

*Stephanie
Dodier*

**The Beyond The Food Show
Podcast Transcript**



WITH STEPHANIE DODIER

Podcast Transcript

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Stephanie: This is Episode 57 of The Beyond The Food Show and today we're talking to Dr. Susan Peirce Thompson about the psychology of eating and how we're actually built to eat.

My name is Stephanie Dodier. I'm a clinical nutritionist and at 35 I was trapped with severe anxiety, panic attacks, obesity, and my health completely collapsed. I needed a solution and the journey began.

Each episode of The Beyond The Food Show brings you an expert or a message to help you achieve your health goal, unlock your self-confidence and live a better life.

This episode of The Beyond The Food Show is brought to you by stephaniedodier.com. Now this episode is number six of our special event called The Crave Cure Series: Going Beyond the Food to heal our cravings. The Crave Cure Series is a special edition of The Beyond The Food Show. It is 10 experts that I brought together that are going to teach us 10 reasons why we crave, 10 different aspects of craving. I want you to understand why you crave so you can actually take action and solve your cravings at the root cause. We cannot solve what we don't understand.

The previous show, show 56 actually, we talked about the power of how stress affects our cravings, with Evan Brand, functional medicine practitioner, and how stress is actually a warning signal that we're getting. Go check it out.

To make the best out of this special event, I suggest very strongly that you take this road of learning with a community. You can come over to my community. The links are in the show notes. But what I would suggest is actually that you group up with three other women in your life to share this experience. Download the guide at stephaniedodier.com/cravecure, which is the guide and the book to take along with The Crave Cure Series that has a lot of information to help you take the step towards freedom from food.

Take that journey with three other women. Think of it as a book club, where you would sit together and talk about what you've learned from the book or, in this case, from the podcast. All the information can be accessed through the show notes, stephaniedodier.com/057.

Are you ready to talk about the psychology of eating? Let's do this!

Susan Peirce Thompson is a PhD and an Adjunct Associate Professor of Brain and Cognitive Sciences at the University of Rochester and an expert in the psychology of eating. She is the president of the Institute for Sustainable Weight Loss and CEO of Bright Line Eating solutions, a company dedicated in sharing psychology and **Stephanie Dodier CNP 2016 | www.stephaniedodier.com | 3**

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neuroscience to sustainable weight loss, helping people live happy, thin and free. She's also a New York Times bestseller.

Congratulations on that and welcome.

Dr. Thompson: Thank you so much, Stephanie. Thank you. Good to be here.

Stephanie: Today is all about how our brain is wired to eat. People spend a lot of time thinking about food and by some estimate we say that we're doing dozens of hundreds of food-related decisions per day. How we think about food can change everything, am I correct?

Dr. Thompson: Yes, totally. That's a research by Brian Wansink and he showed that we make 121 food-related choices each day. It's just crazy. We're going through our day having to make food choices all day long.

Stephanie: Can we say that our brain is wired to eat?

Dr. Thompson: Well, of course. It had to be. Anybody who didn't have a brain who was wired to eat certainly didn't survive long enough to reproduce. If you think back to the way things used to be, you had to really spend most of your time making sure that you were going to have food to eat, not just today but into the future as well. And if you didn't really prioritize that, you weren't going to survive and survive long enough to have kids. So absolutely our brains are wired to eat, profoundly so.

Stephanie: That's what our life was revolved around for forever, until recently where technology caught up to us and made our lives easier. But we move to eat, our brain was reacting to eat, our life was revolved around eating. Am I correct to say that the difference was it wasn't emotional back then and that it was survival?

Dr. Thompson: Well, that's one difference. I think the biggest difference is really that in the past, we had to work so hard to procure it. There was no issue of – how do I moderate my eating? The issue was – how do I make sure I get enough food to survive? And so the effort that took to do that, there was an equilibrium in the system where you had to expend so much energy to get food. But there was never a concern about overeating. That just wasn't an issue.

Now, there are two big differences. One is that food is so plentiful, so abundant, so available, there's just so much of it. But the other difference is equally profound, which is that we're not eating the same stuff that we used to eat. There's refined, packaged, processed food today, and it turns out that those foods don't interact in the brain the

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way the foods that we used to eat interacted in the brain. Our brains are changing both from the abundance of food and also the specific food-like products that we're now consuming – a lot of people for their only calorie source.

Stephanie: Now what we call processed food – that's what you're referring to – has a different effect on our brain chemistry, is that what's you're saying?

Dr. Thompson: Absolutely, yes. Sugar and flour, they don't get processed by the brain as food. They get processed by the brain as drugs.

Stephanie: Can you get into that a little bit so people can clearly understand the effect of that type of food on our brain?

