

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Evelyn Tribole

Shohreh Davoodi: Welcome to episode number 56 of the Redefining Health & Wellness podcast. Next week is the one-year anniversary of the pod, and I cannot think of a better interview to round out our first year than the one you're about to hear with Evelyn Tribole. Evelyn is a registered dietitian and the co-author of Intuitive Eating, now in its 4th edition. And in this episode, she's sharing what has changed in both her philosophy and the book since it was first published back in 1995. We chatted about Intuitive Eating's past and future, Evelyn's evolved understanding of emotional eating, being open to criticism and growth, and more. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/56. That's shohrehdavoodi.com/56.

[Music plays]

Welcome to the Redefining Health & Wellness podcast. I'm your host and resident rainbow glitter bomb, Shohreh Davoodi. I started this project because I saw how black-and-white messaging about health harms everyone, and I wanted to paint a more honest and vibrant picture. This podcast is a space where we can reimagine health together by confronting limiting misconceptions, delving into aspects of well-being that are often ignored, and prioritizing conversations with marginalized individuals. I encourage you to take what you need and leave behind what you don't. Are you ready for this? Let's fucking go!

Evelyn, I am ridiculously excited to have you on the podcast. I know how in demand you are, especially this year with Intuitive Eating blowing up and the new edition of the book, so it means the world to me that you've made time for this conversation.

Evelyn Tribole: Oh, I'm thrilled to be here. I'm mutually excited!

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Shohreh: Yay! So, most of my listeners will be familiar with you as the co-author of Intuitive Eating and the Intuitive Eating Workbook. You're also a registered dietitian in California. But what else do you want people to know about who you are and what you do?

Evelyn: Oh my gosh! Do you know no one has ever asked me a question like that? You know what, I enjoy eating. I think that's a very important thing to know.

Shohreh: Love that.

Evelyn: And I enjoy connection. And I have a passion for this work. I really want to help change the world.

Shohreh: That's amazing! Lovely. Well, the reason I wanted to get you on the podcast this summer in particular is because you just released the 4th edition of Intuitive Eating—

Evelyn: Yeah.

Shohreh: —and this is a book that you first wrote with Elyse back in 1995, and the last edition before the current one came out in 2012. So how does it feel to have the 4th edition finally out into the world?

Evelyn: You know, I feel like a relief, to be honest. And it was really shocking to me—we wanted to update it to, you know, talk about diet culture, and weight stigma, and just update. And we thought, you know, while we're there, let's go through with a fine-tooth comb. And I'll tell you, we had some wince-worthy statements that were really weight-centric—

Shohreh: Mmm yeah.

Evelyn: —that we had to remove. It's like oh my god, we wrote that! And I think it shows evolution and that when you know better, you do better and you

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change. And so, we have purposely been transparent about this, because I think it's important to own when you've evolved and that we all evolve. And that if we can own this, maybe we can do a better job at growing together.

And one of the things I see with a lot of the health professionals, especially when I speak at conferences, I'll talk about the research, the body of research that just shows the harm of dieting and the ineffectiveness of it, and there's this big ol', like, it's like I hit 'em on the head with a frying pan, like in those cartoons, like bong! [Laughter] And what's happening in that moment is this stunning effect, because for a lot of people it's the first time they've heard this body of research, and it's like why didn't we learn this in grad school? Why didn't we learn this in our internships? And part of me is like, well why weren't you asking the questions? But you wouldn't know to ask those questions if you haven't been trained in that.

And so, I really believe we go through this phase of cognitive dissonance. Elyse and I were in a place of cognitive dissonance when we wrote the book, because what we were taught in terms of traditional methods wasn't working and it doesn't feel good. And so, I think if we can own that sometimes the things that we were taught are now changed, and they're wrong, and they can cause harm, that we can own that, and move on, and do better, you know?

Shohreh: Mhmm. And that's actually a perfect segue, because I have told you before we started doing the interview that I'm a former lawyer, so in preparation for this interview, I actually did pretty much a line-by-line comparison of the 3rd edition to the 4th edition—

Evelyn: Wow.

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Shohreh: —and I'm really excited to dive into what's different. But before we get into the book, I first want to know what's different about you? What's different about how you practice and think about Intuitive Eating now since 1995? Right, there's been quite the evolution.

Evelyn: Oh my god. That's such a profound question! Mmm. Well, I think what's different about me, I've really grown. I'm happy to say I've grown. I think I'm a lifelong learner, and what's different now versus when I wrote the book is I'm a practicing meditator. And that has impacted the work I do and how I see the world. You know, we have all these different types of lenses, and when you start taking a look at how mindfulness practices and compassion practices have taken off, not just on a practice level, but on a research level, it has informed the work that I do.

And I think what's different now is this does feel like my life's work, Intuitive Eating. But when we wrote the book, you never know when you write a book how it's going to impact people. I was actually scared the first time we wrote it in terms of how it was going to be received. I thought the dietitians would be up in arms throwing french fries at us, [laughs] because at the time it was such a wild idea. And now look at where we're at. We're in such a different place.

Shohreh: Which is so interesting that at the time that version of Intuitive Eating was such a wild idea, because when you think of the growth that has happened, like now it's certainly much more radical than it was at the time, but back then *that* was radical, you know?

Evelyn: Yeah.

Shohreh: Even a more weight-centric version of Intuitive Eating, because things were so rigid in dietetics, like that was super radical at the time.

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Evelyn:

You know, it was. And maybe that's an important part of the story is how we came to this work. And part of it is valuing our own lived experiences working with patients and realizing time and time after again, what we were doing from a traditional aspect wasn't working, it was temporary, and it didn't feel good. And we knew it. We were working with amazing people. We're not going to throw our patients under the bus, but they were coming back and saying, "Oh, there's something wrong with me." It's like no, there's nothing wrong with you, there's something wrong with this system.

So we did a combination of looking at our clinical experiences, going into the research, and also looking at what was going on in the lay world, and we dug down deeper and found some really good schools of thought that really informed this, that wasn't really there at the time.

