glad that you were able to stick till the end and that you're here with me. Thank you and see you at show 55.