

**Shrink Rap Radio #608, August 2, 2018, Treating Emotional Eating
David Van Nuys, Ph.D., aka “Dr. Dave” interviews Julie M. Simon,
M.A., M.B.A., L.M.F.T.**

(transcribed from www.ShrinkRapRadio.com by Kat Bautista)

Introduction: My guest today is licensed marriage and family therapist Julie M. Simon, author of When Food is Comfort, and we’ll be discussing the problem of emotional eating and the treatment protocols she’s created for dealing with it. Now, here’s the interview.

Dr. Dave: Julie M. Simon, welcome to Shrink Rap Radio.

Julie M. Simon: Hi, David, thank you so much for having me.

Dr. Dave: Well, it’s really good to have you on the show, and we’re going to be discussing your new 2018 book on emotional eating, which is titled When Food is Comfort. So I want to ask you how did you get involved or interested in this particular topic, of emotional eating?

Simon: Well, I was always interested in it, because I struggled with it when I was much younger, and struggled with overeating, gaining weight, dieting. I went through all that in my teens and my twenties, watched my older sister and my mother struggle with all of that. So I was always very interested in health and nutrition and fitness and the psychology of eating and I wanted to understand – it never made sense to me why any of us have weight problems. It seems like we shouldn’t be designed to have weight problems. Animals in the wild don’t have weight problems; our ancestors didn’t have weight problems. They didn’t count calories and fat grams and weigh and measure their bodies and their food. And so I was always on a quest to figure out what is going on, why are we all struggling so much with our weight, and why are we looking for the new diet all the time...

Dr. Dave: Yeah.

Simon: ...and why are we counting calories and carb grams all of that stuff. So I was on a quest...

Dr. Dave: Yeah.

Simon: ...to solve that for myself.

Dr. Dave: Well, back in those early days, when you were struggling with that, what things did you try that did not work for you?

Simon: Well, I just did a lot of dieting. I mean, I remember keeping journals, counting every single calorie that went into my mouth, and then when I would lower my calories to extremely low levels...

Dr. Dave: Hmm.

Simon: ...bordering on getting anorexic from doing it, my weight was plateauing and I wasn't losing weight and nobody could tell me why. People would say, "Oh, well, then don't eat less." Or "Just exercise more."

Dr. Dave: Yeah.

Simon: So all of a sudden I'm practically starving myself and over-exercising, right?

Dr. Dave: Yeah.

Simon: And this is a recipe for an eating disorder.

Dr. Dave: Right. Was it a serious enough issue for you that you ever went into therapy for it?

Simon: I did. I definitely went into therapy. First of all, I was developing an eating disorder.

Dr. Dave: Okay.

Simon: So I was on the border of anorexia and then I was on the border of bulimia, not so much with vomiting up my food but over-exercising.

Dr. Dave: Yeah.

Simon: And bingeing. The starvation was starting to lead to binge-eating.

Dr. Dave: Right.

Simon: In my twenties I actually went to see a therapist about it and I was fairly thin at the time, but I was obsessed with an extra 5 or 6 pounds. And the therapy was really ineffective.

Dr. Dave: Ineffective. What kind of therapy was it?

Simon: Well I was a student at UCLA and...

Dr. Dave: Okay.

Simon: ...I didn't really know what kind of therapy she was doing, but she basically said, "You're not fat, so don't worry about it." And I said to her, "I know I'm not fat, but I'm obsessed with it."

Dr. Dave: Yeah.

Simon: “And I’m obsessed with counting calories and all of the stuff, so there’s something wrong. Look, I need help.” And she just said, “Well, you’re not overweight, so don’t worry about it.” And I covered up my body a little bit because I think I’m overweight...

Dr. Dave: Yeah.

Simon: ...so I knew something was wrong and I wasn’t getting any help in therapy.

Dr. Dave: Yeah.

Simon: And that really also led me to want to be a therapist, because I thought, “I really want to solve this” and I don’t ever want to have the experience where – I don’t want anyone else to have the experience where they go to someone and they basically dismiss what they’re feeling.

Dr. Dave: Yes. Right.

Simon: And everything that they tell the therapist that they’re struggling with.

Dr. Dave: Well, it’s not a rational process, so giving you a rational perspective, of “Well, you’re not overweight,” that’s not going to be helpful because it’s deeper than that, right?

Simon: Right, and I wasn’t getting anyone addressing the deeper pieces.

Dr. Dave: Yeah. So...

Simon: I couldn’t find anyone who was addressing it.

Dr. Dave: So how did you find your – I mean, you look very slim now, hopefully you’re not anorexic. (laughs)

Simon: (laughs)

Dr. Dave: And so how did you find your way to the place where you are now? What ended up working for you?

Simon: Well, it was actually quite a journey, and so as I began, I went back into therapy at some point in time and I found a wonderful therapist. What’s funny about that is that she was overweight and so she didn’t really have any answer for the eating issue, but she was able to help me look at just all the deeper issues that I was struggling with...

Dr. Dave: Uh-huh.

Simon: ...as a young woman.

Dr. Dave: Yeah.

Simon: Those were ultimately the issues that were leading me to try to control my body size. So during those – okay...