So what's kind of cool is when we came up with this model, we can say it was research-inspired, but now fast forward 25 years later we have triggered research on Intuitive Eating thanks to the work of Tracy Tylka who created the Intuitive Eating Assessment Scale. You know, she read the book and thought there was something to it, but wondered, can you measure what Intuitive Eating is, and so what, does it make a difference? And the answer was yes, yes, yes, yes. And now we have over 125 studies. And that really, really excites me—the possibilities.

Shohreh:

Right, and you've even moved the research section to the very front of the book now. It's in a very prominent place for people to see right away that so much work has been done to research Intuitive Eating.

Evelyn:

Yeah, and I'm kind of the geek on the team. I happen to love research, but to a point. We have to see how it's gonna inform the work, and does it make sense. And one of the things that just gets me when I'm working with patients and I start looking and listening to their history of their relationship

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with food and dieting, and they will talk about all of these diets and the side effects, and I'll say, "You know, there's actually a body of research that actually validates your experience." And they're like, "What?" I go, "This is what happens." You know? [laughs] "When you diet, your body thinks you're trying to get rid of it, that you're trying to kill it on a biological level, and so there's all these cascades that come into effect trying to save yourself, and you don't even know it's happening." It's profound.

Shohreh:

Right and research is so fantastic to have and especially all of the wonderful benefits that have now been proven of Intuitive Eating,, and I think also, something that you've realized in the time since the first book as well, is that research, of course, has its limitations in terms of who we research, what kinds of biases the researchers are bringing to the work, and that always complicates it too.

Evelyn:

Oh, very much so. And actually, I would say that's one of my biggest frustrations today versus 25 years ago. It used to be diet culture was basically the weight-loss industry, and the fitness industry, and the beauty industry. That's a lot to contend with, but now it's in healthcare. It's in healthcare policy. And it is absolutely frustrating and maddening. And when you look at these studies coming out of the weight-bias lens, they're saying all of these things that aren't backed up by the research.

So, for example, you know, when I tell health professionals, when you look at the research showing how diets don't work, intentional dieting, I'll have some health professionals say, "Well, this is medically supervised!" And I'll be like, "Well, do you realize that most of the research has been medically supervised [laughs] dieting?" It still doesn't work, and it causes harm. And if this data reflected a medication, this medication would never be approved for use when you have a failure rate of anywhere between 80-95%, you

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know, depending whose data that you look at. Not only a failure rate of not working, but it actually causes harm down the road. No doctor would prescribe it! And yet you see across the board all this health policy.

And yet, at the same time, I understand where doctors are coming from. They're busy! Looking into weight science is a lot, a lot, a lot of work, and they don't have time for that, so they follow the policies of their institutions. And the problem is that weight policy has become very political and very monetarily driven. So back in 2013, the American Medical Association asked its science committee to take a look at can we call—I don't even like the word "obesity" because it's a political construct—but can we say it's a disease? And the scientific team said no, not enough data. And AMA said, we don't like that answer, we're going to take a vote. And they got outvoted.

That's the day it became political. And so now I get patients that come in and they're feeling so conflicted, because now they're saying, "My doctor says..." So that's when I talk about the Semmelweis reflex, and—are you familiar with that?

Shohreh: I am, yes, thanks to you.

Evelyn: Oh! [Laughs] Actually that made it into the book this time around.

Shohreh: It did.

Evelyn: Is it okay if I share what that is?

Shohreh: Please! Yes, I think it's fascinating.

Evelyn: Well especially right now and in the time of Covid and this pandemic. So back back, long ago, there was a doctor that discovered if you washed your hands you could save patients' lives. And he did a small study

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showing that that was the case, presented the research, and the doctors laughed at him. They were incredulous. It's like, we're gentlemen, we don't need to wash our hands [laughter].

Shohreh: Hello?

Evelyn: Yeah! And it was decades later that Louis Pasteur came out with germ theory saying, "Yeah, these little germ things, they can actually kill you." And so now this term, "Semmelweis reflex," is named after the doctor, that talks about when there's a popular belief or paradigm and new information comes to refute it, that it's met with a lot of resistance. And that's what we're seeing, and we've seen this in medicine before.

We saw this with ulcers. You know it used to be thought, oh, ulcers are your fault. It's your lifestyle. That's the problem. And these two doctors discovered no, it's a bacteria. It's the H.pylori. And they were originally discounted also by the elite medical professions at the time. And here fast forward, one of the doctors actually took the H.pylori and gave himself the infection, proved that there was a cause and effect, and they both got the Nobel Prize in medicine. You know, that was back in the 80s.

So we have seen this history before us, and so it's maddening. But I'll tell you what, when people get free of dieting, it's amazing how their lives change. It's incredible.

Shohreh: Yeah, and it's definitely very difficult to do so when, like you said, you have doctors, you have a healthcare system, you have trolls on the internet saying it's an objective fact that these things are true. And it's like, if you dig a little bit deeper, that's not the case. But like you said, when you come in with that idea, as humans, we just want to keep looking for more information that backs that up.

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And the media is not helping with this, because of course they jump on every headline about this food is going to kill you, and “obesity” related to whatever. I mean, it is so frustrating. I've had so many clients be like, “Look at this article. Is this true?” And as soon as I dig a little bit deeper into the research, I'm like, that's not what this study says at all. They just pulled out a headline.

Evelyn:

Ugh. Yeah, they don't look at the nuances. And where we see this a lot too is in all of the epidemiological research where they look at association of things, which is not causation. And so epi studies are very, very large, they tend to make headlines.

And one of my favorite examples to give to patients is especially during the summertime. We know in the summer that more people die from drowning, because more people are swimming. We also know in the summer more people eat ice cream, and so you can say that eating ice cream is associated with drowning. But you cannot say that ice cream causes drowning. Now, when I talk about that, people laugh, like ahahaha, that's so obvious. These kinds of research tends to confirm your own bias, and so, associations not causation.

