

Redefining Health & Wellness

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Featured this episode: Shohreh Davoodi & Tamar Rothenberg

Shohreh Davoodi: Hey y'all, this is episode number 60 of the Redefining Health & Wellness podcast. Today's guest is Tamar Rothenberg, a registered dietitian who specializes in nutrition for individuals who have had breast cancer. We talked about the mixed messages people receive during cancer treatment and in recovery, what the science actually says about how much control we have over cancer occurrence and reoccurrence, and how to take back your power and thrive again after breast cancer. To access the show notes and a full transcript of this episode, head to shohrehdavoodi.com/60. That's shohrehdavoodi.com/60.

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[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

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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!

Tamar, I am so glad you're here on the podcast today. I have been following your work on Instagram for some time, and it was actually your recent episode of The Mindful Dietitian podcast that made me reach out to invite you on. And that episode was geared more towards clinicians, and I really wanted the opportunity to talk to you through more of a client lens. So thank you so much for making time for this.

Tamar Rothenberg: Thank you. I am so happy to be here and be part of this great work that you do. And for giving me this platform, otherwise I have to stand on the corner and just shout my messages!

Shohreh: [Laughs]

Tamar: Thank you for this opportunity.

Shohreh: Of course! This is such an important topic. I'm excited to get into it. So before we do that, please just share with us who you are, what you do and why you're doing this work.

Tamar: Yeah, great question. So, I'm a registered dietitian and nutritionist, I have a private practice in Los Angeles, and also, I teach nutrition to undergraduates in Allied Health. And also a big focus of what I love to do is research. We led a clinical study last summer on nutrition for cancer survivors, and it was just an incredible experience, and the paper should be published soon. We were supposed to present it, but of course, things interfered with that, but I hope that it becomes a national program actually,

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because it's much needed for survivors once they finish their treatment and they're kind of left hanging, what do I do now? So that was a great thing to be part of.

And why I do it? Well, many reasons. I love dietetics, I love the whole subject. And then I got into the more oncology part—I myself had breast cancer. My family has been hit very hard by what we call the BRCA mutation. This is the mutation that gives you a higher risk for breast cancer. And then it sort of melded together with dietetics.

And I primarily work not when they're in treatment but once they're past. I feel like there's a great need once you're done with treatment for specific programs to help you, sort of, what I call, get your power back and get onto leading a more joyful life. You've been through an amazing [laughs], you know, terrible experience and we want to get our strength back and face forward now.

Shohreh:

I like what you said about getting your power back because I do think cancer is one of those things where people tend to feel very powerless as they are getting their diagnosis, going through treatment, and you're kind of at the hands of doctors and medicine and it feels like you don't have any control.

Tamar:

Right, that's a huge part of it. I mean, I feel like you're in good hands. There's an incredible relationship that, for the most part, patients have with their oncologist, and it's kind of an authentic relationship. There's a lot of pain and suffering, and there's no chit-chat. It's just like, "I'm here. You have to save my life."

And it's a beautiful relationship, but it's true that most decisions are made for you. There's a little input, but not a lot, because you really do trust your

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doctors in this case. And every step of the way there's a decision made for you. You need to go here for this scan, you need to go here for this test, and now the treatment is today. And there are areas where you have a little more control, but when you're done, you're just like, "Okay. I'm back. I'm back to life." And even if it's metastatic, you're back to life, you're moving forward. Now it's your time. It's your time to grab it by the reins and go.

Shohreh:

Yeah, and I think something that's really tough for people who have experienced cancer is that they get so many mixed messages throughout the whole process, during treatment and in recovery, and I think one of the biggest ones is the idea that they have somehow caused their cancer from the choices that they made. So, just to give an example, there's lots of myths about how if you eat sugar you can cause cancer. If you eat soy you can cause cancer. So is a cancer diagnosis typically that black-and-white and if not, what range of factors are actually at play?

Tamar:

So, I'll just talk about breast cancer, other cancers it may be different. But with breast cancer it's very definitive, and I say this often, and people, even though they hear it, it's very, very hard to assimilate the message, there is nothing you did to cause your breast cancer. Nothing! And in fact, in all my talks, there's always one or two people that just feel like so relieved because they thought if they drank these five sodas a day they caused it, or it was their birthday cake. There's just so much suffering, you want a reason for that suffering.