Dr. Dave: Can you share with us at all what those issues were? I'm terribly voyeuristic, I apologize. (laughs)

Simon: I had had a certain amount of trauma in my childhood.

Dr. Dave: Uh-huh.

Simon: I had a very controlling mother. My mother was bipolar, she was a rageaholic...

Dr. Dave: Oh, wow.

Simon: A lot of emotional abuse, a lot of verbal abuse, a lot of criticism, shame...

Dr. Dave: Wow.

Simon: ...and other traumas too that I won't go into here.

Dr. Dave: Okay.

Simon: There has been a lot of trauma, and so I was also struggling with – I didn't realize until she helped me realize it and until she helped me understand it was that I had a low-grade depression.

Dr. Dave: Mm-hmm.

Simon: And I was often eating because I was mildly depressed.

Dr. Dave: Yeah.

Simon: So there were all those pieces.

Dr. Dave: So it's fascinating that she was able to help you with all of that, even though she was overweight herself, but that didn't get in the way for either her or you, it sounds like.

Simon: It didn't. I mean, at that time there really was no one for me to turn to with the eating issues, because I couldn't really find anyone who really fully understood them. It was a long time ago, and I don't even remember if we were even calling it bulimia back then.

Dr. Dave: I think that maybe our understanding of eating disorders has deepened in those intervening years. Do you think so?

Simon: Oh, totally. I mean, that's my specialty and I've been doing this for 30 years, and so...

Dr. Dave: Okay.

Simon: ...but what was interesting is that I always had this intuitive sense – I wanted to find out all the pieces of the puzzle and over time I found – put them all together and they were emotional skills, self-care skills that I was missing that I needed to learn. There were also what I call body balancing principles. My body was out of whack in certain ways. I was eating food I was allergic to, I had brain chemistry imbalances, I just alluded to the depression I was suffering from, I had brain chemistry imbalances, food allergies, I had hormonal imbalances. So these were all pieces...

Dr. Dave: Huh.

Simon: ...of the overeating puzzle that I began to understand. I was spiritually lost – that was a piece. Getting spirituality in my life was a huge part of my recovery. So putting all that together, I wrote my first book and my first book was called The Emotional Eater's Repair Manual, and that covered the emotional self-care skills that most emotional eaters are missing. A lot of these body issues, the body imbalances that can lead us to turn to food, because not all overeating is the result of emotional challenges. And then spiritual imbalances that can lead us – like, life's not having enough purpose and passion and meaning...

Dr. Dave: Mm-hmm.

Simon: ...not having enough nourishing connections...

Dr. Dave: Yeah.

Simon: ...whether that's just something higher or not. So I wrote the first book and we covered the mind, the body, and the spirit and I knew I wanted to write the second book and do a deeper dive into those emotional self-care skills. And really in the second book, I really wanted to cover the brain, a little bit more about the brain, and teach my readers about how their brains get wired very early on in their life.

Dr. Dave: Yeah. Yeah. Well, let's get into some of that stuff, I know one of the things that you emphasize in the book right off the start is parental nurturing. And you shared enough of your own story with us to see why that might be so important, because that's something that you didn't get.

Simon: Yes, and it's so funny that you're saying that. I just yesterday spent some special time with my elderly mother and that I was just thinking, "There is no nurturance here to be gotten from this person" and it's sad. And I was thinking when I was with her that she never got it...

Dr. Dave: Yeah.

Simon: ...and that's it's generational. She never received sufficient or consistent emotional nurturance in her early years for her brain to get wired properly and so she couldn't raise her children in a very nurturing environment. And so...

Dr. Dave: Yeah.

Simon: ...as I said before, the environment I grew up in was not nurturing. She was a rageaholic and there was a lot of yelling and screaming and hitting and shaming and judging.

Dr. Dave: Hmm. Ooh.

Simon: In that kind of environment, our brains get wired based on experiences and...

Dr. Dave: Yes.

Simon: ...what we're exposed to. And so if we are in an environment that is abusive or even in an environment where there's a lot of neglect – I have – that's how mine was, too. I was the youngest child, so I had a lot of neglect. Our brains get wired for high reactivity and high emotional arousal, and what happens is when we struggle with that, we're unable to comfort and soothe ourselves and regulate our emotions and our moods, and regulate destructive impulses, and we're much more likely to turn to substances, process addictions like gambling or shopping or – right?

Dr. Dave: Yeah.

Simon: When we can't comfort and soothe ourselves.

Dr. Dave: Yeah. Yeah, this whole language of self-regulation is new, has come out of the brain science that's been done in the last 10 years or so. And so the person who's reading your book, they can't go back and have their childhood all over again, right? If they got poor nurturing, how are they going to get over that?

Simon: Well, that's exactly why I wrote the book, because of the hope that the neuroscience I think has provided us, because we used to think the brain was this set-in-stone...

Dr. Dave: Right.

Simon: ...thing in our head that really couldn't be altered much, and it couldn't be further from the truth. We now know that what we're talking about – when we talk about nurturance early in life, we're really talking about something called attunement, where our caregivers are really well-attuned to our inner world and...

Dr. Dave: Yeah.

