



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: You are listening to the Weight Loss for Busy Physicians podcast, with Katrina Ubell, M.D., episode number 86.

Welcome to Weight Loss for Busy Physicians, the podcast where busy doctors, like you, get the practical solutions and support you need to permanently lose the weight, so you can feel better and have the life you want. If you're looking to overcome your stress eating and exhaustion and move into freedom around food, you're in the right place.

Hey, hey, hey, what's up, my friends? How are you? Welcome to the podcast. Today is another coaching call. These are so fun for me. I love being able to connect with you guys and coach you. Today's episode is no exception.

I do want to let you know that I talked about a freebie download that I had offered on a previous podcast when I was coaching her, and I could not remember which episode it was, so I promised that, on this part, I would tell you what it was. It was from episode 50, so 5-0, and you can find that download, if you're looking for it, at katrinaubellmd.com/50download, so katrinaubellmd.com/50download, and you'll be able to get that worksheet that I'm talking about.

On this episode, I talk to Melissa and coach Melissa about sugar and trying to get away with having a little more sugar, and getting off sugar, and getting back on sugar, and then losing weight and gaining some back, and all that drama and yo-yoing that goes along with that, and then really figuring out what is going on beneath that. I think this is an episode you're really going to enjoy. I think so many of you are going to be able to relate to this and start applying this to your lives. I can't wait to see what you think.

I do just want to remind you that I have a webinar coming up in just a couple of days. I've got one coming up on Thursday, September 6th, at 7:30 Central Time, as well as another one on Saturday, September 8th. I'm experimenting with a Saturday evening call to just help you guys that have very busy weeks. The way that you can sign up for one or the other of those webinars is to go to katrinaubellmd.com/loseweight, so again, katrinaubellmd.com/loseweight, L-O-S-E-W-E-I-G-H-T. What I'm going to be talking about is how to get that summer weight off. You know what I'm talking about, where you've just let all the ice cream and all the fun creep on, and then how to take that momentum and really charge through the holidays, make these holidays not a time where you end up gaining a bunch of weight and starting off the new year, feeling terrible about yourself, but instead just going strong, like it's nothing.

If you are interested in hearing more about that, I will also be telling you a little bit about my upcoming coaching program that I'm going to be opening up. To get on the list for those webinars, go to katrinaubellmd.com/loseweight. I will see you there. Okay, enjoy this coaching call with Melissa.

All right, Melissa, thank you so much for coming on the podcast. You were just telling me about sugar, everyone's favorite, and we love to hate it, too, right? It's so evil, yet so delicious. Okay, so you had told me that you go off of

it, and you lose some weight. Then you start experimenting with how much you can get away with. Those were your words, how much you can get away with. Then you regain some of that. Tell me a little bit more about that process, like what you do when you are losing weight and how that's different when you find yourself regaining it.

Melissa: Right, well, when I've been paying more attention, actually thinking, "Am I hungry, or am I just anxious, or am I just angry or sad or something else?" Then I choose not to eat it, or have a small piece of dark chocolate, instead of something else, then I'm actually losing the weight. Then I get excited after a while, like, "Oh, my gosh, I've lost 10 pounds. That's awesome! Maybe I can still have ice cream." It starts with, "Oh, I'll just have it once a week," and then, "Oh, what if I have it just on the weekends," like both days of the weekends, and then, next thing you know, there's sugar every day.

Katrina Ubell: Yeah, yeah, yeah, so I mean, that totally makes sense though, when you think about how the brain works, because it overemphasizes the importance of the sugar, because of the dopamine response that you get from that. What I always think is that, even if I don't have sugar for a long time, and I mean, I think this varies depending on the person, but you end up having a bunch of it. Your brain's like, "Oh, yay! We're doing this again! Okay!" You know?

Melissa: Right, yeah.

Katrina Ubell: It's like, "Oh, I know this pattern, yes. Okay, desire like crazy, ice cream every day, but all right, I know how to do this!" You know?

Melissa: Yep, pretty much.

Katrina Ubell: Pretty much, yep, exactly. It's interesting to see that pattern, where it's like, okay, let me just not have it. Now, for sure, an issue here, then, is over-desire, because you don't have it, or you're feeling your emotions. You're

tapping into what's going on for you, actually assessing whether you're hungry or not, and then losing some weight, so it's like we know that works.