And then when we fast forward and look at all the studies that show a link or an association between weight and health and diseases, they're often missing very important confounders like ACEs—adverse childhood experiences—which are forms of trauma. An adult who has six or more of these ACEs cuts 20 years off of their life, you know? So they live to an average of 60 as opposed to 80. I have never seen that included in these big epi studies when they're looking at weight.

Now, there was a really interesting study on loneliness, looking at this, looking at weight, looking at other kinds of indicators. And what they

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found, that was like the number one indicator in terms of health outcomes. And the researcher's been saying, "You know, loneliness in relationships, we should be looking at that as a public health issue."

Then we look at social determinants of health and disparities. And so, just to say, "Oh, it's just your body," it's like, we need to actually start looking at some of these systems—these systems that are creating the problems.

Shohreh:

For some reason when it comes to our bodies and health, people like to assume that we pretty much have it all figured out. And I think it's just so much more complex than people realize. And we want it to be easy! We want to be able to say, "Alright, if I eat this, and I do that, I'm gonna be healthy, I'm gonna be loved, I'm gonna be worthy as a human being." And that's just not how this works. All these different factors play into it.

Evelyn:

Yeah, there's this medical statistician—his name escapes me right now, he's out of Stanford University—and he's done some great studies. We have, I think, over 200,000 foods, over 300,000 types of different plants, all these different factors that there's no way that we can even say that there's one superfood. And so, when some study comes out with this reductionist thing that "eat this food and it'll cure you," or "eat this food and it'll kill you," there's all these other factors. I think that's the bottom line. What is concerning to me is all the fearmongering that goes on that ends up creating a distrust in your own body.

And then, we didn't unpack this, but we mentioned the book *Fearing the Black Body* by Sabrina Strings. And so, when you start taking a look at how long ago fatphobia was around due to racism—that predates healthcare—I'm thinking, wow, maybe this is the core that we need to really be looking at. And I realize all the anti-racist advocates out there are like, come on, Evelyn, get along, get with the program [laughs]. I think it's something that

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we really, really have to be looking at. It's something I'm looking at right now in my personal life, and well, first we have to unlearn all the things that we have learned and we have been indoctrinated with.

And then to me the big issue is how do we make a difference? How do we make an impact? So if we want to dismantle diet culture, we need to be looking at dismantling racism as well. And I'm for sure no expert in that. I'm getting training on this right now as we speak.

Shohreh:

Mmhmm. And I think that's so important to mention, because again, dietetics was not built on the understanding that racism can affect your health. It was not built on the understanding that ableism can affect your health outcomes. So, when we start looking at these systems of oppression and peeling back the layers, it becomes really obvious that health is not as simple as just eat this and exercise that.

Evelyn:

No, and I think what this all points to is we just need more humility. We need intellectual humility, we need cultural humility, we need lived experience humility, and we need to keep our mind open. You know, just because you're a PhD in one area doesn't mean that you can apply that to all knowledge in other types of areas. And we need more integration, and we need to appreciate the complexity of this.

One of the things that Intuitive Eating does, and I feel so strongly about it, is we elevate the client. They are the expert of their experience. I'm not an expert of them; I don't know their thoughts, their feelings, their lived experience. But when you've been beaten up and shamed because of your body, there's a lot of trust disruption that ends up happening. I mean, we get so much unsolicited email and DMs that "Oh my god, Intuitive Eating has changed my life." And I'll say, "It's a map, but you're the one that did the work. You're the one that did the hard work on this."

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And one of the core underpinnings of Intuitive Eating that we actually did unpack in the book that's new, is interoceptive awareness. And that's our ability to perceive physical sensations that arise within the body. And some things are obvious, like when you have a full bladder, most people, thank god, can feel that, and know what to do with it [laughs]. If you have a rapid heart rate. Hunger and fullness is part of interoceptive awareness. But the thing that has always blown me away is every emotion has a physical sensation to it as well. And so if we befriend and tend to our body and listen to the messages—it's like our inner GPS—we have a powerful treasure trove of information to get both our biological and psychological needs met.

I think it's incredibly, incredibly profound, but when you've been at war with your body, if you don't feel safe in your body, if you loathe your body, you don't trust the messenger. And after a while you're not listening to the messages anymore, and there's this big disconnect. So there's this like journey of coming home—your personal home. I think that's profound.

Shohreh:

I love the part where you talk about too, not just the interoceptive awareness, but also the interoceptive responsiveness. Because there's two pieces! Just because you can hear it, doesn't mean that you are actually responding and meeting those needs. And I've noticed that with my own clients too, about we can get to the point where yes, we can hear those voices, and then we have to get to the point where, well, are we listening to them and are we making the choices that feel best for us. Because that's a whole other part of it.

Evelyn:

You know, you're absolutely right, and the way I like to describe the responsiveness, it's like you have a best friend knocking on your door. They're knocking your door [laughter], they have some information for you,

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and you're like, "Go away!" [Laughs] And after a while they leave. So you hear, but you didn't read the message. And maybe it's something really profound, or maybe it's just something really simple, like I am exhausted, I need to take a nap, or I need to get to bed earlier.

And I'm using a very basic example, but I'm seeing this right now during this time of great uncertainty, you know, with Covid, with the economy, with politics, with all kinds of stuff. And I have patients feeling guilty because of this fatigue. [Laughs] And I'll say, "What if you were to just actually honor it?" Stress is exhausting, uncertainty is exhausting, and this is where diet culture comes in in such a seductive way, because it's promising you fantasies. It's promising you a different life. It's promising you a future, and it's giving you focus and specific direction. And it takes your mind off of all this anxiety, and who wouldn't want that?