Dr. Thompson: Yes, sure. It's a big claim to say that certain foods are drugs, so let's take a look at what we all agree are drugs. Let's look at heroin and cocaine, everyone agrees those are drugs. Heroin and cocaine actually come from plants. Heroin comes from the poppy plant and cocaine comes from the coca leaf of the coca bush. And there's actually published scientific research showing that coca leaves, for example, are not addictive. Neither are poppies. You could sit in a field and eat poppies all day long, you would fail a drug test for opium. You would show up as positive on an opium test but you would not have gotten high from eating those opium plants and you would not have broken into your grandmother's house to steal her VCR to get more poppies. And same with coca leaves. You can put the coca leaf inside your inner cheek and you can chew it a little bit and it gives you a little bit of a lift, like drinking half a cup of caffeinated tea. But there's published research showing that it's not addictive.

However, you take the inner essence of the coca leaf or of the poppy plant – the inner essence, not the whole thing just that little inner most potent bit – and then you extract it and then you refine and purify it down into a fine powder, now you have a drug. You've taken a plant and you've turned it into a drug. You've turned it into heroin, you've turned it into cocaine.

I just want to say that's exactly what sugar and flour are. They're not eating the whole plant. They're taking the inner essence of the wheat, of the corn, of the beet, of the oat, of the rice, the inner essence of it and refining it and purifying it down into a power. Now you've got sugar, now you've got flour. And those substances do in the brain exactly what heroin and cocaine do from a drug addiction perspective.

What that is, is they flood the addiction center of the brain with too much dopamine, unnatural levels of dopamine – big, fat flood. And the brain is pretty savvy, it responds by saying, "Oh, what was that that just happened? We don't need that around here.

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That's excessive. That's too much." And the brain rewires itself in a process called down regulation to have a smaller response the next time that happens so that it can stay in equilibrium.

So now, unless you're eating sugar and flour, you don't have enough dopamine on board, because your dopamine receptors have become less numerous, less responsive, and you now feel itchy and bleak and desperate and not okay if you're not eating sugar and flour. If you're not swinging by for a muffin and a latte, if you're getting an Egg McMuffin, if you're not eating a quesadilla, eating a big bowl of pasta, eating some ice cream after dinner, eating some popcorn at the movies – popcorn, by the way, is flour. Corn, once you pop it, is equivalent to flour. Potato chips are flour, too. Anything that's glucose with no mitigating fiber, which is true for certain potato and corn products as well, all those things count as flour, plus every kind of chip, every kind of bread, it's all flour. Unless you're eating those foods, you're not feeling okay, and that is the drug addict's way. That's what it's like to be addicted.

Stephanie: So that's an addiction to processed food, we say.

Dr. Thompson: Yes, sugar and flour. Yes, sugar and flour. Yes, totally.

Stephanie: Very frequently we hear on the media that sugar is like cocaine. It's actual factual information. It floods the same part of your brain and it creates that same addiction.

Dr. Thompson: Yes. And you'll hear some people claim that sugar is more addictive than cocaine. Let me tell you where those studies come from.

Those studies are done on rats where they take rats and they inject them with intravenous cocaine over and over again until the rats are quivering and addicted. And then they give them a choice between intravenous cocaine and sugar, and they prefer sugar.

Stephanie: Why is that?

Dr. Thompson: I don't know, because it's so freaking good.

Stephanie: It tastes good in the mouth and it does the same effect.

Dr. Thompson: Right, yeah. And interestingly, it doesn't have to be sugar. It could be artificial sweetener, too.

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Stephanie: That's very interesting. If we're into that mode of talking about addiction – and I'm going to side turn this and talk about my own life story. For many people who've read my story, I've had rock 'n roll teenage years and part of it is I was using drugs. And one of the things that I've always observed in my surroundings is that I never got really addicted to drugs. It wasn't affecting me as my other peers. What I'm observing now is the same thing. Not everyone gets affected by drugs or food addiction in the same way. Is that a fact? And why is that?

Dr. Thompson: That is a fact. One-third of people are highly susceptible, one-third are moderately susceptible and one-third are just not susceptible. And this is not just true for sugar and flour, this is true for heroin, too. Heroin goes by other names. You could take prescription versions of it – Vicodin, Percocet, whatever. And lots of people have to take opiates after a surgery and they don't all get addicted. They might get physiologically hooked and experience tolerance and withdrawal when they come off it, but they can't wait to get off and they kick that – when their time to be on that medication is over, they're done. And some people really can't stop.

Alcohol is addictive and not everyone becomes alcoholics. Cigarettes are addictive and some people can have a cigarette and leave it alone. I'm not one of those people. But caffeine is addictive, and not everyone gets addicted. Sugar is more addictive than most other things that we know of. But in my research, for example, just like rats – rats are one-third, one-third, one-third in terms of addictive susceptibility in terms of the population breakdown. In my research, humans are the same in terms of food addiction susceptibility.