I always love it when my clients are like, "Darn it, my plan actually works when I follow it. I hate it when that happens," right? It's like we just are like, "No, it's for sure there's something wrong with it. That's why I'm not losing weight." No, it's actually because you're just not following the plan.

Melissa: Not following it.

Katrina Ubell: Then, you still have some over-desire, right? You have the thoughts of, "I wonder what I can get away with."

Melissa: Yeah, I think that also when I was succeeding, I had tried to find alternatives, so instead of Haagen-Dazs, I found Trader Joe's has a very ... I think it's gluten free, and it's actually dairy free frozen thing that's mango and a little bit of vanilla, and I would just eat that, and I was fine.

Katrina Ubell: You're subbing one thing for the other, so-

Melissa: Right, and it was enough that it was enough small, less sugar, that it was still working. Then eventually the hardcore sugar makes its way back in.

Katrina Ubell: Right, and you know that's what's actually so interesting, too, is even if you don't have the thoughts of like, "Well, let me see how much I can get away with," as you lose weight, especially depending on how much you have to lose, the amount of food that you can eat has to reduce. Do you know what I mean? We see that all the time. I, for sure, saw that with myself and with my clients, too, where they're like, "When I think what I was losing weight eating 30 pounds ago," or something, it's like, "Right, but you're 30 pounds less."

I think of how I ate when I lost weight. I would full-on gain weight if I ate that now. It was just too much food, even if

it was good stuff. Sometimes it's that idea, too, of like, "Oh, I guess I've just got to wrap my brain around the fact that I just am not ... It appears ... The information my body is telling me is that I'm not able to eat that way and still keep losing."

It's really interesting when you talk about subbing out something that seems also like a treat, but less sugar or maybe less fat or a smaller amount or something like that, and, you know, it sounds to me like you know this already, but I'll just point it out to you, that what it's doing is it's taking the Band-Aid off really, really gradually, rather than just ripping it off, in the sense that the over-desire stays there, and it's still using food to make yourself feel better. I'm assuming the Trader Joe's mango thing is not particularly fuel for your body, I would guess. You tell me.

Melissa: No, not really.

Katrina Ubell: Yeah, nutritionally-

Melissa: I mean, it's like-

Katrina Ubell: You'd be okay without it, right?

Melissa: Oh totally, yeah, I don't need it.

Katrina Ubell: Right, so if we are looking to have food really just be fuel, then it's worthwhile to go through the process of stepping away from that having a little treat after dinner or whenever you're having it, or, "The kids are having ice cream; then I'll have this," and, instead, working through what is it that makes you want to eat that?

Melissa: Right.

Katrina Ubell: Right, because it's not even about that. I mean, with the sugar, for sure, you get cravings when your brain is used to it, but when you're off of it for a while, that reduces a lot, and then it really is your thinking that is what's creating all of that desire. Tell me what your thoughts are.

I mean, you did tell me that one of your thoughts was, "I wonder how much I can get away with."

Melissa: Right, I mean, yeah, I think the scientist in me is like, "Well, I'm sure there's got to be a balance here somewhere, where I could have it a little bit, but not go overboard," but it just never works like that.

Katrina Ubell: Right, right, it sounds like a really good thought, right? You're like, "I'm a scientist. This is research."

Melissa: Right, right, well, listen, I'm just trying to make it better for my patients.

Katrina Ubell: Right. For sure, someone has figured out the solution and just hasn't shared it. It's my obligation to do this.

Melissa: Yeah, the other thing that I found, when I was actually succeeding better, was right now there are a lot of fresh berries, so instead of having ice cream or candy or whatever, I would have some strawberries or some raspberries or blueberries or blackberries. My husband's like, "Why are you buying so many berries and cherries." I'm like, "So I don't eat other stuff, because it's sugar, but it's actually healthy sugar mostly."

Katrina Ubell: Yeah, yeah, yeah, so it's, yeah, it's interesting because some people really find that, that their brain is so like, "I need to have some sort of sugar. I need to ..." I mean, you may have listened to that podcast episode I did with Jill Larson, who's a former client of mine, and she really thinks about herself and sugar as an addiction model, where ... right? It's like, "I need to have something." It's like going from being addicted to narcotic pills to actually shooting up heroin or something, you know? It's just like, "I need to be getting my fix from someplace," rather than just going like, "Okay, I don't need to have that."