So I totally hear that, but you are literally blameless. There's no one food that causes cancer, there's no one food that cures cancer. So there's nothing you could have done differently. We all know people who are either vegans or marathon runners, there's a woman who swam the

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channel four times—we know incredible examples of powerful people who did everything what we consider “right” and still got breast cancer.

So it's a combination of genetics, bad luck, even there's other genetics that we don't know about yet that are still in the pipeline. We know about certain mutations that give you a higher risk. Doesn't mean you will definitely get it. Most of these things we can do nothing about.

So what is the greatest risk for breast cancer? It's advancing age. It's unusual to get it young. It happens, and that's usually because of genetics. So you can do nothing about that. And then your age, what are you going to do about your age? Nothing, because the average age of diagnosis is 62. And then the other surprising cause and effect, I would say, the only one, is being tall. There is a higher preponderance if you're tall. Nothing you can do about that either.

So we have to get past that message that you did something, because there was literally nothing you could have done, nothing you did wrong, that's for sure. The message is out there, even if it's not being told to you. I know that people feel that. They still feel it, they're still thinking it, because a part of that is like, well, maybe there's a solution. It may be something I did, and so maybe I can undo that. But we have to just get rid of that. It's not anything anybody did.

Shohreh:

I also think the messages can be stronger and more vicious depending on who you are, for example. So if you are someone who is in a fat body, then the world is going to try and tell you that hey, your weight is to blame here. We see this in headlines and different studies that are weight stigmatizing and trying to suggest that “obesity” can be a cause for this.

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Tamar:

Well, it's very interesting, because when I'm asked about this, there's this tendency, like, well you need to disprove this or prove it. Well I don't need to disprove it because it's never been proven. If you look at the research, there's what they call an association or a link. There's a link and association to other things too, but you don't hear those messages as much.

So there's no cause and effect, there's no study. If you actually look at the research, and you talk to researchers, and you hear what they have to say, it's going to be very different than the headlines. The headlines are going to pick one thing out of context. But if you talk to researchers, they'll say, "Well, maybe it points in that direction," or, "It looks that way, but we haven't proven that," so I don't know why we're running with it.

And it's just such a bad message, it's not motivating, it's shaming. It doesn't change people's behavior, and then it leads to people doing very restrictive behaviors in terms of cutting out foods that may not be the right thing to do anyway for the most part.

So the message is slightly changing because now we know about weight stigma, even though it's still being said. But we know that it's not motivating. So I see some of the cancer organizations have slightly changed their wording. It's still problematic, but instead of saying, "Lose weight," they may say, "Maintain a healthy weight." And then I'm asked, "What's a healthy weight?" I'm like, I don't know [laughs]. I don't know what a healthy weight is for you. What's the difference? Let's move on [laughs] and start doing things that bring us joy. So it's problematic, and it's everywhere.

Shohreh:

Yeah and another area as well that I've seen you talk about is how there can be potential disparities in treatment depending on who has cancer. So

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in particular, there are noted disparities in cancer treatment for Black people versus white people.

Tamar:

Yeah, I mean it's really striking when you see the numbers and you see the data. Of course, we can't not talk about what we call social determinants of health. Nutrition is one small part of that, but for example, your zip code tells me more about sort of your health more than anything else, like where you live, what your access to care is, whether you go for medical care, how you're treated when you go for medical care. And they have a valid reason for being very distrustful of the medical community, there's a history there. So part of that is that, and part of that is they genetically are diagnosed with more aggressive type cancers, but that doesn't account for the fact that they're being diagnosed later, when it is harder to treat.

There are ongoing studies now to examine what they call these racial disparities, because it's become a fact. So I encourage people to listen to Black women's stories. There's one who I particularly like, I'm just going to name early on, Pero—I hope I pronounced her name right—and she has a podcast called Black Women Rising which gives you more insight into their experience with disparities. So it's worth a listen to their stories as well.

Shohreh:

I'll definitely put a link to that in the show notes for anyone who wants to check out that podcast. But I think the main thing in talking about all these different disparities and possible different causes is that none of this is absolute. And even though in the media and even from some medical professionals you may hear language that is trying to speak in a very black-and-white way, it sounds like there's a lot of things we just don't know yet when it comes to cancer and breast cancer specifically.

Tamar:

Right. It's very interesting because people don't realize it was only in the last 25 years that women were even included in clinical trials. There were

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no women included in clinical trials before that. So all the data we had was about men, and everything we know about breast cancer is really the last 25 years. Of course it's been going on much longer. So a lot of this research is relatively new.