And I say that to all my patients, and followers, and who else out there—your listeners—they get really upset! Because they have found that the beauty and the discovery of Intuitive Eating and owning that and feeling empowered by that, and at the same time right now, feeling this pull into diet culture. And I'll ask, "Have you ever been stressed to this level ever in your lifetime before?" And the answer right now is universally "no." I haven't met anyone yet who said, "Oh yeah, I've been stressed like this before." Doesn't it make sense then that something, that a fantasy would be calling your name if that's been a coping mechanism? If we can look at dieting and diet culture as a coping mechanism, doesn't it make sense that you'd want that? So we have compassion.

Shohreh:

Yes, absolutely. Compassion is such a key piece of it. And I always take the doorbell analogy even further with my clients. So if you think about this pandemic, right, it is noise. So it's this outside interference and noise that's

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making it harder to hear the doorbell. But I always tell my clients, I'm like, your best friend who is at the door, they're not just gonna go away. What happens is they get more insistent on how they're getting the message to you.

And so eventually that may mean they are breaking through your windows, or they are, you know, setting off fireworks in front of your house. But the problem is that when it reaches that level, this is the point where people are very distressed. So maybe if you're over exercising, you're not listening to your body, this is the point where you get an injury, and your body is saying, "Hey, hello? I've been trying to get your attention. You're pushing yourself too hard." But at that point the impact is so strong that maybe now you can't exercise for weeks or something like that. I see this so often with clients who they just...I'm like, if you don't listen to the message, it's not that it's gonna go away, it's just that it's gonna find new, insistent ways to tell you what's happening, but it's probably going to be more harmful to you in the long run.

Evelyn: Yeah, I call that being humbled into submission [laughter].

Shohreh: Yes!

Evelyn: But what I also find is that when we're humbled like that, there's often a powerful lesson that we can take away. And if we can learn from something like that, like ignoring the friendly messenger, it gives you meaning, and when you have meaning, which is learning, that helps you let go.

Shohreh: Yeah! So, I'm really excited to get into some of the details of the new edition of Intuitive Eating. I have lots of stuff I want to talk to you about. But

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first, I want to ask you what specifically are *you* most proud of with the new edition?

Evelyn:

Oh my gosh! There are so many things! I am proud about all the research that has come away. I'm thrilled about how we renamed one of the principles on coping with your emotions to cope with kindness, that feels so good. So I think those are the top two, and there are so many more, but then I wouldn't be answering your question [laughter] if I gave you a laundry list, yeah.

Shohreh:

That's perfect, 'cause I actually want to talk about the emotional eating chapter. Because you made significant changes to the chapter, like you said, you actually changed the name of the principle itself. So can you talk about how your understanding of emotional eating has changed over time to make you change that chapter so significantly?

Evelyn:

Yeah, you know what it was? The pathology of diet culture has really changed and intensified. So there's a couple of things we wanted people to really realize, and that is, number one, when you are not feeding your body enough food, that in and of itself is going to get you into more food-seeking mode, and there's more increased odds of loss-of-control eating.

And I've had so many patients label that emotional eating when it's actually just a biological consequence no different than, you go into the ocean, and a big set of waves is coming, you hold your breath, you finally come up for air, and you take a big gasp. We don't call that "loss-of-control breathing," we don't call that "binge breathing," and we don't call that "addiction to air." We know it's a natural compensatory response.

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So we wanted to start with that premise for people to realize that hey, maybe you're biologically hungry, and this way might not feel good to you, but it might not be emotion. That's number one.

And number two, we've seen emotional eating get too pathologized in our culture. Food *is* about connection. There *is* emotion. I can't imagine on your birthday not celebrating with a birthday cake, which we do in many traditions, or wedding cake. So, when we started looking at this, we think it's important to have a variety of tools to cope with emotions, but the other thing we were seeing a lot is that people were really engaging in a lot of shame. That there's something wrong with them because they use food to get through a really tough time.

And our perspective is, you know what? Good for you! You found a way to survive, and even if it doesn't feel good, you've found something that helps you temporarily. And yeah, we can look at other ways as well, but when you add shame to this, then we have to look, and uncover, and work with that as well. So, we wanted to put this lens of normalcy around comfort eating, and then ultimately this idea of kindness

And one of the things I've realized over time working with patients, your way of talking to yourself can really have an impact on how you treat yourself and ultimately what your behaviors are. And when I would ask questions about saying something compassionately or just saying some kind of wording, I was getting smart-ass [laughs] responses from my patients, because they were angry at themselves. And I found if I kept asking the question, "What would be a kind way to look at this situation?" or "What would be a kind way to treat yourself?" that level of self-reproach and smart-assness, if that's a word, [laughs] dropped away.

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And so, cultivating this form of kindness is really a form of compassion we felt was really helpful. So I'm really, really happy with that change that we made. What do you think?

Shohreh:

I love the change. I especially love that there's no "all or nothing" in that chapter anymore. There's a real understanding that sometimes we as humans are gonna use food as a comfort, sometimes even we might use it as a numbing emotion, but it doesn't always have to be a bad thing. And it can be one of our many tools for how we deal with our emotions as humans, but the bottom line is at some point we do have to deal with them, right? If we keep stuffing them away, that's where we're gonna have issues.

But I do think we've reached this place in our culture where it's like, oh, all emotional eating is bad, and that hasn't been true in my own experience, and it certainly hasn't been true in my experience with my clients where one of the things that I'll ask them is, you know, when you're eating for comfort, when you're eating for these different reasons, is it making you feel better? Is it moving you towards where you want to go? Or is it making you feel worse and making you feel like you're taking steps backward? And that can kind of help them see what different kinds of emotional eating look like in terms of what's helping them and what may ultimately be harming them.

Evelyn:

Yeah, and ultimately what is it that they might need? So what am I feeling right now and do I need right now. And then some of the paradox around this is sometimes when people are choosing to comfort eat, sometimes they're checked out, so they're not even experiencing the comfort from the eating. They miss out on that experience, although the numbing is still there. So we look at it in so many ways. I find it's because of that shame

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factor or the guilt factor, people have a hard time looking at this. We need to remove all of this [laughs] and just connect with our humanity.