Simon: ...they tune into it with kindness and curiosity and love and care, and so when we receive that, as we said, the brain gets wired in a particular way. If we don't receive that, we don't have that external attunement. The good news is that we can learn something called internal attunement, so we can learn to tune in to our inner world in a way that's very kind and loving, curious, gentle. And we can in fact by doing that often, by doing a mindfulness practice of what I call internal attunement, we can actually rewire our own brain. And I was and am a living, breathing example of that. I did that over the course of the years with all the skills I was learning without knowing that rewiring my brain was possible, right?

Dr. Dave: Yeah.

Simon: Just hoping that something was possible...

Dr. Dave: (laughs) Yeah.

Simon: ...and then ending up having a rewired brain and saying, "Oh my God," I'm a walking example of how it works.

Dr. Dave: (laughs) That's great, that's great.

Simon: Right? I need to teach this.

Dr. Dave: Yeah. Yeah. Yeah, that's great. So you were learning to extend those qualities towards yourself that you did not get from outside, you did not get from your environment, your parents, and extending another word that's come into our vocabulary fairly recently is the idea of self-compassion.

Simon: Yes.

Dr. Dave: And so it sounds like...

Simon: And it's funny for me, it didn't start so much as self-compassion. It was more – I had a therapist forever telling me to journal my feelings, and I always resisted doing it because I didn't feel like I was getting much out of doing it. There came a point where I really wanted to put my energy into seeing if I could journal and get something out of it, and I guess when you're ready, things shift and...

Dr. Dave: Yeah.

Simon: ...and so I began, really began to journal my feelings. And I began to notice that – and I didn't have this languaging back then, but really what was happening was that I was learning how to regulate my nervous system, that by pulling away from a stressful situation, pulling out my journal, writing down what I was feeling, and even just beginning to access a kind, supportive voice inside that could say, "Well, it's okay to have this feeling, of course you're feeling that way when this happens," I was learning how to regulate my nervous system and the end result of that was that I didn't go grab food because I wasn't so agitated or I wasn't so depressed.

Dr. Dave: Mm-hmm. So were you dialoguing with – in your journal, were you dialoguing between different parts of yourself?

Simon: I kind of was, and this was long before I even knew of things like that.

Dr. Dave: Uh-huh.

Simon: Like, a voice dialogue or internal family systems or any of those theoretical modalities...

Dr. Dave: Yeah.

Simon: I really just – it just was intuitive to me, that I needed a part of me to talk to me and comfort me. I knew I needed to do what my therapist was doing for me. And I think also some of it actually did come in therapy because my therapist was helping me – I had a very strong inner critical voice and hardly any inner nurturing voice.

Dr. Dave: Yeah.

Simon: And she was helping me learn how to shrink that critical voice just by dialoguing with it a little bit...

Dr. Dave: Mm-hmm.

Simon: ...and so in the process I really was starting to learn, and I was starting to model. I was borrowing, if you will, her kind, warm, loving voice...

Dr. Dave: Sure, ideally...

Simon: ...because I didn't have models of that.

Dr. Dave: ...ideally, that's what happens in therapy, right?

Simon: Right.

Dr. Dave: That you internalize that therapist so that her voice can be yours.

Simon: Right, so her voice in my journaling – she was starting to become the voice that would say to that inner critic, "Hold on, you're beating her up."

Dr. Dave: Hmm.

Simon: "Let's look at this another way."

Dr. Dave: Yeah.

Simon: And I was also very determined, now I remember a point in my journey where I thought, “My thoughts are so critical and judgmental of myself. My thoughts are so critical and judgmental, and I came from that kind of background. How can I change these tapes in my head?” Like, you can’t go out and buy a new CD and plug it in your brain. “How am I going to change this?” And around that time I started to hear about cognitive therapy.

Dr. Dave: Yes.

Simon: And I just found it fascinating. And I thought, “Wow, I’m going to” – and I set out and I’ll never forget it, I spent a year doing this, I wrote down 2 or more self-defeating critical judgmental thoughts per day and I worked on reframing them. Right? And...

Dr. Dave: Give us an example.

Simon: “I’m never going to lose this weight. I will never find a partner. Nobody will ever love me looking like this. I can’t handle that situation.”

Dr. Dave: So then how would you reframe that?

Simon: Well, depends what it was.

Dr. Dave: Yeah.

Simon: If it was something simple like “I’ll never lose this weight...”

Dr. Dave: Yeah. Yeah.

Simon: ...the reframe might be “Well I have lost weight before, and so there’s no reason for me to believe that I can’t do this again. I can start with one small baby step.” Right?

Dr. Dave: Excellent. Yeah.

Simon: And so what I would find again, I didn’t know all the neuroscience behind this, even all the somatic signs of what was happening in my body, but I was intuitive and smart enough to notice that when I came up with the reframe, I felt better. I felt more hope. And I was very diligent about doing this and observing how I felt when I reframe thoughts, and I noticed that – so let’s say I went on a date with someone, okay? And I thought, “Oh that person didn’t like me. I’ll never find love.” Right?

Dr. Dave: Yeah.

Simon: And then if I stayed in that zone, I was very likely to get depressed.

Dr. Dave: I would think so, yes.

Simon: As I said earlier I have a chemistry that can go towards depression, right?