Now, it is the most heavily researched cancer, because it is so prevalent, right? So, we are knowing more and more about it, but it's just a tough thing because it's so prevalent and it affects so many women in so many different ways. So it's definitely what I call, kind of, newer data, which is sad, right? Even what we know, let's say about heart disease, is relatively new. How long did it take for the health community to realize that women's symptoms of heart attack are very different than men? So it's hard to have patience when you know that.

Shohreh: Yeah, and it affects more than women too, because these studies certainly aren't looking at incidences of breast cancer in non-binary individuals or in trans men.

Tamar: Right. So there is a little more research coming out now. We see that there is higher rates of breast cancer in trans folx, and it has to do with taking what we call the "feminizing hormones." So it's something to be aware of. Of course, you won't see that in the media as much, but it's there. The data's there. And we have to be very aware of that and raise more awareness around that area as well.

Shohreh: For sure. So turning to treatment and especially recovery, that is when the diet culture messaging gets even stronger. As people are trying to figure out, like you said, how to take back their power, what they want to do going forward. And I've had several friends with cancer who have shared stories with me about meeting with doctors or nutritionists who have told them that the only way they can reduce the risk of reoccurrence is

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through, say, losing weight or by adopting a vegan diet. So, I want to ask you, what does the science actually say about the risk of reoccurrence in terms of what people can control and what they cannot?

Tamar:

That's such a good question because that is actually where my passion lies. And when I talk to clients, or to students, or whoever, I just say, "This is what the science shows." It's not like it is black and white, and the science is evolving, and nutrition research is so hard to do because, you know, you can't lock people in a room and say, "Eat this," even though it has been done and we have some good data from that. But people's bodies are very different. People's preferences are very different. So nutrition is a really hard science to study and come out with definitive guidelines.

So in terms of thrivers, it's really a grey area in terms of nutrition. I kind of picture it as the Olympic rings, right? There's five rings, nutrition is just one of them. So we have to see everything in context, right? It plays a role but how big of a role is it?

So, the five rings, it could be stress, and I was saying that weight stigma is a huge part of that stress—it raises inflammation, raises cortisol, which is part of cancer-causing inflammation—and then, like I said, your zip code, where you live, plays a huge role. We have to see it in context. It's one ring, it's one thing.

Do you have total control? You may have. I do find clients feel they have more control in the food area, so they tend to place more emphasis. But you know, I find that creates a lot of stress, right? I can't eat this, I can't eat that.

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So in terms of the science, what does the science show? We have more and more research, and in fact I posted about this recently, that you don't have to eat perfectly to get benefits. We know this, but yet there's still an emphasis on eating perfectly.

So let's say meat. Okay, so, if you want to be vegan for ethical reasons, I am totally for that, I have no problem. You can meet all your nutritional needs being vegan. Will it prevent cancer? Not necessarily. There are health benefits to even just adding fruits and vegetables. So, what we see in the research now is that adding in a little more of this or a little more of that has health benefits. It doesn't mean eliminating everything. So if we look at the data, for example I was saying about meat, red meat is not recommended, but it doesn't mean if you're not ethically opposed to it you can never have meat. There is actually guidelines on how much you can have. So no one is saying you can never have it again.

The only one that I do see more of a link where probably it should be eliminated or minimal is alcohol. There's really a clear link between alcohol and particularly breast cancer. So that is really the only one I would be very strong about. Everything else I would say, let's look at this, let's look at what you like, let's look at what we can keep in or have less of or what you feel you can have less of.

And then of course going into other factors. It's not just about nutrition. Are you getting support at home? What's your home environment like? I find very interesting, I don't know when you'll air this, but in terms of COVID, now that I'm doing telehealth, you can see inside people's homes. You're kind of allowed a glimpse into their lives. And that says more to me, so much, about what their health may be like in terms of support. Do they have the resources they need to make some health changes? Do they

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have the support they need? Do they have the space? And so many other interesting factors that play into a total health viewpoint basically.

Shohreh:

So it sounds like in terms of nutrition there is a needed balance between eating a certain way to potentially reduce risk and how stressed out is eating that way going to make you.

Tamar:

Yes, exactly, that is a great connection. Because, you know, most of the time it's not about the food. It really isn't. And that's what I mean about getting your power back. Your power back is having this kind of joyful relationship with food and with your body. You've been through so much. It's not a battle anymore. And I don't like the word battle when it comes to cancer. A lot of thrivers don't like it as well, because it's like, well, if you passed away you lost the battle. Of course that's not what happened! You've been through so much, and now do you really want to fight with your body?