I've got a quiz called the Susceptibility Quiz that tells you how susceptible your brain is to the pull of food addiction. So if someone is listening to this and thinking, "That's crazy, I can have a cookie and leave it alone," maybe you can. You're one of the one-third that are not just susceptible at all. Be freaking grateful for that because in this kind of environment, you're lucky.

Stephanie: Why is that? Is that purely genetic? Is that emotional-based? Where does that come from?

Dr. Thompson: It's largely genetic. In the rat studies, the non-addictable rats, if they're bred with non-addictable rats, all their babies are not addictable. Conversely, addictable rats always give birth to baby addictable rats.

There have been a couple of clever studies that show that you can turn non-addictable rats into addictable rats if you give them stressful environments, poor upbringing, like rip the babies away from their mommies and raise them in isolation, that kind of thing.

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Not all of them, but some proportion of that population will get turned into addicts – potential addicts, shall we say.

Stephanie: Potential that more of an emotional – they had a genetic as we've now learned in genetics, right, it's your environment and your lifestyle that contributes to turning on this genetic. The same thing could be said with this susceptibility. Your environment can contribute to it.

Dr. Thompson: Yeah, it's always both. In any interesting trait or aspect of human condition, the nature/nurture question is always like – what's the interaction? It's never one or the other.

Stephanie: It's never a simple thing as "I've got the genes, I'm stuck with this for the rest of my life."

Dr. Thompson: Even heights. You can have plenty of genes for being tall but if you're not fed as a kid, I don't know how tall you're going to end up. So even things that we think are obviously genetic, they have an environmental component to reach their full manifestation, too.

Stephanie: Absolutely. I agree with you. And the same reverse goes for people who know that they are susceptible in your susceptibility scale. That can be reversed, "managed and reduced," if you're doing the right thing, am I correct?

Dr. Thompson: Well, yes, but you have to be careful about how you think about that. For example, I just took my own quiz the other day. Why did I do that? Because I had to get through the quiz to see what the page looked like on the other side because I had to check it for something. So I took the quiz and I decided to take it as I interact with food today. So today, how are my cravings? Today, how satisfied am I after I eat a normal amount of food? Today, how obsessed am I thinking about food? And I scored a 3 out of 10. That's low – 1, 2 and 3 are low, 4, 5, 6 are moderate, and 7 and above is high.

I'm really a 10 on the susceptibility scale but I scored a 3. Let me break that down for you.

The quiz instructions at the top say, "Think back to a time in your life when your eating was at its worst, like a three-month stretch of time. Not a day but a stretch of time, three months long or longer where your eating was at its worse, and take the quiz as if it were then. When I do that, I always come out as a 10 on the quiz. When my eating was at its worst, I was a maniac with food.

Now the reason it's important for me to remember that I'm still a 10 is because those fiber tracks are grooved in my brain and they don't go away. They are not used anymore

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unless I decide to eat ice cream again but they're still there. That means I have to be more vigilant around food than someone who never had that kind of eating in their background.

I have to be vigilant. I can't pick up ice cream thinking that experiment is going to go well. That doesn't go well for me. As long as I'm abstaining from ice cream, just like the drug addict – you stay away from the heroin, you could live a normal life. But you pick up anything that's going to lead you back there again and you're eligible for way worse fast descent than someone who never had a problem in the first place.

So, yes, it can be managed. I like the way you use the way "managed." It can be managed. It can't be cured but it can be totally managed, so you can live in the world as a free person with food as long as you don't cross certain boundaries that lead to trouble.

Stephanie: Amazing. Let's think about neuroplasticity because we interviewed Dr. Perlmutter a few shows ago and we talked about how our brain actually can be molded or changed or adapted to so we can take new lifestyle habits. Can we think of the same way when it comes to susceptibility to food addiction?

Dr. Thompson: Yes. Neuroplasticity is totally in play here. I like to think of this as rivers. You've got a river and the river represents the neural pathways in your brain. So in the river, it's water. In your brain, it's actually electricity flowing through the neurons. The way it works is that that river groove gets deeper and deeper and deeper the more you do those habitual behaviors. So here you are eating a cookie, here you are, going to the vending machine for a snack, here you are at the movie theatre eating from the snack bar. You're grooving river beds in your brain.

Now you decide you don't want to be junk food eater anymore and you make a change. What you're doing is essentially damming the river upstream and making the water divert somewhere new – which you can do – and it feels really uncomfortable because that water does not have a river bed that's grooved into yet, and you're trying to figure out the lay of the land. This is like starting a new thing. And over time, if you create new habits, your will slowly create a riverbed.