Shohreh: Yeah, absolutely. Well, now I wanna know what are some of your comfort foods, Evelyn?

Evelyn: Oh my god, I can tell you lately, I have a new one [laughs].

Shohreh: Ooh, new info! Let's hear it.

Evelyn: Yeah, ugh, I'm trying to remember, it's a specific brand of black licorice. I love black licorice, and a friend of mine introduced me to a new one that's really thick, and there's a textural component, and it's so, so satisfying. So that's my latest comfort food.

And I will tell you, it's funny, with weather, especially when it's raining, my kids used to tease about this, it's like, "Oh, mom is making soup." And this is an example where food can be both a comfort and a nourishment at the same time. There's something incredibly comforting about smelling homemade soup in the pot, simmering all day, and then sitting and eating it.

And I also have a theory that I haven't really run by any scientists yet, but I have to wonder, with all of the research coming out now on breathwork and how it's tied into our nervous system and regulation, that if sometimes the act of sipping tea or slurping on your soup, because it changes your pattern of breathing into a more relaxed way, I wonder if that has a calming effect because of the breathing change. So, it's just a question I have, I don't have an answer, but I like the idea of it [laughs].

Shohreh: Well, and I always think warmth too—

Evelyn: Yeah.

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- Shohreh:** —because when I’m sipping tea or soup, it’s usually during the colder months of the year where it’s just that feeling that goes over your whole body when you start eating it where you’re like, ooh, I’m warming up, I’m feeling, like, tingly and comfy.
- Evelyn:** Well, and there’s a slowness that happens too, especially when we’re taking part in hot foods like that, ‘cause you’re gonna burn yourself. And so sometimes we do need to slow down. We’re so speedy, you know, our minds are speedy, our lives get speedy, and so sometimes just sipping tea, or sipping soup, or something like that, or even ice cream! If you eat ice cream too fast, you get an ice cream headache. I don’t know if you’ve ever had that, but they’re not very pleasant [laughs]. ‘Cause I’ve done that.
- Shohreh:** No, they’re not [laughter]. Yes, it’s about a hundred degrees every day here in Austin right now, so I’m subsisting on a lot of popsicles this time of year.
- Evelyn:** Yeah! Yeah, that makes sense. Tt makes a lot of sense.
- Shohreh:** I could just talk with you about food for an hour, but we will not do that [laughs].
- Evelyn:** Okay. But can I just, I wanna make a little comment on that?
- Shohreh:** Yeah.
- Evelyn:** It’s really interesting to me. I’ve had patients say similar things, like there’s something—and I’m not saying that you’re suggesting that it’s wrong—but I’ve had patients feel guilt and shame sometimes about the fact that they really love to eat and they love to cook. And I say, “God, that’s actually a gift. It’s almost like a super skill, especially if you enjoy cooking.” And

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there's this idea that if you love it too much, there's something gluttonous about it, and I find no, it's actually the opposite. It's more satisfying.

Shohreh: Yeah, well actually that makes me think about a childhood experience that I had where I have always loved food. You know, I've been that person my whole life where I just enjoy the taste of it, and it's been kind of a joke in my family. But I remember when I was a kid, one time my brothers, they came up with a nickname for me, and they called me "trash compactor"—

Evelyn: Oh no!

Shohreh: —because I liked to eat food so much. Yeah, because they thought it was this funny thing, and then I, at that time, internalized, oh, it's a bad thing to want to eat food and to be so excited about food. But I look back and it hits me with a little tinge of sadness that they knew it would hurt me to make fun of me, but why was it hurtful to suggest that me wanting to eat food, that there was something wrong with that?

Evelyn: Yeah, and you know what's interesting, I'll give you another perspective. So I was teased when I was in high school about my eating because I ate, it's funny, I don't even want to say a lot. I trained with the boys on the track team, and so I had a ravenous appetite. And I was lucky 'cause somehow I internalized it that, well, I'm an athlete so of course I have to eat like one [laughs]. So I took pride, when they teased me. It's like, of course I do! I'm fueling my body, you know? So I don't know what it was with my brain I was able to turn that around, but I think in present day with diet culture being even so much more toxic, that if I was a present-day teenager, I don't know if I would have been able to have done that, you know?

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Shohreh: Mmhmm. Yeah, it's always just so interesting the different comments and things that we internalize or hear as we're growing up and how that affects our relationship with food. I feel like I'm always unpacking that with clients.

Evelyn: Yeah. Yeah, absolutely.

Shohreh: So, one of the things I love and appreciate so much about the book is some very key changes in language that y'all made. And in particular, you made some changes so that the language is gender-neutral when you're not specifically referring to a certain gender. You've made a real effort to remove any of the weight-stigmatizing language or any language whatsoever that put an emphasis on a person's weight, and I noticed that as well in even the chapter on raising an Intuitive Eater. And I think that really makes the book such a better read—

Evelyn: Oh, thank you!

Shohreh: —to be able to see that language, and I can tell how much effort y'all put into that.

Evelyn: We worked much harder on this book than we intended. And we work hard on every book, but the level of editing that we did, it sometimes would slip past us. It's like, oh my god, I can't believe we wrote that. And yet, you know, years ago we weren't even called out on that. I think if someone was to read the old book now...and actually, let me back up, I'm gonna call myself out that I was called in! [Laughs]

I'm not gonna say the name, but there was a celebrity activist who read the 3rd edition of Intuitive Eating, and he contacted me, and he was offended by some of those statements.

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And I said, “Rightly so.” And we had a really good conversation, and I mentioned we’ve updated the book, and so on and so on. So I think it’s also a reflection of culture evolving too.

Shohreh: Yeah, and I imagine that y’all spoke with a lot of different people when you were getting ready to do this new edition to just get a wider lens to be able to look at this through.

Evelyn: You know what, we did. We really did, ‘cause we wanna do good in the world, you know? And I think that’s important. And we don’t know what we don’t see in terms of our own unawareness.