No, of course not. You want to embrace your body. You have this body that's here for you now, and it can be harder after cancer, but let's not make food another battle. Let's make it joyful. Let's make it a beautiful part of our lives, whether socially or just food enjoyment, because, for example, people who've been through chemo, their taste changes, there are foods they can never eat again just because they remember the smells.

So there's enough going on that you're limiting. Let's not limit more after that. Let's find something that you really love to eat, and accept it that it's good for you because you love to eat it. So you're right, it's exactly that relationship that is so important after cancer with food.

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Shohreh: And I'll also take a second to say that you've been using the term "thrivers" in places of "survivors," and I'd love for you to explain why you've chosen that term.

Tamar: I'm sorry, it's not my term, but it was coined initially by a doctor, and I don't remember his name, and of course a lot of people took this on after. But it's really about thriving after cancer. You didn't just survive. Survive is like something very basic. You're going beyond basic. You're going toward embracing life and embracing the joy that you can find now. And I'm not saying cancer was necessary for you to do this or it was fun [laughs], but it's about moving forward and discovering new things about your life.

And again, I'm not saying that cancer was a blessing or it was a great thing, of course it isn't, nobody would want this on anybody. But that's what means thriving, and of course, like I said, getting your power back, making your decisions. And what I see is, it's a point of exploration. Whether it's exploring new food, or exploring new careers, or rediscovering what you're capable of, because cancer does bring that out.

Shohreh: I really like this idea of exploration. I also like what you mentioned about the importance of focusing on adding things versus so much on removing or restricting things, which is a theme that runs through all of intuitive eating and all of Health At Every Size. And I love that that's still something that breast cancer thrivers or cancer thrivers in general can embody, and that they don't necessarily have to get to this super restrictive, miserable place just because they have had cancer. That that's not a requirement for them to thrive going forward.

Tamar: Right, absolutely not, and the science doesn't even support that. There were a couple of studies that even came out in the last few weeks that were just so surprising to everybody, that you could have certain foods in

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your life, and add in, let's say, more fruits and vegetables or wholegrains and you're going to be fine. The walls aren't going to collapse. So they're studying this more and more because of that tendency for people to think they have to eat perfectly, and then it fails in the end. It's not sustainable, and it's not recommended even.

And again, I'm not advocating vegan or vegetarianism because I do feel strongly about the ethical part. For many people it is a very strong component, and you can, of course, meet your needs that way, but it's not what's necessary to reduce your risk.

And of course, I don't use words like "prevent." There is no prevention in this area, really. Maybe smoking would be the only thing? But reducing your risk is what we're talking about. Reducing your risk of recurrence or reducing your risk of breast cancer to begin with. No one is talking about prevention, except for screening, which can screen kind of the more slow-growing cancers, at that point, that are treated a little easier, but again, that's not prevention. So we have to be very careful on this language too, because that language involves blame. When we talk about prevention to a thriver, that sounds like, well, I could have done something. So that language to me is very important as well.

Shohreh: And this, it goes back to what you were saying about how people are not to blame for initial instances of cancer, people are also not to blame for recurrences of cancer. You could do all the "right things" and your cancer could still come back.

Tamar: Absolutely. There are medications, in fact, that do reduce the risk tremendously, sometimes by 80%, so they do have a very strong role to play. But there's still that percentage that you had no control over. So they don't work perfectly. They work really well.

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And that, by the way, is another thing that is very important, because I have clients that are really struggling with the medication, the hormonal blocking or reducing medications that need to be taken. They can have tremendous side effects—bone pain, weight gain—and then when you have diet culture infiltrate into your life, which we do, and then you have the messages about weight gain will lead to recurrence, well, that becomes a struggle with taking the medication. Should I take the medication?

That struggle should not be there. First of all, we should do everything to reduce the side effects. But that diet culture, that is particularly disturbing to me when that infiltrates, because then that becomes another struggle for women. Most of them do not want to take it once those side effects start. It's really hard. Some people, the side effects relax after a while and they get better, but at the beginning they're very hard. So that's one more struggle I don't want to see people have because of the diet culture.

Shohreh: Yeah and that's not an uncommon thing that people experience. There are also a lot of medications for mental health conditions that have a side effect of gaining weight, and you'll see people say, "Yeah, I felt awesome on it, but I gained so much weight, and I just didn't like that, and so I got off of it." And it forces people to choose between having better mental health and body image and the way that society treats them, and that's just such a fucked up position for people to be in.