When people say, "How long does it take to form a habit?" Twenty-one days, three – well, that's kind of BS because the more days you do it, the deeper your riverbed is. It's grooving in. But there are certain answers like on average it takes 66 days for a new behavior to feel automatic – on average. But the range in that study was 8 days to 250-something days, so even that is sort of 66 – that was the average but actually the range was immense.

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You've got this new riverbed now, but just like it would be in real life, the old riverbed is still there. It doesn't have any water flowing in it anymore. And so there are shrubs and grasses growing in it now. But it's not really getting any shallower, not really. It would take thousands of years for it to get eroded away. It's still there.

There're lots of research showing just exactly that, like Pavlov's dogs – everyone knows about Pavlov's dogs. You train the dog to salivate to the ringing of the bell. Now, you can make that behavior go extinct. You can go through the process of making that behavior go extinct so the dog will no longer salivate to the bell. But you go through the conditioning procedure again to make it salivate to the bell and that fast – the first time it took you days and days and days and days and days and days to train the dog to salivate to the bell. Now, you make him go through the procedure, within 10 minutes he's trained back up. Those grooves are still in his brain. He remembers, "Oh, I'm a dog who salivates to the bell. I might not be demonstrating that behavior right now but I have the brain of a dog who knows how to salivate to the bell." It's still there.

There are multiple lines of research that show this. When you have a history with a certain thing, your brain never forgets that. Neuroplasticity is in play in the sense that Perlmutter was talking about because yes, you can train the brain to do new things. But you can't untrain it to completely forget and erase what you used to do, which means with food, you're always susceptible, you have to be more vigilant. And that's what we all forget because we diet down to a certain thing and then we think, "Oh, now I'm eligible to go back to eating those things that I haven't been eating for the last –" and boom! We're back up to weighing what we used to weigh. Well, yeah, your brain remembers how to eat that way and you open the floodgates to let water back down that old riverbed, and there you are, in a very short period of time, back there again.

Stephanie: That is brilliant. You explained it with a picture where the vast majority of the listeners will understand and I thank you for that because that's what happened to all of us. That's what happens to me.

Dr. Thompson: That's right.

Stephanie: And it creates so much.

Dr. Thompson: Me too. Here I am, fat again. And how did this happen?

Stephanie: Frustration in people because they're like, "I created all those new habits and within a week, boom! I was back to the old habits and back into my sugar habit." And the frustration that that provokes in women, particularly, is incredible.

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Dr. Thompson: Yeah, it's maddening. And it's hard because we didn't create this environment with all these drugs passing as foods. And our families push it on us and our friends, and it's really hard to wake up to the reality. For those of us who have susceptible brains, it means we live in a pretty tricky environment.

Stephanie: That leads me to the path of willpower because the diet industry will tell us, "Well, you're not strong enough. You're weak. You don't have enough willpower." But I'm sure you have a completely different perspective on that, am I correct?

Dr. Thompson: Well, not really, actually. If someone is telling you, "You're weak, you don't have enough willpower," they're kind of right. But the answer to that is, "Yeah, well, neither do you." None of us do. Willpower is useless when it comes to controlling what you're going to eat because the way willpower actually works in the brain is it's not an aspect of moral character or inherent moral fiber. It's not even a yardstick that tells you how much you want something. Wanting something is beside the point.

Willpower is available when your brain is nice and rested and that part of your brain, the anterior cingulate cortex that governs willpower is fully online. And that happens rarely throughout the day because the anterior cingulate cortex does all kinds of things. It helps to divert energy so that you can regulate your emotions, so that you can engage in task performance, whether that's working in an Excel spreadsheet or giving a talk without saying a lot.

What else does it do? It helps you make decisions – so checking email, picking out a bridal registry, going shopping, whatever. And after maybe 15 minutes of any of those kinds of behaviors or activities, including of course what most people use, willpower, for which is resisting temptation – after about 15 minutes of that, your anterior cingulate cortex is shut and you don't have any willpower left. Well, you have a little but not enough to actually work.

So those 121 food-related choices each day, a good number of them are likely to not go well if you're relying on willpower. We don't have enough willpower to succeed at this food-weight thing and that means we've got to really get that and start to focus on building a system that's going to work anyway. That's the key. Willpower is not going to be there for you. I call it the willpower gap. You expect to fall into it several times a day unless you're building a structure that doesn't rely on willpower.

Stephanie: Because if we go back to your analogy where we have that riverbed and we rerouted the water, we have that gate that we open to reroute that water. That gate, if we rely

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strictly on willpower, we'll fail very quickly to reroute the water. So how do we reroute the water if we don't rely on willpower? What are the ways for us to do that?

Dr. Thompson: We reroute it upstream so we don't get down to the gate ever. We make sure the water is going in the right direction long before that gate. So it's planning, it's preparation, it's habit, it's routine, it's ritual, because those parts of the brain are not governed by the anterior cingulate cortex. Now we're talking about the basal ganglia. Now we're talking about the part of the brain that executes things without really asking our advice or permission. It doesn't matter what kind of mood you're in.