Shohreh: Yes, because you actually added a section in the beginning of the book about the various privileges that you and Elyse hold as thin, white, cisgender women who haven’t had to deal with things like food insecurity and weight stigma. And I love that you set that tone right at the beginning of the book, of, you know, here’s who we are, and here’s some things that we have not had to deal with, but that we’ve taken into consideration in this book.

And you also talk about how Intuitive Eating itself is a privilege, and you acknowledge several things that could keep someone from accessing it as a tool, such as oppression or food insecurity. And you even say that you don’t even yet to know all the reasons that someone could be kept from doing IE. So I’d love to talk about some of these access issues.

Evelyn: Yeah.

Shohreh: I think food insecurity is a great one to look at, to start, and how that can really affect someone’s ability to do Intuitive Eating, whether they are currently food insecure or if they had food insecurity as a child and they’re still dealing with the effects of that now.

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Evelyn:

Well, it's so, so important, and there are a couple of ways of looking at this. One, even just present day, like you were saying, if someone had food insecurity in their history as a kid, meaning they didn't know if there was gonna be dinner on the table or even if there was dinner, they didn't know if it was gonna be there so there's that stress in not knowing, or someone just didn't have the money. I can't tell you the stories I've heard from patients in their history, even though I'm seeing them now as an adult. So you've got that as a trauma.

Now, fast forward, this same kid who is now let's say a teenager or college age person, they start dieting and they're restricting their food intentionally, it reinforces and recreates that trauma. And I started seeing this, I'll never forget, I had a patient say, "You know, Evelyn, it's the strangest thing. Every time I sit down to eat, I have this fear I'm never ever going to have food again." And that's when I started getting into her history of food insecurity, which I had not gotten into. And then with the dieting, I said, "You know what, it makes complete sense. On a biological level, it was a trauma, even though you willfully restricted your eating." And so part of this is recognizing today as an adult that we ground ourselves in the present moment. That I'm an adult, I can take care of myself, I have the means, if those things are true.

The other thing I think that's really important now is the emerging research that's coming out in the eating disorder world, showing that there really is a profound link between food insecurity and eating disorders, especially binge eating and bulimia, according to a new study. And I think that's really important and very validating for somebody to recognize that this is actually a trauma. It's a violent trauma on a cellular level that you don't know if you're going to eat again, and so that keeps you in the food-

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seeking mode. And so we need to come from this from the lens of compassion.

And where I think this gets really tricky is if you have a present-day adult who is currently food insecure. And so I often ask the question, “Do you ever have the fear present or in your past of not having enough food to eat?” And so then we need to start looking at where is your access to food in terms of food banks, and organizations, and connections, and those kinds of things.

So it's important, and I think this is an area where we're still exploring, and looking, and learning, because when we created Intuitive Eating, this was based off of our experiences with the one-on-one. And so I think you could put forth a good argument that on the one hand, I think Intuitive Eating is a really great model. We've got some good research showing a lot of promise. And yet, this model was not designed to change systems. And now as we are evolving and seeing all these oppressive systems, we need to start looking at this. How can we look at changing the system? What needs to be done differently? And right now, I have more questions than I do answers on these issues, but I think they're very important questions.

Shohreh:

I think that's a really good point that you made about how you built this model off of your one-on-one work with clients, and in order for clients to work with you one-on-one, of course, they'd have to afford to be able to work with a registered dietitian. And you do mention the poverty line at one point in the book. But I'm curious as well, in what ways do you see money in general as being a barrier to succeeding at Intuitive Eating? 'Cause certainly many people have made the criticism that to be able to eat what you want, you inherently have to be able to afford that, so where does it leave people who can't?

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Evelyn:

No, I think that's actually a really good comment. And, you know, I think what we look at then is we need to re-shift priorities. And even when you look at Maslow's Hierarchy of Needs, the basic fundamental needs, food and shelter, and so, just the idea of honoring hunger can be very, very difficult. And when the money is not consistently coming in, or the food is not coming in, or when you finally have access to food there's a very big tendency to want to eat more of it. And we have to be careful not to label that as pathology or overeating. This is a natural compensatory effect, and we see this in a lot of research.

And so maybe honoring fullness and honoring satisfaction is a different definition. Satisfaction might just be the, I have food in my belly, what food is gonna make me feel full and sustained, as opposed to the food that I'm craving that I might not be able to afford. You know, there's different levels of that.

Shohreh:

I wanna go back to what you said about systems as well. Would it be fair to say that when you first conceptualized of Intuitive Eating that at the time you more believed that this would be kind of something that everyone could use, that you could apply it to a wide variety of people, anyone could access Intuitive Eating. But now as time has gone on and your understanding has evolved, you now maybe see it more as like a tool that is wonderful for a lot of people, but isn't necessarily gonna be accessible to everybody and isn't going to take down these systems of oppression on its own.

Evelyn:

I love what you just said. Yeah! And maybe even another way to frame this too, that if this tool helps you to at least nourish your body, then you're gonna have the energy to take down the system. And this is what kills me when you look at some of these programs and they're putting weight as a

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central marker in people who have problems accessing food that now they're feeling guilty about their body weight and they think they should be dieting, and here they can't even get food on the table because of all the barriers. That's really a problem.

So I like the way that you said that, and I'll tell you what's kind of cool is I'm starting to get some researchers and also some academics taking the training certification to become an Intuitive Eating practitioner because they're looking at changing their systems. And one of the things I'm starting to look at is we need to start changing the policy. And how do we change policy standing in this position?

And I've been involved in this. I was contacted by a researcher. They wanted me to consult on a study, and they said, "Evelyn, we know your beliefs around getting weight, we know what your thoughts are around BMI, that it's flawed." And I said, "Yeah, you know, that's pretty good, you got that!!" [Laughter] And then they said, "However, it's a double bind that in order to get funding from this study," I think from NIH, "We have to report BMI." And I said, "Then we're starting with a flawed premise to begin with. How do we change the system there?"