Now, some people don't even like fruit, and it's just not even that big of a thing for them. For other people, it really ... It'll do the trick, too. It's better than ice cream, but it still

gives you that hit. This isn't good or bad. It's really just something interesting to notice about yourself, like where your brain will be like ... There's still some pleasure that we haven't gotten from food yet, so how about we just eat a bunch of berries and cherries and that kind of thing. You know what I mean? That's definitely going to be the solution.

It's interesting to just have that thought process or just understanding that that's what's going on there. Not that that's bad, right? It really could be that fruit is the way that you get yourself off of the other stuff, and then maybe you cut down a little on the volume of fruit, or you just have it once a day, or something like that, while you're working on reducing that desire.

So much desire is created by what we think, too. I wanted to just ask you, when you think a thought, "I wonder how much I can get away with," referring to sugar, what emotion does that create for you? How do you feel?

Melissa:

I mean, I think it ends up making me anxious, even though I'm trying to probably solve some anxiety, but I think, before I started listening to the podcast, I would just eat whatever was not nailed down, with the idea of, "Well, if I eat it, then it's gone, and I can't have anymore," and so I've come a long way from that, but there's still, I think, some really like, "I'm worried about my kids," or there's some really good ones that'll get me still, that I'm just like, "I know that I'm full, and I do not need to eat this, but I'm missing my daughter, who's at camp right now, so I'm just going to eat the ice cream that she and I like."

Katrina Ubell:

Right, it's a little comfort thing. It's really, really good that you can see that, right? It's not like ... because we tend to be so surface level with the food and spend a lot of time thinking about food, and maybe I should make this different recipe, and for sure there's just a different eating plan out there that's a solution. None of that is the solution, right? The issue is that you're feeling an

uncomfortable emotion, and you want to feel better, and food is your choice way of doing that, as it is for me, right? It's like ... For other people, they're drinking alcohol a bunch or spending too much or whatever, and for us it's food, and it's so easily available. It makes us feel ... Especially when we're anxious, we often feel out of control. It is always ... Food is very reliable, right? It makes us feel in control, and it just gives us that comfort that we're looking for.

When you can recognize that, that's really ... Your model here is, "I wonder how much I can get away with?" The feeling is anxious. The action is eat sugar, right? It just we'll see, but then, when you're eating sugar out of anxiety, the result is that you can't get away with much, right?

Melissa: Right.

Katrina Ubell: I wonder how much? Not much.

Melissa: Yeah, two pounds' worth. That's how...

Katrina Ubell: Yeah, yeah, exactly, and so, instead of making it about the food, or, "I wonder how much sugar I can have," the real work here is, "What is the emotion that I'm experiencing, that I'm unwilling to feel?"

Melissa: Right.

Katrina Ubell: "What is it about anxiety that's so uncomfortable for me that I feel like I need to make it go away or distract myself from it?" Because it really does make you feel better when you eat the food, right?

Melissa: Oh, yeah, no, it's really-

Katrina Ubell: I mean, it really does.

Melissa: I really like mint chip Haagen Dazs.

Katrina Ubell: Yeah, right, it works. I mean, it totally works. It's just the issue of the downside on the backend, right?

Melissa: Yeah.

Katrina Ubell: This is sometimes the hard sell for people, because they're like, "No, I don't really want to get into the emotional stuff," but it's like ... The whole issue is the emotional stuff, and so, once you really dig into that, it's when you start going, "Okay, I start actually seeing how ..." This is how naturally thin people eat. They don't think about food all the time, because why would they use food to feel better about an emotion? They don't have that connection like we do, where it's like this is a solution to that, so what we have to work toward is undoing that connection and being willing to look into that on our own.

The way that you do that is a stepwise process for most people. Maybe you'll be able to just go, "I'm all in. I'm feeling all the emotions. I'm just doing this," but what more people tell me is that it's more like they've eaten the food, and then, after the fact, they're like, "Aw, crap, why did I just do that again? Shoot. I wasn't going to do that. I said this morning I wasn't going to do that, and now I just did it again. What's wrong with me?" and then going into the whole beating yourself up kind of a thing.

What I want you to think about is the idea of, even if it's already happened, committing to spending some time thinking about what led up to all of that. What made you think that food was the solution? What was actually going on for you? Not in a way where you're like more opportunity to beat yourself up or be disgusted with yourself or upset with yourself, but with true, honest curiosity and compassion for yourself, just wanting to understand, truly taking on the scientist approach like, "I just really am wondering, what was that?" Not expecting one thing or the other, not trying to prove a hypothesis, instead really just going, "When did that start? What was my deal with that? What was I actually feeling, that I

wasn't willing to feel? Or really was it just habit, and I need to be more aware, because it was like, before I even knew it, boom, this was the pattern, and I was eating it."