Dr. Dave: Okay.

Simon: So I could – my chemicals could get low from...

Dr. Dave: That's right, your manic-depressive mother, yeah.

Simon: Exactly, so if I have thoughts like that and I reframe them, and I said to myself something like, "There's no reason to believe that one date that's not working out, it's the end of all dating. There are lots of other people out there. And in fact you didn't like him that much anyway." Right?

Dr. Dave: (laughs) Right.

Simon: So if I was able to get to that reframe, all of a sudden I noticed that I felt hope again. Right? And if we translate that into eating, when I felt hope I didn't need to go grab a bag of cookies. Right?

Dr. Dave: Mm-hmm. Yeah.

Simon: So I was learning that I could actually take my thoughts – I could examine them, I could find a reframe for them that was either neutral or really uplifting. It might be a calming reframe if I was agitated. It might be uplifting if I was feeling down. It might be just something I – often when I give talks, I might say to them an example of a reframe – let's say I go out to give a speech and that day my hair isn't looking that good. It's not styling well or whatever. And so let's say I have a thought: "Oh my God, my hair looks terrible today," right?

Dr. Dave: Right.

Simon: I have a standard reframe, and this came from years ago when I was practicing writing reframes – a standard reframe that worked for me. It's a spiritual reframe. So I'd say to myself, "I'm not my hair. I'm this incredible being called Julie..."

Dr. Dave: (laughs)

Simon: "...and it doesn't matter what my hair is doing today, because I'm still that incredible being, spirit, Julie." Right?

Dr. Dave: Uh-huh.

Simon: And that always relaxes me into remembering I'm not my body, I'm not my hair, I'm not how the shirt is fitting today, and I've come here to do something, and my hair doesn't matter for what I'm here to do.

Dr. Dave: Yeah. I love that you're giving us all these concrete practical suggestions and telling us stories from your own experience, because I think that's the stuff that

people who might be struggling with these issues would really appreciate. So keep it up. (laughs)

Simon: (laughs)

Dr. Dave: I notice that you have a chapter in your book that's titled It's all In Your Head, and that's funny, because the tagline for Shrink Rap Radio is "It's all in your mind," so it's just a different way of saying the same thing.

Simon: (laughs) Yeah.

Dr. Dave: Yeah.

Simon: And I wanted to title it It's All In Your Head, of course, being playful with the title, but I wanted people really to understand that it's not their fault...

Dr. Dave: Mm-hmm. Yes.

Simon: ...that the way their brain got wired is not their fault. They didn't have a choice in who their parents were and how they were raised and how their brain got wired and that it is in the brain and – we have examples, even with other addictions. So let's take an addiction to opioids for example.

Dr. Dave: Okay.

Simon: If you put someone in a hospital and they've had a procedure and they have pain and you give them medication, okay? Some people, you'll give them medication, and they'll say, "Thank you," and the doctor might say, "Do you need a prescription when you go home?" And the person will say, "No thanks, I don't want it. I don't really like the way I feel on drugs." Another person will say, "Yes I'll take the prescription," and then they'll want 4 more prescriptions after that, okay? And so we know that just genetically or how the brain gets wired that different people are going to be more susceptible to addiction than others, and we know that with drugs, we know that with cigarettes. One person will smoke a cigarette and be much more susceptible to becoming addicted to them than another – and the same thing with food, right? And so a lot of the stuff to do with how the brain is – certainly genetics plays a role, it's not all what happened in your childhood, but a combination of your genetics and then how your brain got wired when you were young. It is a powerful combination in terms of how you're going to respond to stressors and how you're going to cope. And so I want people to know that it is something that's going on in their brain, and it did get wired in and laid down – even the chemistry of the brain gets laid down early, it did get laid down a long time ago but we can – there are many things we can do now to correct that...

Dr. Dave: Well I notice that you...

Simon: ...including correcting the chemistry as well.

Dr. Dave: Uh-huh, I notice you use the word addiction, and do you find that that seems to be the best model, to look at it as a form of addiction?

Simon: Well, I think in terms of overeating, overeating is on a spectrum.

Dr. Dave: Okay.

Simon: So I have people come to me who I would say really don't have any food addiction, and their overeating is probably predominantly emotional, but it's not compulsive. They don't binge. This is the type of person who can have a bag of cookies in the house and they might go get one everyday but they're not going through the whole bag and going to get 3 more. Right?

Dr. Dave: Mm-hmm. Right.

Simon: And then I have people at the other end of the spectrum who really have pretty severe addiction with food. And I would say – so that's on a spectrum of addiction, so they have different susceptibility to the chemical composition of food. Okay?

Dr. Dave: Hmm.

Simon: But then we also have on the spectrum of how much trauma did you have and how resilient are you, right?

Dr. Dave: Yeah. Yeah.

Simon: To that trauma, because of course it's not just what you were exposed to, it's also your unique biology and temperament and personality, so addiction...

Dr. Dave: There's...

Simon: ...plays a role but not everyone who's turning food is addicted.

Dr. Dave: So the whole weight picture, I'm really glad that you're saying that because it really underscores that it's a complex issue. It's not just one...

Simon: It's a very complex issue.