The best example of this is brushing your teeth. You don't have to have a sticky note on your bathroom mirror to remind you to brush your teeth, I hope, in the morning. You don't need to be in the right mood. You don't need to be psyched in for it. You're not like hoping you get it done twice today because today's the day you're going to be vigilant with your teeth-brushing habit.

Now, I will say only 95% of the population is twice a day every day with brushing teeth. If you're in the 5% – but it's illustrative, even if you're in the 5%. What that means is that you don't brush your teeth often enough that it's not quite automatic. You make exceptions to the teeth-brushing thing and have historically so that it actually is a choice for you, like, "Am I going to brush my teeth now or am I just going to go to bed?" For me, it doesn't matter at all how tired I am, how late it is, whether I'm traveling. My teeth get brushed and flossed twice a day no matter what. And I get that for free, the conditions don't have to be right for it.

Stephanie: You don't have to apply willpower to it, it just happens.

Dr. Thompson: Right, exactly. So my eating today is like that. And if I start to make exceptions and deviations, I become like the 5% of people who don't get their teeth-brushing right consistently. That's the importance of having a system with food and sticking to it.

Stephanie: You referred a couple of times during the interview about "my food habits" now. Is there a history of distorted food relationship for you?

Dr. Thompson: Yes. I'm a 10 on the susceptibility scale. I'm an addict in general. I have a very addictive brain. I was a drug addict. I was probably a food addict before I was a drug addict but my food addiction didn't reach its crescendo before my drug addiction did. My drug addiction kind of took over, but I was doing drugs to stay thin, partially. I was also doing it for other reasons but I did notice, "Hey, this crystal meth really keeps me really skinny," and that was a big benefit and it was something that kept me from quitting drugs at first.

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Eventually, I quit because I really needed to because my life was burned to the ground. And after I got clean and sober, which I did when I was 20 – thank God. I haven't had a drink or a drug in a long time, 22.5 years coming up on 23.

Stephanie: Amazing.

Dr. Thompson: Yes, I'm so grateful for that. It's such a blessing.

After I quit, food addiction really took over and my brain was primed for a super bad addiction already, although, again, I think I was a food addict before I picked up my first drug. I had binge eating disorder. I had bulimia for a couple stretches of time. I never got the restriction thing down really well so I was never anorexic although I was sick enough with food that I wished I were because I just thought being thin would be – I was disordered already so if I could at least be thin and disordered, that would be better. But I'm a constitutionally heavy person so I was always heavy.

I was obese in my 20s and my weight climbed and climbed and climbed despite my efforts to keep it in check – running a marathon, joining gyms, doing 12-step programs for food. I really tried. The list of diets, single-spaced, one after the other takes a long page in a book, just everything.

Stephanie: Everything that existed, you tried them all up to the cabbage soup, right?

Dr. Thompson: Cabbage soup is pretty good, actually. I kind of liked that.

Stephanie: Cabbage soup diet where you eat cabbage soup for like seven days, it's crazy.

Dr. Thompson: Yeah, cabbage soup is good. It's a freebie. I'm a quantities girl so any diet that says I can eat as much as I want of pretty much anything, I'm down with. But I'm obsessed. I'm shoving my face with fat food. Whatever it is that I get to eat unlimited quantities of, there I am eating it. I'm not free.

So that's part of the tag line for my program – Happy, Thin, and Free. The "Free," that's the one. If you don't have that – I was pretty happy and thin on crystal meth for quite a long time but that's not free.

Anyway, I forgot what your question was.

Stephanie: Your history.

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Dr. Thompson: Yeah. So I'm sick as a dog, just food, food. I focused on food for so much of my life that I have now a little twitch, like a little hivey[?] thing that comes up when I'm focused on my food again too much where I feel like I'm Susan with the food issue. I just freaking hate being Susan with the food issue because I just focused on that for so long.

What I really strive for in my life today is just to get that part of me that's thinking about what I weigh or don't weigh, what my waste measurement is or isn't, how many reps or sets or whatever I've done, whether I've been on the treadmill or off, whether I'm on my plan or off, whether I did or didn't eat, whether I'm on or off my plan – all of that rigmarole, I just want it small. I don't want to give more than 15% of my life attention to that. I'm happy to give some because exercising is healthy and my groceries need to be bought and food needs to be tended to, to some extent, but I don't want that part to be the 90% that it used to be,

Stephanie: It's not healthy either to have 90% of your life consumed with food, counting calories or whatever you're doing that's consuming 90% of your life. That's an addiction in itself with those thoughts constantly flowing in your head.