I don't know the answer, but you do, when you spend the time looking into that. A number of podcasts ago ... I should've probably had this available to you, but maybe I'll put it in the ... I'll tell everybody about it in the beginning, but I'd offered a download worksheet that I use, called The Write it Down and Move on Worksheet. That's a perfect worksheet to use in this kind of scenario. Again, not so that it's like, "Oh, this is how I confess my sins on this thing." It's much more of, "Let me just see, what was it that I did?" which can take some shame out of it, because sometimes there is that element, too, of just wanting to hide and not really 'fess up to it, or whatever, but looking at it.

"Okay, what did I do? What was going on for me? Let me actually process what that all was and also think about what I might be able to do differently next time," because what we think we're going to do is we're like, "Okay, I'm just going to beat myself up, and then, certainly, I'll do better next time." Has that ever worked for you?

Melissa: Not so much, no.

Katrina Ubell: Me neither, me neither, right? We keep thinking like, "Oh, okay, that's it, never again. I'm not doing this, ugh, never again," right? Then we fall again. Then we-

Melissa: Every time I say, "I'm not going to eat sugar for X number of times" ... One year, maybe this year, I was like, "I'm not going to eat sugar for a year." My husband just laugh. He's like, "I can't even pretend that I know you're just not going to do that."

Katrina Ubell: I can't even pretend that you're really going to do that, yeah, right. Instead, it's just taking the moment to go, "Okay, next time, what is something that might actually work that I could try?" Again, being that scientist of like,

“Maybe it's this. Maybe it's that. I don't know what it's going to be, but certainly what I'm doing isn't working. That, we can all agree on. If that's the case, then what might be something that I can try tomorrow, or the next time this kind of scenario comes up?” This is perfect for people who have trouble with vacations or traveling, if that doesn't come up that often.

We're often like, “Well, but I don't travel that much, to practice it,” but you can still anticipate what the issues might be for you, going into it. Then, on the tail end, if some things didn't go that well, taking that time to actually think about it will help you again. You have that plan. Then the next time you travel, you're like, “All right, okay, I was going to try that this time,” instead of thinking you have to reinvent the whole wheel every single time, you know?

Melissa: Yeah.

Katrina Ubell: Then, what ends up happening is you're in the middle of eating the ice cream, when you go, “Oh, wait. I wasn't going to eat ice cream.” Then, really, the practice is stopping.

Melissa: Yeah, I did recently. At work, they have some snacks, and they have cookies, which, I'm usually gluten free, so I'm usually not even going to think about them, but for some reason I wanted them, and I ate one, and then I was like, “I don't even want this.” I threw out the other cookie, which I never would've done before I started listening to the podcast.

Katrina Ubell: Yeah, well that, I mean, it's huge, right? Totally give yourself a pat on the back for that, because that is totally you going, “Wait a minute. This is not the pattern that I want to be following right now.” Yeah, that's fabulous. You figure that out. You're in the middle of it. Then, even right then, this doesn't take a long time, typically, to just go, “So what am I actually feeling?” Getting out of your head and

into your body, "What is the emotion that I'm having right now." Think about that, that time when you ate the cookie. Can you think about what emotion you were feeling?

Melissa: Well, I was at work, so I'm usually thoroughly stressed, and I have it set up so that I can try to ... I basically work through my lunch, not that I'm supposed to, but trying to do all my charts from the morning, so I can go into the afternoon with a clear desktop, but I can't think specifically. I mean, I work at a federally qualified health center, so I have a lot of patients that are very sick, that don't even have insurance, and it's very hard to help them. I'm not sure if it was related to them or-

Katrina Ubell: Yeah, but overall, it was a feeling of stress.

Melissa: Yeah, just stress, like I've got so much to do.

Katrina Ubell: Mm-hmm (affirmative), yeah, so maybe a little overwhelm?

Melissa: Yeah.