Dr. Dave: Yeah, it's not just one thing. For one thing, there's the whole environmental thing of the culture that we live in, where food is constantly being shoved our way, if you will, on TV and in the market. And all the marketing behind the selling of food and even the psychological manipulation, and sophistication sometimes by the people who are marketing food. And you see people...

Simon: Well, and the food itself – I mean the food itself...

Dr. Dave: Yeah, right.

Simon: ...is they spend hours in labs making sure that the chemical composition of the food they're creating really trigger a release of those powerful pleasing brain chemicals...

Dr. Dave: Yeah.

Simon: ...so we're set up for addiction with today's modern food, but I think what you just said is a really important point and it's something I always point out to people, that overeating may seem like a simple act but it's actually quite a complex behavior...

Dr. Dave: Mm-hmm.

Simon: ...and its resolution requires a comprehensive multi-dimensional approach.

Dr. Dave: Mm-hmm. I know that's true. (laughs) Yeah.

Simon: Yeah.

Dr. Dave: And I'm glad to hear you say that, actually, because somebody quotes a self-help book and there certainly the stereotype is is that there's a simple answer – "Just do this, and everything will be fine." But...

Simon: Well, that would...

Dr. Dave: ...you have a more nuanced view of all of this than that.

Simon: Yes. And I get so frustrated because I'll have couples come to see me and the husband will say, "Why can't she just stop eating? She knows what to eat, she knows that she doesn't need to be eating the ice cream and the cookies or ordering tacos at 11 o'clock at night. Why doesn't she just stop doing it?" And the wives themselves will say, "Why can't I just stop doing it? I know that I shouldn't be doing it." And I always say to them, "It's really complex. You and I together are going to have to unravel the picture. We're going to have to figure out all the pieces to your unique overeating puzzle," and begin to resolve them. As I said before, there are emotional pieces. Do you know how to regulate your emotions? Do you even know what your emotions are? Do you know what you're feeling? Do you know how your emotions present in your body? Do you know what you need in particular situations? Are you aware of your needs? Do you have an inner nurturing voice that you could access that is kind and supportive and validating and uplifting? When you have self-defeating, critical, hopeless thoughts, are you able to catch them and reframe them? These are just a few of the skills. How about self-compassion, self-love, self-acceptance, right? I have in my first book – I talk about self-compassion and self-acceptance and learning how to forgive ourselves for mistakes. How about grieving losses and disappointments?

Dr. Dave: Hmm.

Simon: Do you have the skills to grieve your losses and disappointments? This is how complex overeating recovery is.

Dr. Dave: Yeah, really, I'm impressed, and you're talking about skills, and in your book, you list the number of skills, numbering them. And for example you've got one called Pop the Hood: Name and Track Emotions and Bodily Sensations, and that's what you've just been talking about. And even as I – as experienced as I am in this world, as I hear you enumerating various things that we could be checking in on ourselves, it's like, "Oh yeah." (laughs)

Simon: (laughs)

Dr. Dave: Have I forgotten that one? (laughs)

Simon: (laughs) Right, and I think most people, probably even therapists, don't check in with themselves. Certainly we don't have to check in with ourselves every hour. "What am I feeling? What am I feeling?" But if you're having a situation that's causing distress or just simply using the time when you want to grab food, you want to eat when you're not hungry, you want to eat beyond fullness, you want to eat unhealthy processed junk-y comfort food...

Dr. Dave: (laughs)

Simon: ...more often than you know is healthy for you.

Dr. Dave: Yeah.

Simon: If any of those apply, you stop and you pop the hood. Like your car, you're popping the hood, and like a master mechanic, you're going to go in and you're going to diagnose the problem. Go away from the food. "What am I feeling?" Right?

Dr. Dave: Mm-hmm.

Simon: "So what is going on inside that might be leading me to want to go get a bag of cookies?" Maybe you figure out that you're sad, you're lonely, you're hurt, you're feeling empty. Maybe it's a low motivation state like boredom or apathy. Maybe you're feeling regret about your life. Maybe you don't know how to quiet or silence self-defeating thoughts. Something's going on inside. The very first step in this seven-skill mindfulness practice that I teach called Inner Nurturing – the very first step is Pop the Hood and find out what's going on underneath the hood. Right?

Dr. Dave: Yeah. Yeah.

Simon: Go away from your busy world for a few minutes.

Dr. Dave: Let's check into some of these other skills. You've mentioned practicing self-validation and that voice that you develop to...

Simon: Right.

Dr. Dave: ...give yourself recognition and praise and love and all of that.

Simon: Right, so these skills are built really strategically. They build on each other.

Dr. Dave: Uh-huh.

Simon: In the seven-skill mindfulness practice that I'm teaching, it's strategically built so that as you work through the skills you're also beginning to build that inner nurturing voice. Okay?

Dr. Dave: Mm-hmm.

Simon: In skill number 1, we pop the hood. We can even begin to use the voice to ask that, "Hey, what are you feeling right now?" Okay? And skill number 2, we're practicing self-validation. That voice is going to start to validate those feelings, so the voice will say something like, "It makes sense to feel hurt when your partner spoke to you in that voice. Of course you're feeling sad about x, y, and z." Right? So we begin to offer ourselves validation, the developmentally critical skill of validation. That's what we need when we're young, we need to have our emotional states validated and many of us never have enough of that.