And so, to get some of these academics that are doing this training, it gives me hope that maybe we'll have some change. I have a health professional that just finished this who is taking Intuitive Eating and has gotten funding to use it in her community in which there's low access to food, and I'm thrilled to see this going on. And so that's the question.

And one of the things that we're starting to do right now, we haven't publicized this yet, but is looking at giving scholarships from people from marginalized communities so that those who are working with these marginalized populations can go through the training, use our expertise in

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Intuitive Eating, but then they use their expertise in terms of their lived experience or their access issues to make this more available. So that's something that actually we're in the process right now of implementing, we just haven't publicized it.

Shohreh: I love, I love, love, love that that's something that's coming up, because I've gone through the training, I'm a certified Intuitive Eating counselor, and of course, that is an expensive training for a lot of people who may not be able to access it. But like you said, that leaves out communities who may really need this and may need to figure out how can we tweak it to fit these communities if they can't access it. So that's so important, and I'm glad to hear you're doing that.

Evelyn: Well, and then related to that—this is even more nuanced—where I do have hope with access actually has to do with the Intuitive Eating Workbook. Because a study was just published, I'm so excited about this study, it's an intervention study where they used Intuitive Eating, let me tell you the setup of this. So they used it on university women and what made this really unique is it was a diverse population, which was really nice to see. And they used the Intuitive Eating Workbook on an individual level and on a group level.

And what also made this study unique is that these women had disordered eating. And what that means from a research standpoint is they did not meet the criteria for any specific eating disorder, but they had eating disorder behaviors like binge eating or like purging and so on.

So they did this intervention with the workbook, and what they found across the board is that these behaviors were greatly, greatly diminished, they scored higher on Intuitive Eating, higher on body image issues and life satisfaction. And so the ones that met individually, they did the

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workbook on their own and then they would just meet for 20 minutes with the interventionist. So I'm seeing that this might be a way to have more access, to do a group process of some types of sort.

So now the next step of this study, this was a pilot study, so the limitation on this study was that while the results were really quite encouraging, they didn't have a control group. And as you know, we need control groups to really see the differences. But I think it's really quite promising.

Shohreh:

Yeah, that's really exciting that there's some research going on with the workbook as a tool. And this actually goes into something else I wanted to ask you, which is a specific critique that I've heard, and I wanna give credit to the person this critique came from, which was Jessica Wilson. And she was on an episode of Dietitians Unplugged, and she was talking about her concern with things like Health At Every Size and Intuitive Eating is that if we replace dieting with a system, such as Intuitive Eating, is it actually inherently better, or should we be trying to get away from systems entirely, because if there is a system there's an implication that there's a right or wrong way to do that thing. Versus someone just saying, "I'm an eater" instead of an Intuitive Eater. So I've been curious what your thoughts are on that.

Evelyn:

Yeah, you know it's funny, I listened to that interview as well. And I think it's always great to be questioning anything and looking at can we be doing better. So one of the things I look at with Intuitive Eating in terms of how it was created, it was created because we saw this problem. And so I look at Intuitive Eating as being part of the resistance, as actually empowering the person, which I think is a really positive thing. And when we're looking at deconstructing diet culture, I look at that as a positive thing also. So I see this as a powerful tool.

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And I'll be curious about your feedback on what I'm about to say. So as you know, Intuitive Eating has had a pretty big year. Elyse and I couldn't get over the media that have been after us, and they've done these amazing feature stories and very big publications—and this is without our publisher going out, they just came after us—and some people even calling it a “movement.” And I remember saying to Elyse, “You know, the more that this gets popularized, the more we're going to be subject to criticism.”

But I think it's rightly so when we're looking at right now where we're at in our culture and looking at the lens of all the different biases and the lens of different types of experiences and experiences that we don't have. I think it's good that we look at all this. And ultimately, we have to ask, what is going to be in the best interest for this person? What's gonna be in the best interest for the community and also for systems, you know

And so the fact that we've got some pretty decent research coming out, and when I look at the oppression of dieting in and of itself, I see this as a powerful tool because we've gotten people to challenge this whole aspect. Who says you can't eat this food [laughs] in terms of making peace with food and challenging the whole diet-culture mindset.

But to your point, maybe, is can we be doing better? And I think the answer is we always need to be looking at this. We need to continue to evolve. So like, it was like in the 3rd edition of Intuitive Eating that we added the Health At Every Size and being aligned with Health At Every Size. And then with this edition, as you saw, all the changes that we made. And moving forward, I can see doing more work in terms of access and inclusivity and what that would look like five years from now. That's, I don't know, but it would be involved working with other people with these

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experiences and expertise and getting their feedback. So, what do you think?

Shohreh:

Well, what I love is that it sounds like you're very open to Intuitive Eating changing to new interpretations of it and to being told, "Hey, you got it wrong. You missed this important thing. and let's make some changes." I mean, you can see this through all the different editions—the changes and the growth that has happened there. And so, for me, that's what I want to see from anybody who is creating a program or a system is that they're willing to hear critique. That they're willing to be told, "Hey, this isn't working as well as we thought that it could be, can we do something better about it?" And it seems like you and Elyse are very open to that, just based on this new edition and the many critiques that you've already addressed there.

Evelyn:

Yeah, and you know, one of my personal, I don't even, pet peeve is too small, it's bigger than that—let me just call it an issue—an issue I have is with the science silo mentality, and that was a phrase created by one of my, I have a scientist mentor—he's now retired, I think he's like 90 [laughter]—and he really took me under his wing. And I learned a lot, and I didn't realize how naïve I was at the time, and god, how old was I then? I think I was in my late 40s.

And what he talked about is that when we have all of these scientist specialists operating in their silos, but they're not talking to each other, they're missing very important information. And they're making assumptions. We need more integration, and we need more, I don't know if "cross talk" would be the word, but more communication. So I think as we're moving forward, you know, even right now when we're looking at just the mind and the body and how the two are inextricably linked, we

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can't have one without the other. I just see more integration happening in the future.