Katrina Ubell: A little stress and overwhelm? Yeah, yeah, okay. Here's the thing. I'll touch on, actually, both of these emotions, because we could probably spend some time thinking about what those thoughts were that created those, but you even just told me, right? Thoughts about patients and all the stuff that you have to do, so the thing with overwhelm is overwhelm never has anything to do with how much you have to do, even though we really think we do. We would feel a lot less overwhelmed if we just didn't have so much to do. This is how we all think, right?

Melissa: Right.

Katrina Ubell: Overwhelm is truly just a reflection of what's going on in your brain. You don't need less to do. What you need is to get your brain in check, because you think about it. When you're overwhelmed, what do you do? The answer is nothing.

Melissa: Right, and then you're ..., and then it's worse.

Katrina Ubell: Or eat, right, yeah, exactly.

Melissa: Then it's ... supposed to be doing.

Katrina Ubell: Nothing productive, in terms of helping you to do those things that you're stressed about having to do. When you can identify, "Okay, I'm feeling really overwhelmed right now. I'm not getting anything done," then you can go, "Okay, well, so what are my thoughts about this? It's never going to get done. There's not enough time. It's too much," whatever your thoughts are, going, "Okay, well, what if that wasn't even true? What if there was plenty of time?" or just questioning some of those things. That's how you can coach yourself with that.

The thing with stressed ... I always think stress is so interesting. I asked you what your feeling was, because I actually assumed that your feeling was stress, and then I thought, "Well, I should ask her what her feeling is." You're like, "Stressed." I'm like, "Yeah, okay." You feel it all. We're all the same, right?

Melissa: Yeah.

Katrina Ubell: The thing with stress is ... Using that as an emotion, that's what a lot of people say, and I agree. That is what we're feeling, but when you really delve deeper into what stress really is, it is more than just stress. It's usually fear of some sort. It's fear for those patients, fear that they won't get the care that they need, fear that maybe they'll have some sort of bad outcome, fear that you won't be able to help them the way you should, fear that you might make a mistake, fear ... I mean, right? We could go on and on and on of all the fears. The label we put on that is stress.

When you think, "Oh, I just need to be a lot less stressed. I need less stress. I need to see fewer patients. I need to have more help in the office, so I can be less stressed." Maybe, but also maybe a lot of that is really related to just

your thinking, and so it doesn't mean that you don't have concern for them. It doesn't mean that you do anything ... that you don't care, that you withdraw any of that, but instead just going like, "Oh, okay, I'm feeling all this tension and all this stress, because I'm worried, because I'm afraid for them."

I think that when you can put that label on it ... I think when we hear fear, we're like, "Oh, okay, well fear feels bad. Maybe I can think about this in a different way;" whereas, stress sounds a little more glamorous, like, I'm ... You know?

Melissa: Right, right, totally. I think stress is also like ... It's other things. It's not me. It's outside of me, and I can't help it, which is untrue.

Katrina Ubell: Right, right, like, "If I didn't work in this kind of a health center, where these people's lives were so messed up, or they were having so many struggles, then I wouldn't have to be so stressed," when it's like, "No, actually, the stress is 100% created by your thoughts."

I think sometimes when we hear about that, we're like, "Oh, so I shouldn't be worried about them," or like, "I shouldn't ..." Almost like, "It's like I shouldn't care about their lives or the struggles that they have," and it doesn't mean that, at all. It's just recognizing that fear is not a great driving force to take the actions that you want to take to really help these people, right? I mean, you work there for a reason, because you want to help them, right?

Melissa: Yes.

Katrina Ubell: There would be other places you could work if you wanted to, right?

Melissa: Right.

Katrina Ubell: It's like, "Okay, well, I see that this stress actually makes me take actions that don't help them as much, then

maybe I'm going to be willing to change that." You know? Can you think of ways that the stress or the fear actually has you doing things that are counterintuitive, or maybe things that aren't helping them as much?

Melissa: I'm trying to think. There's a recent ... someone I was really trying hard to help, and then, when we finally were figuring out exactly what was going on, then the family was coming at us. I was like, "I have been trying to help. For months, I've been trying to help." I know that their anger is just their fear for their loved one, but I was like, "Oh man, I really don't need that. I've been worried about him, and you're not getting that. You're not understanding that."

Katrina Ubell: Right, right, yeah. Was that feeling stress?

Melissa: Yeah, I mean, I was definite ... I also, I think, I mean, because my staff was also getting in the middle of all this, like, "I need this. You need to do this on your day off," and then like, "No, I can't. I'm not there, physically, to sign something." Yeah, I think that's the one that's really the worst right now, because I'm also like, "Oh, I hope this person does okay, because my fear that they had something bad going on was founded."