Dr. Thompson: Totally. And we've got stuff to do. We've got kids to raise. Someone out there needs to figure out how to desalinate water and solve cold fusion and negotiate peace in the Middle East. I really believe that the people who are going to be doing those things, they're thinking right now about how many calories they've eaten today. And we need to release – that's my mission in life, actually – to free up – or they're thinking about how many calories they've eaten today and/or they're not starting the education or applying for the job, or whatever, that they would do if they were thin. So they're thinking, "I'm too heavy to do this. I'll do this when I lose the weight."

Stephanie: "I'm bad because I'm heavy."

Dr. Thompson: Yeah. Or "I can't live my life. I have to lose the weight first." On the life to-do list, lose the weight is first and everything else gets pushed off until I'm into a body that I feel comfortable showing up in.

It's also part of my mission to get people thin so they can go on and do that stuff. Because for me, I wasn't going to stop thinking about that while I still had all those pounds to lose. I just wasn't. And part of the reason for that is because those pounds were a representation of what I still hadn't figured – how I was still all twisted up. I was kind of right about that. I did have to solve that before I moved on. But I just want other people to experience the release of all that because it's totally transformative.

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Stephanie: It's powerful. Let's talk a little bit about emotional hunger, emotional eating, and the relationship between how your brain is actually functioning and the impact of those emotions on our relationship with food.

Dr. Thompson: I think of this stuff differently than I think other people do. I don't think it's what's eating you. I think it's what you're eating. I think it really does start with the food that you're putting in your mouth. And when you are addicted to sugar and flour, of course those are your coping mechanisms. Whether it's stress or hurt or loneliness or happiness or celebration or just a little bit of boredom or just that twinge of – I can't really put my finger on it but I just don't feel quite whatever, so I'm just going to eat something now – food is your go to.

I think that sugar and flour addictions are the underlying thing. The emotional healing can't happen if you're still medicating with your drug. They just don't. Just take it from one addict to another, the healing doesn't happen until you put the drug down. You can do quite a bit of work and you can have insights about your childhood but really the deep work doesn't happen until you put the food down.

The other way that I think I think of these things differently is that – well, before I go into that, let me just say that the emotions, they're just cues. There are other cues that lead you to eat – time of day, driving by a specific Starbucks that you always stop at, walking by a vending machine at work that you always stop at. You don't have to be feeling any particular way to fall for those cues. Some of the cues are emotional and they happen after we talk with our mom and have that conversation or after we hang up with a boyfriend, whatever, after we contemplate going on a date and can't face it and boom, we're eating.

There are emotional cues but really, I don't give them any kind of different status than I give those other cues. They're just cues that have led you to eat and you need to break those cues. Well, what you need to break is the cue behavior association in your brain.

Here's the other way that I think of this stuff really differently than other people. What I'm aware of is the way consciousness works in the brain and how it's duped us into thinking that all kinds of voices in our head are actually ours when they're not. They're not. They're not our voices. In the same way – and this is the way I like to introduce people to the voices in their head that aren't really their voices – I like people to try a little experiment, which is to imagine that they would be given a million dollars in cash if they could just hold their breath for two minutes. So if you can really psych yourself into this experiment, try it some time. Try really imagining and I will give a million dollars in cash if you can hold your breath for two minutes. And then you start your timer. And then listen carefully to what happens in your head because you can't hold your breath

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for two minutes and you're going to breathe at some point but you're going to talk yourself into it with the voice in your head that sounds like you, that ultimately leads you to breathe.

I just want to point out that that's not really you in any kind of highest self kind of sense. That's your brain stem demanding oxygen. It's a very base thing. You would hold your breath for the million dollars, that's what you would do. Your brain is overriding you and it's doing it by talking to you in your own voice. It's an eerie thing but that's what it sounds like in your head when your brain is hijacked and demanding its physiological needs.

So when we try to eat differently, we watch ourselves, talk ourselves out of it with narratives that sound like "It's Friday night, I'm going out with the girlfriends and I really deserve to just have beer and nachos with them because it's been a hell of a week and a friend is in from out of town. I'm not going to see her very often." That's what it sounds like. And you think you just talked yourself off your diet and you've made a legitimate exception. And you've just bought this story, hook, line and sinker. But that was not you doing that. That was not your highest self. That was a part of your brain that's noticed that you're not getting your fix enough lately and that your calorie level is dropping below what's acceptable and that you need more food on board because your brain isn't registering leptin, which is the hormone that tells you that you don't need any more calories on board. Your brain actually physiologically believes it's starving because of the insulin and leptin stuff that I talk about in my book. And your brain, just like it's convinced that you'll die if you don't breathe within two minutes – which you wouldn't, by the way – your brain is convinced that you will die if you don't get more food on board, and it's talking you into beer and nachos tonight using that line of reasoning.