Dr. Dave: Jumping ahead a little bit here, because I know that you teach a, what is it, a 12-session workshop?

Simon: It's a 12-week program called Emotional Eating Recovery Program.

Dr. Dave: And so my question is given that it's as complex as it is, how can you put it into that sort of format where you have to be a one size fits all, maybe?

Simon: Well, actually, that part is not difficult because it's almost like a smorgasbord where you take from the buffet what's working for you, what skills you really need help with, what's not working with you. Maybe you're someone who has brain chemistry imbalances. Maybe another person doesn't but they've got some hormonal imbalances. We cover the entire gamut in the 12-week program. And almost everyone needs some tweaking in the emotional and the physical and the spiritual arenas. Really, the bigger challenge is that you can't resolve emotional eating problems in 12 weeks. So it is a longer process, and we start the skill building...

Dr. Dave: Uh-huh.

Simon: ...and we start making some adjustments and things in the 12 weeks and then I have follow-up groups. And often people stay with me for quite a long time because it's a complex issue.

Dr. Dave: Yeah, I'm not surprised that they stay with you. And they – at least the seed is planted, I think the seed of hope is planted, as well as giving them some skills. So, yeah.

Simon: And I think it's really important what you're saying, I think hope is really important. And I also think finding someone – and this is also why I turned my 12-week program into a teleseminar, so people all over the country could get some help, because I think finding someone who understands the complexities of overeating challenges – it's critical to find someone wherever you find someone to work with, someone who gets it, because you can do a lot of wonderful work with any therapist or coach even if they're not a specialist in it. But I think the specialist will understand the nuances of this particular issue...

Dr. Dave: Yeah.

Simon: ...more than a non-specialist.

Dr. Dave: I have seen so many people struggle with weight. I mean, this is such a widespread issue.

Simon: Yes.

Dr. Dave: And there's a question in there somewhere, which is does it work? Do you see – I know it worked for you. Can you talk about success rates in any way? That...

Simon: Really, I can't. I mean it's really hard to talk about success rates because how are you going to define that? I don't want to define that by weight loss because that's – ...

Dr. Dave: Mm-hmm.

Simon: ...and people who work with me often lose plenty of weight, but I don't want to define that by weight loss, because initially when you're first working on resolving some of these deeper issues, you might turn to food even more, because that is your go-to for comfort and soothing. So you're not going to drop it away overnight when you start doing the deeper work. I mean, there's a good chance that you might do a little more of it, and a good chance that even – you might just keep doing the same of it until some of those skills are built, right? So how do we define success? I mean, if you ask me, just in general over the 30 years, have I seen people grow and change and shift and ultimately resolve their eating? Yes. But I don't think resolving the eating stuff happens – that's not the first piece that happens. It's the deeper changes. It's the relationship to the self that has to become nourishing and wholesome, and when that is in a good place, the food, the weight issues, just the weight, drops away effortlessly. That's what people who work with me will tell you, that's what I'll tell you about my own journey, the weight loss is effortless. The work is in the skill building.

Dr. Dave: I've seen so many people just seesaw, the weight going up and down and up and down and up and down. And so much anguish around that issue as well. So much self-torture and punishment, and is a possible good outcome that you see one of self-acceptance about weight, in other words, that person might come to the place of saying, "Okay, I go to the mall, I see people of all sorts of shapes going by there, they don't all look like models. I don't have to look like a model either," and come to some place of self-acceptance.

Simon: (inaudible).

Dr. Dave: Would that be a success?

Simon: I think that's a critical step. I mean, that's one of the skills I teach.

Dr. Dave: Okay.

Simon: It's written in my first book is – there's a movement that's been going on for a decade or more called Health at Every Size and it's in the eating disorder community, Health at Every Size, and the tenets of that philosophy or that as eating disorder professionals, weight coaches, we're not trying to promote weight loss. We are trying to promote self-acceptance and that you can have health – you could still have good health at any size. And so we take the focus off of weight loss, and that's really my approach, is that when people even start my 12-week program I ask them to take for 3 months – to take the focus off of trying to lose weight and put the focus on to gaining skills.

Dr. Dave: Yeah.

Simon: So we're not losing weight, we're trying to gain skills, and I remind them that when the skills are in place, the weight will fall off. And so like you said one of those skills is self-acceptance. That I don't have to say that this body size is where I want to necessarily end up but let me make peace with it today. Right?

Dr. Dave: Mm-hmm.

Simon: Let me stop beating myself up for it. Let me stop saying unkind things to myself about it. Let me work on those skills.

Dr. Dave: Yeah.

Simon: Right?

Dr. Dave: Yeah. Yeah. All good stuff here. Say more about this – I'll give you a chance to promote your program here. The tele – what was it, telepresence, tele – ?

Simon: It's a telecoaching teleseminar.

Dr. Dave: Teleseminar. So are you there or is this a packaged thing where you're not there?

Simon: Oh, no, no, I'm there. Because this is such a complex program, I think it will be hard for me not to be there.

Dr. Dave: Yeah, I wanted you to be there. So I'm glad to hear that you're there.