Katrina Ubell: Yeah, yeah, yeah, so I always think, too, though, when you're feeling stressed, what you tend to be is not very solutions focused. You're very problem focused, right? You're like, "This is wrong, and this is wrong, and this is wrong, and this isn't good, and it's not going to work because of this." Especially with social systems, it's because the system's broken, and you know? I mean, right? We could go on and on.

Melissa: We just want single payer. No, I'm just kidding.

Katrina Ubell: Exactly, all of this stuff, right? That that's the reason, and so then the action is spending time condemning "the system." "The system," or the whatever is failing the patient versus going, "Okay, if this is the system we have,

what are solutions that'll work within this?" Fear or stress don't generally drive those actions of going like, "Okay, what are solutions?" It kind of does, in the sense that, at a certain point, you're like, "Well, what are we going to do? We have to do something," but it's not as efficient. It's not as productive, and it uses up way more of your energy, your mental energy.

When you're using up all that energy, then you get home, and you're like, "Ice cream sure sounds good, because I really need some energy. I need some way to comfort myself, because I expended so much energy, all this, on all of these negative emotions at work all day today." That's a really good one to keep an eye out for, like, "Oh, okay." I will get ... These people are all in a tizzy around this whole thing. I can totally see why they're doing that, but I don't have to decide to join them. I can kind of watch it.

That's like, you can be the observer or watcher of your own mind, but you can observe and watch other people freaking out, too, without joining them. That's a skill in and of itself, especially in a work environment. Everybody wants to work together as a team. You're like, "Well, I'm part of the team. I guess this is how we're thinking about it," instead of going, "Does that really serve me?"

You're like, "Is that really ... Does that have an upside for me and the patient? How is this going to work out for all of us? Let's figure that out." That comes from a place of managing your emotions and understanding, "Okay, I'm feeling stress because I'm afraid right now. I have fear of this and this and this." Okay, well, so those things are probably not happening. We're doing all the ... A lot of times, we're afraid of things, and then, rationally, we're like, "But that's not going to happen. It's totally fine." Once you acknowledge it, you're like, "Oh, that's where that stress is coming from. I'm going to just choose a different way to think about this right now. That actually helps me to move that way. Then work is so much less stressful.

Then you have a lot less work to do, in terms of feeling your emotions rather than eating them, right?

Melissa: Yeah, there's that, too.

Katrina Ubell: Yeah, I mean, I think that that is a huge part of where that sugar comes in, right? Where it's like, "Okay, I haven't been really eating that much of it," so that thought of, "I wonder how much I can get away with," ... It sounds so innocent, but it's like, "Hey, feeling all these emotions really feels pretty awful. I wonder how much I could get away with. I wonder if I could feel a little better, without eating all of it," and then it's just like, "Yeah, but what about even a little better than that, and a little better than that, and a little bit better than that," you know?

Melissa: Yeah.

Katrina Ubell: Yeah, yeah, so tell me what your thoughts are about that, in terms of applying that to your current situation.

Melissa: Yeah, no, I mean, I think that ... I mean, I think it's a good reminder, because when you're in the moment, it's so easy to get sucked one way or another, especially when ... I mean, I do have a really great team, and so I also was upset for them, being stuck in the middle of a disagreement that wasn't their making, and they couldn't fix it. I did point out to them that, "They're not yelling at you. They're yelling at the illness. You have to just remember that," but in the moment, you're like, "Ah, I don't know what to do!"

Katrina Ubell: Right. Well, and it is hard, because we-

Melissa: I think it's just to pause, you know?

Katrina Ubell: Yeah, we want them to be happy, which really is people pleasing. It's really tough, as a doctor, especially when they're getting evaluations, and if you know your compensation is tied to that, or whatever, right? We do a lot of thought work on the idea that what they think, both

good or bad, is 100% about them. It really has nothing to do with you and/or your team or any of it, right? That anger is usually from their fear, like you were saying, right? They're just really concerned about the illness, and they want results. They want relief from their emotion that they're feeling that's so uncomfortable, and so they're thinking, "Maybe if I chew everybody out, or I'm super demanding, that that's going to create the result that I want."