But what happens then is you have beer and nachos, maybe lots more food than that, maybe half a pizza and a pint of ice cream and now you're thinking, "I've done it again. I've just betrayed myself with food again. Just a week ago I started this new plan and I was going to do so great with it, and here I am." And now you're watching yourself having done this and you're having to settle up the score. You're having to basically figure out that this means about you as a person. And you conclude that you don't love yourself but you don't realize you're concluding this. But that sense of deep psychological issues that people have, who have food issues, that sense of "I'm so broken inside." And for many of us, "I hate myself. I loathe myself. I don't feel worthy. I don't love myself. I don't trust myself. I'm not as good as other people deep down in the deepest way," all that comes out of watching yourself go through this vicious loop of promising you're going to eat differently and then talking yourself out of it and not actually doing it in the moment because friends are in from out of town and you're

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going to have beer and nachos. That loop makes you conclude that you hate yourself and that you don't love yourself. The emotional issues come from that.

It's not you, though. It's your brain talking you into breaking your diet or whatever. So what I do in my program is I first of all remove the part – I don't remove the part of their brain – I remove the factors that are leading to their brain thinking that they're starving so that their brain is not going to be talking them into beer and nachos in quite the same way as it used to. And I give them tools to allow them to actually stick with the plan, not using willpower, using other things. And then I watch as their self-esteem comes back online because they watch themselves have a plan for what to eat today and actually eat only and exactly that and then do it again the next day, and then the next day.

What we find from that is, in my experience – and this is an average, this is a gross overgeneralization – roughly 80% of their psychological issues just vaporize. Like 80% of their sense of themselves is a flawed, messed-up human being. And what they actually find is the part of themselves that they always knew to be kind, to be pretty, decently capable at stuff, to be pretty talented actually in some key ways, that part is the real part. That's what's left after the BS psychological issues part get swept away by finally sticking with a food plan.

The emotional eating, I've got a really nuanced view of that. But anyway, those are my thoughts.

Stephanie: I think it's brilliant because that's what I observe as well. Once you put people on some kind of real food diet where you remove what I call the primary cause of craving, which is the food quality and the addiction in sugar, it becomes a lot easier for people to make "the right choices." And it's likely what you just explained, that's the back end of it and that's what happened in people's heads, which leads me to say that you don't have to be a victim of your emotions if you understand how the mechanism works in your head, and you've done a brilliant way of explaining it.

Dr. Thompson: Thanks. Yes, exactly.

Stephanie: Now let's talk about hunger that we can't – there're people who eat and are never satisfied, like you're never full, you just feel to eat all the time. Where does that come from and the whole concept of mindless eating?

Dr. Thompson: Well, that's the insulin and leptin that I just mentioned a little bit in that diatribe that I went on. The part of our brain that governs our eating is primarily the hypothalamus and it does so largely through the regulation of hormones. One of those key hormones is leptin and it's just really, really essential. It was discovered in 1994. We didn't even

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know about this hormone until 1994. And after we discovered it in 1994, we quickly learned that most people these days are leptin resistant, which means that their brains aren't seeing the leptin that's in their body.

Let me just describe how leptin works. Leptin is released not by the brain or the pituitary or anything. Leptin is released by the fat cells. So when fat cells grow, they release leptin and leptin circulates back to the brain and says, "We don't need any more fuel on board right now. You're full, no more food, and time now to go get active because right now, this is the perfect time to find a mate, to build a hut, to kill a wild beast, to do something that's going to ensure your survival later because you've actually got your fat right now. You have some fats stored, so perfect. Go get active." That's the feedback mechanism that always kept our weight in check. As soon as we would put on a little bit of weight, leptin would be released and our brains would know to stop eating and go get active to do the activities that were needed for survival.

Clearly leptin is not working today in our society because today eating makes people sluggish. It doesn't make people want to get active. Eating makes people want to sit on a couch in front of the TV for hours. And it's because their brain isn't seeing their leptin. They'd still have as much leptin, we measure it. There's plenty there. And giving people leptin injections or leptin pills doesn't help at all. They've got plenty of the stuff but their brains are not seeing it. And the reason it's not seeing it is because it's being blocked by insulin.

That's tricky because insulin levels have been rising. They're way higher than they need to be and most people – I'm talking about baseline levels. Yes, insulin will spike if you eat a sugary snack, but I'm talking about baseline insulin levels. They're two or three times higher than they need to be, and all that insulin is blocking leptin in the brain. So with leptin being blocked, your brain believes you're starving – number one, literally, physiological starvation. Your brain shows the markers of physiological starvation in terms of the hormonal profile. And you will keep eating. This is the part of the brain that's going to convince you to keep eating. Because if the brain can't see leptin, the brain thinks there's famine happening and it's going to convince you to keep eating and to be incredibly sedentary. "Those stairs are too exhausting, you need a one-level house now. You need a scooter to ride around, you can't even walk places. You need to be sedentary and you need to eat and keep eating." And the brain is never going to stop eating, so that's this hunger that can never be satisfied.