Simon: Yeah. Yeah. No, I'm there, so I've run the program in my office for 25 years. Live. Okay? And then after I wrote my first – I wanted to write my first book – the first book is based on the program, actually. I wrote that because people had contacted me. They were in Canada and Europe and all over, Mexico, saying, "I can't come to see you. I've read your book but I can't come to see you. Is there any way you could help me?" Right?

Dr. Dave: Yeah.

Simon: And so I thought "Let me set up the 12-week program in a telecoaching format so people all over the United States, Canada and wherever can join in and I can coach them through all the skills, principles, and practices." So we're on the phone together, all of us. Every week they get a lecture from me. And every week they get a coaching call with me. So we work through handouts, we work through all the skills and principles and practices. And then every week on the coaching call I do troubleshooting to find out where are people having trouble, where are they struggling with the material. And...

Dr. Dave: So on the phone somehow I was thinking it might be something like we're doing here, that it would be video...

Simon: That's why I do it on the phone instead of doing it on video because people with eating challenges often have body image issues and...

Dr. Dave: Ah.

Simon: ...I really felt that making it video would limit people wanting to join.

Dr. Dave: Yeah. I'm sure you're right. I think you're right about that. And also what's coming clear here is that the concern about losing weight is really part of the problem. (laughs) Right?

Simon: It's a huge part of the problem.

Dr. Dave: The more concern – Yeah, it's a huge part of the problem.

Simon: People will come to me and they'll say – even when they're working with me privately, they'll come and they'll say, "I know you tell me it's not about the weight, but my doctor tells me that my numbers look bad and my cholesterol's off and, look, I got to get this weight off." And I say to them, "I really hear you and I

really understand how much you want it to be off yesterday, how much healthwise you need it to be off, but you have deeper-seated issues that we have to resolve for you to put that into place,” right?

Dr. Dave: Yeah.

Simon: Me, I liken it to someone saying, “I need to be an expert at – I’m going to Spain in 2 months and I need to be an expert in Spanish.” Well, we can do a deep dive and I could teach you all these skills and you can practice them but probably in 2 months you’re not going to be an expert in Spanish as much as you’d like to be.

Dr. Dave: Yeah. Right.

Simon: Right? Because you’re probably not going to practice 7 hours a day – Spanish, and you know what I’m saying? There are skills and you can learn them and you can resolve your eating challenges. I always say to people, “If you follow what I teach you and you don’t resist and you don’t stop doing it, you can have recovery.” I have absolutely no doubt that every single person can have recovery. It’s all about are you willing to practice those skills everyday?

Dr. Dave: When you say...

Simon: This is where the challenge comes in is that people don’t practice.

Dr. Dave: Yeah. I was going to say you mention resistance. What are the ways in which people resist?

Simon: Oh, I mean, I’ll say to someone, “How are we doing with working on” – I have a little 3-step process in the first book called an Inner Conversation so whenever you want to eat and you’re not hungry you do this little 3-step process. What am I feeling in this situation? What do I need? And you bring in that inner nurturing voice for soothing and comfort and reassurance. It’s just a little 3-step process. So I’ll say to people, “Have you practiced your inner conversations this week? So when you had that argument with your friend and you were really upset and you went and you binged, before you had the binge or after you had the binge, did you have an Inner Conversation?” “No. I didn’t.” “Okay, so why do you think you didn’t do it?” “I just didn’t feel like doing it,” or “That inner nurturing voice doesn’t comfort me. I don’t feel comforted by the voice.” So I say, “Okay, I totally understand that and you won’t feel comforted – it’s a catch-22. You won’t feel comforted until it’s more developed and it won’t get more developed until you practice it.” So this is where sometimes the resistance of people is their own worst enemy but I don’t – I’m not judgmental when people have resistance. I just say to them, “Sometimes you’re not ready yet to practice these skills, and perhaps we need to just go a little deeper. Maybe there is a lot of grieving that needs to take place before you’re ready to practice these skills. I don’t want it to be this hard,” or “You’re angry that you have to do the work or” – some of these people are angry. I have someone I work with who’s 70 years old and most of the time she wants to talk about how angry she is at the kind of parents she got. Right?

Dr. Dave: Yeah.

Simon: So at 70, she's still grieving...

Dr. Dave: Huh.

Simon: ...that she didn't get the kind of nurturance she needed. No judgment when I say that, but that's where our work is is for me to continue to be present to the grief and the sadness until she finds it in herself to say, "Okay, they're not here anymore, there's nothing I can do about that, but I can work on these skills, and I can move forward."

Dr. Dave: Yeah. Initially you described the impact of cognitive behavioral therapy in your work. It says in the conversation that you've got a lot more beyond that in terms of your own training and so on.

Simon: Yeah, I mean, I'm very eclectic. I've never been able to fit in any one box, because I just never believed any modality really addressed everything. So I think psychodynamic work is very important, and I've always been a big believer in it. I think cognitive behavioral is also very important. I love the somatic work, the newer somatic therapy. I think they're great because there are some people that really have trouble accessing – trying to label emotion is more of a cognitive act, and for some people that really works. They can label them and feel them at the same time, but for some people, they don't have good access to labels and so just working with their bodies is easier and as a matter of fact, in the new book, there's a chapter called The Body Remembers.