So I think if we can remember our humility, that we don't know what we don't know and there's more to be learned and more to change, that we become better people and a better culture. I think we need to be looking at all those things and being open to change.

Shohreh:

And this loops back to what we were talking about before about health and all the different things that affect it and really what this podcast is about, right? We're talking about how we can redefine health and wellness in a way that makes sense for all people instead of for a very narrow, specific person, you know, the thin, white person.

And I think that's a big piece of this too, is we only have been able to say that hey, health is about way more than food and exercise, by getting other practitioners involved. By saying, well no, actually, mental health is a big piece of this, and like you said, the loneliness, like, having relationships is a big piece of this, sexual health, economic health, all of these things affect health as we know it and what we think of health in the body. The problem is that we've just defined it too narrowly.

And so I think Intuitive Eating in the same way, I see it as expansive in that, you know, when you started out with it, it was, well here's what we think Intuitive Eating is, and that definition has expanded, and flowed, and become so much more flexible over time.

Evelyn:

Yeah, and I think it needs to be. And you know, one of the questions you were asking me too about did I see it going in this direction in terms of systems or whatever, and to be honest, when we wrote the book I didn't know we'd be creating something that would be living this long, and also

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having research behind it and having people behind it. And here's what I see happen is that people start to become empowered in their own bodies and in their lives. They cultivate this deep trust, and you become deeply grounded in your own truth, your authentic truth, whatever that happens to be.

And in the beginning in our work, it starts with the body and eating, but this crosses over into other areas of your life, and it becomes really rather incredible. Because now you're not preoccupied with all of the background anxiety around eating, and the numbers, and the macros, and you become more present to what is in your life and what's important to you, so that you're thriving, and flourishing, and not just surviving some new latest and greatest food plan, or that you're so caught up in this self-absorption of the food plan that you're unaware of what's happening all around you and people don't know what to say. They say nothing [laughs], you know, and it gets to be a bigger problem, and your quality of life diminishes.

Shohreh: Yeah, I think in some ways Intuitive Eating, having the word "eating" in there is almost a bit of a misnomer, because it affects so much more beyond people's relationship with food and with eating. And I've seen this with my own clients in terms of looking at self-care, looking at movement, looking at relationships, like it really does leak out into every aspect of their lives, even if it may start from a place of food.

Evelyn: Yeah, and you know who really captured this was the scientist, A.D. Craig, and he's the guy that's really known for putting interoceptive awareness on the research map. And I was reading one of his papers, and [laughs] they're very deep, and he's talking about all these mechanisms, and talking about how interoceptive awareness is happening in the present

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moment, processed in the insula, and then he goes and says this beautiful thing. So here he's all science-y, and he says, you know, this is the global emotional moment. It's happening right now. It's your global emotional moment in which you are connected to your human sentient beingness.

And oh my god, that just got to me. And so, if we look at just that little snippet, which is an important part of Intuitive Eating, and then as you said, it connects with so many other things, you start to understand how it's so much more. It's almost hard to describe sometimes, you know?

Shohreh: Yeah, it really is. I love that, that's such a beautiful way of putting that. So, is there anything else that you want people to know, either about the 4th Edition or about Intuitive Eating as it stands now?

Evelyn: Oh my gosh. I look at it as a form of self-empowerment, but as we're having this discussion, I think we need to be getting broader, and we need to be looking at access, and community, and how can we be more effective at that. So that's a question I'm gonna leave with you that I don't have the answer to, but I'm open to hearing feedback on [laughs].

Shohreh: Yeah. So you have your work cut out for you for where you want to go—

Evelyn: We do!

Shohreh: —next with Intuitive Eating.

Evelyn: Yeah, yeah.

Shohreh: I love that. Alright, well, for our final question, which I ask all of my guests, how do you define health and wellness for yourself at this moment in your life?

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- Evelyn:** Oh my god, you know, ultimately, I think it's the intersection in which I am flourishing, and that can mean so many things. It means I'm present, it means I have energy, and I'm engaged with life and my passions. So that's how I would describe it.
- Shohreh:** Mmm. Short and sweet. I like that a lot! [Laughter] Thank you so much for being here, Evelyn. How can people find you? Where can they buy the 4th edition?
- Evelyn:** Oh my gosh, well the find me part is easy. So on social media I'm active on Instagram, so that's @evelyntribole. Then there's our websites, www.intuitiveeating.org, then there's my website, www.evelyntribole.com. The book can be found in wherever you purchase books, anywhere, whether it's online, or your independent bookstores, or your big bookstores, so yeah.
- Shohreh:** And you're also training people as well to become Intuitive Eating Counselors—
- Evelyn:** Oh my gosh!! [laughs].
- Shohreh:** —lay facilitators, all that good stuff?
- Evelyn:** Yeah, that's something I feel kind of proud of. So we now have just about 1,100 Intuitive Eating Counselors in over 24 countries, well, it's about 24 countries, we have someone coming from another country that'll make it 25. And so it's starting to really spread in a way that gives me a lot of hope, and yet we still have a lot of work to do, so yeah.
- Shohreh:** That's so cool. Now I'm one of 1,100, look at me go!
- Evelyn:** Yeah, in the world, in the world!

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Shohreh: In the world! Yes, it really has, and you've mentioned this multiple times as we recorded, but just this idea that, you know, when you started this, this is not what you and Elyse necessarily had in mind [laughs] that things would go global with Intuitive Eating.

Evelyn: Yeah and I'm thrilled about it, thrilled.

Shohreh: I'm so glad that it did. Well, thank you again Evelyn for making time for this, I've so enjoyed chatting with you. Always lovely. I appreciate you.

Evelyn: Likewise. Thank you.

Shohreh: And that's our show for today. I appreciate you listening to and supporting the Redefining Health & Wellness podcast. If you enjoyed this episode, it would mean so much to me if you would subscribe and leave a review with your podcast provider of choice. It will really help other people who might benefit from the podcast to find it more easily.

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