It's insatiable hunger. It's the hunger – I used to eat after dinner. I'd eaten a full meal at dinner and then I would get a bag of chips and go to the couch. And then the chips would be gone and I'd go get the carton of ice cream. I would just sit there and eat and eat and eat. It's like the eating didn't satisfy the hunger. It was the weirdest thing.

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Stephanie: But it's actually a hormonal reason as to why we are acting this way. Now how do we help people? You've mentioned earlier – you alluded to a program that you have, but there are ways for us to work through that and I think it's called Bright Line Eating, am I correct? That's the name of your book?

Dr. Thompson: That's right, yes. Bright Line Eating, yes. Exactly.

Stephanie: What is the concept of that program and how do you help people with that?

Dr. Thompson: Well, it's a pretty integrated system. You can't just take this stuff lightly because unfortunately it's a pretty big issue. You can tell people what to do but they won't be able to do it unless they get a lot of support. The main principles are certain bright lines around food, like treating certain foods as the drugs they are. A bright line is just a clear boundary that you're never going to cross. Like if you're going to quit smoking, you're going to throw a bright line for cigarettes and you're not going to smoke them anymore, ever. Period. Bright line.

No sugar. No flour. Those are the two cardinal bright lines. And then a bright line for meals, you're never going to eat outside of meal time. Period. Three meals a day, nothing in between, ever. That really helps with the 121 food-related choices each day. Like now 100 of them are "No, thank you," right off the bat. Not breakfast time, lunch time or dinner time and not what you've already planned to eat, "No, thank you."

And then quantities. You've got – I don't know how many fingers I should be holding up. Anyway, four. Quantities is the fourth bright line. Like I'm a quantities girl, I could eat 10 pounds of roasted Brussels sprouts, really. I really could. So quantities, you've got to keep those in check, too.

And then, yes, we have an online community and coaching calls and a specific food plan that really, really helps. And we tell people to get a digital food scale so that they're eating enough vegetables and not too much of everything else. And just a whole bunch of stuff, there's a lot to it.

And then the behavior – it's basically a behavior mod program, behavior modification of like getting the habits of eating so streamlined that you're taking the load off of willpower. So when people start, they're pretty eager and you've got to capitalize on that first few weeks of motivation to be grooving the right habits. And so you've got to walk them step by step, day by day. "This is what you do on Day 1. This is what you do on Day 2." I tell them specific actions so they're not off in La La Land thinking, "What am I doing?" It's like, "Here's what you're doing right now on Day 1, this and this and this.

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And here is your checklist. Have you done it?" And I walk them through creating the habits so that they can be free forever, so they're not wondering what they're going to eat today.

Stephanie: I think that's brilliant because it's a program that's created for people that are more susceptible, back to the original point about susceptible scale, then you model a program or a list of behaviors that need to be achieved by your patients based on where they are in the scale of susceptibility. So it's a personalized plan based on who you are.

Dr. Thompson: Yes, basically. It applies for about half the population. I would say anyone with a susceptibility score of 5 or higher probably needs it. But yes, it's not for everybody and it's personalized. It works especially well for people who are either higher on the susceptibility scale or really, really willing and lower on the scale, because there's plenty of people who are heavy enough and have healthy issues and they might be a 5 on the scale, but it's really important to them that they get this weight off, and they're perfect candidates too.

Stephanie: Amazing. So the susceptibility scale, we'll put the link in the show notes for everybody to take it. And then from there you'll be able to get more information from the program Bright Line Eating.

I thank you very much for being with us today.

Dr. Thompson: Thank you so much, Stephanie. Great questions. It was really nice to spend this time with you.

Stephanie: You are a great teacher and I thank you. And all the information will be in the show notes for everyone, so thank you very much.

Dr. Thompson: Thanks Stephanie. Bye.

Stephanie: There you have it. I hope you've enjoyed this episode of The Crave Cure Series. I'm so glad you actually stuck around until the end.

If you did learn something today and enjoyed the message of the show, please do me a favor and share this episode. Go to stephaniedodier.com/057 and share the show notes on Facebook, in Instagram, tag me or tag Dr. Thompson of Bright Line Eating and tell us what you actually learned through the content of the show. You can also leave us a review at stephaniedodier.com/review and you can tell me what else I can do to help you with your cravings or how this episode actually transformed your relationship with food.

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Now, we've got some great show coming up. Show 58, the next episode, is with Dr. Will Cole and he's going to teach us how our gut health or the microbiome, the little bugs inside of our tummy, actually impact our cravings.

I'm glad you were able to be here with me and I was able to share this information with you, and I thank you.