Dr. Dave: Yeah.

Simon: That's a chapter all about – gives you an example of a client that I work with who really had trouble accessing her emotions and she'd been in other therapies and really felt like a failure, and been in group therapies where she felt like a failure because she couldn't really access the emotion. She'd come from a very traumatic background and so we just worked somatically, and she began to get much better at reading how emotion presented in her body.

Dr. Dave: When you say...

Simon: So you've got to have a bag of tools.

Dr. Dave: Yeah.

Simon: So...

Dr. Dave: When you say you worked somatically, can you flesh that out a little bit more?

Simon: Well, instead of me saying, “What are you feeling?” – the typical therapeutic response to “What are you feeling?” the person might say, “Well I feel sad, I’m feeling upset,” or “I’m feeling really angry about such and such.” With her I would say, “I’m wondering what you’re noticing in your body. I’m wondering what sensation you’re noticing.” And that worked really well for her because she could get quiet and she would notice that – at first she didn’t notice anything. She would say, “I’m not really noticing anything. I’m numb.” Okay?

Dr. Dave: Hmm.

Simon: And so then we would do a little guided relaxation from toes to head and get her relaxed and then I would say – and she might start to tell me a little story about an argument with her daughter, and I would say, “As you’re telling me that story, I’m wondering what you’re noticing in your body.” And she began to get very good at saying, “Oh, my stomach is so tight, like a knot right now, and as I’m telling you this I’m starting to get a really bad headache.” Right? She so quickly pushed emotion down into her body, which she had learned to do very, very young. And so the emotion was always there. It was stored in the body and it needed to be released. It’s quite a force when it’s stored in the body and really can break the body down.

Dr. Dave: Mm-hmm.

Simon: And so we just worked that way...

Dr. Dave: Yeah.

Simon: ...and then she would ultimately start to feel emotion like sadness.

Dr. Dave: So that’s really a skill, being able to look within and to become aware of what’s going on in your body. It sounds so simple, but many people don’t start off there, right? And they have to be led step by step to develop that awareness.

Simon: Well, there are certain people who I think – especially people who’ve had a lot of trauma and are really disconnected from their emotional state and often disconnect. They disconnect – the minute they start to feel something, they disconnect, and the extreme of this would be disassociation. They disconnect with their feelings and then they turn to substances or turn the television on, but they’re very disconnected. And so if you ask people like that to just pull out a journal and start writing their feelings, you’re barking up the wrong tree.

Dr. Dave: Right.

Simon: You’re going down the wrong path because they don’t have that skill. You’re asking them to do something they’re not skilled at. Now, they probably don’t have the skill necessarily to notice all their body sensations, but if you give them a handout that has bodily sensations on it, you say, “Okay, when you just had that argument with your daughter, could you see if you notice any of these sensations?”

For a lot of people that just seems less threatening than trying to figure out sad, mad, hurt.

Dr. Dave: Yes.

Simon: Right?

Dr. Dave: Right.

Simon: And also someone trying to figure out emotions and labels, not only does it take you into your head, but it gets you starting to think about the fight again and often...

Dr. Dave: Yeah.

Simon: ...that is disregulating, so that's traumatizing again.

Dr. Dave: Yes. Yes.

Simon: Because I'm saying – ...

Dr. Dave: Right.

Simon: So, not doing any of that and just noticing what's going on in my body right now. My fists are clenching, my shoulders are tight, and then maybe learning some technique, breathing into some of those sensations, maybe the hand on the heart, the hand on the sensation that's uncomfortable...

Dr. Dave: Yeah.

Simon: ...and then ultimately, which we don't have really the time to cover today, like in that chapter people can read about clients – those areas where she was storing tension – they ultimately took us back to very deep old wounds that we were able to start to heal.

Dr. Dave: Yeah. Yeah. Well, this has all just been really wonderful. I think we're in about the place where typically we would wrap things up. Is there anything you'd like to say in conclusion, maybe that we haven't touched on?

Simon: I might want to add, that in the book, in the 7 skills that I teach, I run everyone through as we said, identifying those emotions and sensations and learning to self-validate and learning to access that inner supportive voice, and there are other skills: learning to identify your needs, catching and reframing those thoughts, and also identifying your strengths and resources, and learning to hold hope, and ultimately learning to set limits with yourself, which is what's going to help you stop your eating. So there's lots of good skill building in there...

Dr. Dave: Okay.

Simon: ...and then for those people who find after they have been practicing these skills that gee, they'd like to have more nourishing people in their life or they'd like to be able to nurture those closest to them, the whole third part of the book will help you do any of that. (laughs)

Dr. Dave: Well, yeah. You really – you've covered so many valuable topics in all of those chapters, and I'm really glad that we had a chance to get into it to some degree here.

Simon: Yes.

Dr. Dave: So, Julie Simon, I want to thank you for being my guest on Shrink Rap Radio.

Simon: Thank you so much. And thanks for tolerating the demolition we're struggling with today in the background.

Dr. Dave: Yeah, really, sounds like there's a gorilla back there tossing things around or something. (laughs)