We oftentimes jump into that, like, "Oh, my gosh, well, this is what they want. We'd better do it." I mean, you can, but you don't have to, right? You can just see that. Sometimes it's interesting to just think about what someone else's model is. You see what their A-line is, what their action is. You can see what their result is. You can probably guess what their emotion is, and they might even be telling you what they're thinking.

Melissa: Right.

Katrina Ubell: You're like, "Oh, I get it. I see why. That's why they're doing what they're doing." Again, this is not necessarily something you have to coach your team about or you're helping them to change their thoughts, because that's their job. You're certainly not going to be able to change the patient or the parent, or whoever's upset, but you can just understand that. That, again, gives you a little bit of that distance, rather than diving into all the drama and all the emotions, and instead just going like, "Okay, I get it. Yeah, I see how somebody might respond in that way. It's not how I would respond, but okay. I know I'm showing up in the best way I can. I want to do everything I can to help them, within reason, and that still might not be enough."

Oftentimes it isn't, right? I mean, we get that, where people are just not satisfied, for whatever reason. Again, that really is about them and not us, which is so hard, with all the Press Ganey stuff and everything, right? Where it's just like, "Well, wait a minute. Their thoughts are a

reflection of their thinking, not the level of care that I gave,” but ... improvement.

Melissa: Yeah.

Katrina Ubell: Yeah, yeah, so I think that that's a really great example of a time where it's just like there's snacks there. There's something, like, “Let me just grab a handful of this or that.” Some people do it. They just want to reward themselves for the end of a difficult clinic, or something like that, or just really busy.

What you can do is spend some time even coming up with a list of these are the times I tend to want it. I know my husband ... They have snacks at their office, too, and they have those ... You know those peanut butter filled pretzels? They're super delicious.

Melissa: Mm-hmm (affirmative).

Katrina Ubell: He would finish up clinic and just grab a handful, just as a treat. This is somebody who really is not an emotional eater and does not have a weight problem. That's where it's like everybody emotionally eats a little bit. For him, he had to really recognize, “Okay, that's just this habit. Of course, I'm going to have an urge to eat that, regardless of what the day was like, but especially when the day was hard, so that's when I need to be even more aware of my brain suggesting eating something as the solution,” and same for you, too.

When you can start identifying, “Okay, when I'm really missing my daughter, and I'm feeling lonely maybe or bored or something like that, okay, that's an emotion that my brain suggests food for, so ... When I'm feeling stressed or fearful or something at work, that's when my brain starts offering food,” but don't get overwhelmed if you're like, “Pretty much every uncomfortable emotion I have, my brain offers food,” because that's normal, right? That's just how you've learned to cope with life. It's just not giving the result that you want.

Then, you just peck away at it, time by time. Now, the ripping the Band-Aid off version of this is you just don't eat sugar for a while, no sugar. You can have fruit and things like that, but no added sugar for a number of weeks, to just take away that internal craving/desire type of thing. Some people like to go slower. I think ripping the Band-Aid off is better. It's just like, who are we kidding? It's going to be hard, no matter what, so let's just get it over with.

Melissa: Right, and I've done it so many times, it's ridiculous, but then when I start to beat myself up about it, I'm like, "Well, what's my lecture about smoking? You're going to try to quit several times, before you actually finally quit."

Katrina Ubell: At least you're still trying. I mean, honestly, truly, right? You're still in this. You're still in the game. You're listening to this podcast. You're trying. You're making an effort, but it's so interesting how your husband is like, "Yeah, there's no way you're going to not eat sugar for a year." What is so interesting is that you could totally not eat sugar for a year, because you don't need the support of other people. All you need is your own self, knowing that you have your back, and that is really where all of this boils down to, is just deciding what you want in your life, and then actually giving it to yourself, just like you would decide what a patient needs and doing that, or what your family needs and doing that.

It's doing the exact same thing for yourself. In my program, when I work with people, I mean, that's what we do is really working on building up that relationship with yourself, where something happens and you go off plan, and you just get right back on again, because I don't know about you, but for me it was like I went off plan and it was like I might come back in three or four months, when finally my biggest pants are too tight again, and then let's start the yo-yo cycle all over again, just over and over again. It's knowing that you have your own back and

practicing that and being willing to mess up and fail, and then just-

Melissa: Try again.

Katrina Ubell: Having your own back again-

Melissa: Keep going.

Katrina Ubell: Trying again, exactly, exactly. There's actually a billboard right above, this huge billboard, right above this tobacco shop in town, here, that's like, "It takes most people more than once," or many times, or something, "to quit smoking." I was like, "That's actually really good advertising right there." That's pretty good.

Tell me what a takeaway would be, from this coaching session, for you. What do you think is actionable for you, moving forward?

Melissa: Well, I mean, I definitely like the idea of the write it down and move on worksheet. I definitely want to look at that, for sure. Then I think I maybe was doing a better job about thinking what's the emotion? Do I really need it? Am I actually hungry, or am I thirsty? I'm usually actually thirsty. I need to get back to that, that reminder of check in with yourself, because for a while, when I was doing really well, and I'd cut out snacks ... was part of how I got the 10 pounds off ... There is plenty more to go, though, so I think I can definitely try to come back to that, like, no, I actually ... I care about myself more than I want that whatever snack or thing.

Even when somebody's offering it to me, like, "Oh, I got this just for you," and I'm like, "Oh, I'm really sorry, but I can't eat it."

Katrina Ubell: Yeah, or you just take it and say thanks, and then you just don't eat it.

Melissa: Right.

Katrina Ubell: That's often what I do. I'm just like, "Okay, thanks," and then save it for someone else, or I mean, you can throw it out, whatever. Really, what's so nice is the gesture, not the eating of the food, right? It's like that's so nice that someone got that for you, but it's like you don't actually have to chew it up and put it in your belly in order for that transaction, that nice transaction, to have happened.

Melissa: Right, right, it was still a nice gesture.

Katrina Ubell: Right, right. You know, like you were saying, "I care about myself enough to not do this." Sometimes we're like, "No, I don't really care at all. What I care about is just feeling better." I think what is helpful to know ... I care about myself enough to practice feeling these uncomfortable emotions, because I know that's the ticket to the freedom that I really want longterm. That is really what it's going to take to get you to that point where you're just like, "Oh, what's normal is that I actually just process the emotions," instead of just quick grabbing whatever it may be and eating that, and just knowing that your brain will suggest it, because it's just habit.

It's just like, "Oh, right, that's what we do," rather than it being like, "Something's wrong. My brain's still suggesting it!" Of course, it is. It's okay. My brain does that, too, periodically. I'm just like, "Really?"

I try to think of ways that it's funny, like how silly that is that my brain would offer that up. Of course, it's thinking that that food is the solution right now, and it isn't. I think that those ... All that kind of mindfulness and awareness is going to be, for sure, the first step for you, and anybody else who's listening, who is really like, "I just am sort of all over." It's like taking all the drama out of it. You know what I mean?

Melissa: Right.

Katrina Ubell: All the ups and downs and the emotions that go along with that, and going like, "So what's really going on for

me?” When we take all this nonsense away, what's really at the core of this? That's where your thought downloads come in, too, taking the time. It doesn't have to be a long time, but just getting in tune with, “What if a patient, a family, could be totally mad at me, and I didn't want to eat? What might that look like?” Asking yourself questions like that ... Sometimes it can end up being a little bit like a diary entry, you know?

Melissa: Mm-hmm (affirmative).

Katrina Ubell: As you're going, “Well, then this happened and this happened,” and then like, oh, and then, “What if I'd responded differently?” or, “What was my emotion going on when that happened?” That's how you start digging into that deeper work on your own, which is like ... Even a coach can help you, but when you spend that time doing that, that's when you really start making some serious progress moving forward. I think that this is going to be a good next step for you.

Melissa: Thank you. I appreciate it a lot.

Katrina Ubell: Yeah, yeah, well, thanks so much for being willing to come on the podcast. I know everybody enjoys hearing these coaching calls, so I really appreciate you raising your hand and doing that.

Melissa: Thank you for all you're doing, because you're definitely helping lots of people, because everyone who's said, “Hey, how have you lost weight?” I'm like, “Oh, okay, you don't have to be a physician, but go to this podcast.” I've had patients who were over 50, who are like, “What's a podcast?” I'm teaching them how to download an app on their Android to be able to get it.

Katrina Ubell: Oh, that's amazing. Thank you so much. I appreciate that. That's fabulous. That's so great. All right, thank you, Melissa.

Melissa: Thank you.

Katrina Ubell: Thanks for joining me today. If you like what you heard here, be sure to hit subscribe in your podcast app, so you never miss an episode. You can also get my Busy Doctor's Quick Start Guide to Effective Weight Loss for free by visiting me over at katrinaubellmd.com.