Tamar: [Laughs] Totally agree. It's very hard for me to hear that many times, because what I tend to do is let's focus on the fact that the medication is working, that it reduces your risk by a huge percentage, 80% in some cases, and that this is something that you can do something about. And so,

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let's let go a little bit about the diet culture aspect, and focus more on what you can do.

For example, the bone pain can be really debilitating and then people don't want to move, for good reason, because it hurts. So can we find ways to do that? Can we find ways to move that would be more pleasurable and relieve some of that pain, whether it's seeing a physical therapist who specializes in oncology or finding the right movement for you. Wouldn't it be better to focus on that, rather than, I'm going to eat one meal a day, so I can control my weight? That is just not the healthy way to go about it. The tendency is first to reduce the calories, instead of finding other ways to enjoy your body.

Shohreh:

Well, and also thinking about food, especially right now in the time of COVID, there is this concept of "immune-boosting foods," right? And I'm curious, especially in terms of cancer thrivers, is there truth to that and how much truth to it [laughs]?

Tamar:

Yeah, I mean it's funny you brought that up because I just did a webinar for Cancer Support Community on what I call "immune-supporting foods." So again, the language is very important. You actually don't want to boost your immune system. That's going to be harmful. So we find people with anti-inflammatory conditions, all kinds of conditions, whether it be arthritis or related to that, that their immune system is hyped up. So you don't want that. You don't want to boost your immune system. There's not really foods that do that anyway, so it's kind of a myth.

But you do want to support your immune system, and part of that support is the basics. Do you have nutritional deficiencies? Because then your immune system is going to be lower. So, whether it's Vitamin D, or taking a walk—are there's certain things you could do that are immune supportive?

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So it's kind of a misconception about this immune-boosting thing. I do see it a lot in the media, and it's really meaningless.

So in terms of cancer survivors, yeah, the first thing I would say is let's look, do you have any nutritional deficiencies? Are you sleeping well? Of course your stress level is going to be higher in COVID, so how do we deal with that? And those are all things that point you in the direction of protecting your immune system. So, it sounds like, well, it's the same, but it's not. Immune-supporting is very different than immune-boosting, so that's not something you actually want to do.

Shohreh: It's funny, because a lot of the things that you have mentioned as being helpful for the health of cancer thrivers are also things that I just think of as being great for general health for all people.

Tamar: Right, of course it overlaps. And when we talk about behavioral changes, maybe after cancer, it's not just about cancer recurrence. It's about other health conditions that you may be prone to after cancer. We have to really protect our heart health because of the chemo treatments. We have to protect our bones, also because of the treatments. We have to really monitor our health a little more. We have to protect our mental health, because when we go in for scans, you're going in more for scans—we call it “scanxiety” right—there's a lot of stress every time there's a scan. So that is going to be tremendously stressful. What can we do about it? Let's talk to the doctor, and what can we take before that.

So these are all things we have to protect ourselves in terms of these things. And nutrition and movement will play a role in that, for sure, along with, like I said, sleep, stress, and things like that. So, absolutely, we can't just focus on the cancer part. Of course, that's a huge part, but of course protecting your immune system, that is part of that as well. So that should

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be the motivation, just in general, looking at the holistic picture and not just one portion of it, even though it plays a huge part.

Shohreh:

And I think one aspect of that that you've mentioned a couple of times is how this is not one-size-fits-all. You mentioned how doing teletherapy, you're able to see how everyone's home environments might be a little bit different. And that does have an effect in what people choose to do when they are in cancer recovery. Because for instance, let's say you want to make all these changes to your diet. Well, maybe you have a spouse and kids and you have to get them on board, right? Maybe your spouse is the one who does all the cooking, and they're like, "Well, I don't wanna make all these changes." So there's so many different pieces that feed into what people are actually able to do and what they can be expected to do in their recovery.

Tamar:

Right, exactly right. And there's also a focus on maybe one ingredient that will be better than something else, whether it's, you know, I've heard it could be ginger, it could be turmeric, you know. These things are good, and they're nice, [laughs] and they do have some health benefits, but they're not this end-all or be-all. They're not going to be the one thing that will change your body to be more hostile to cancer.

So it's a combination of all these things. It's the whole picture, including your home environment and where you live. So we have to kind of move nutrition to a more neutral place, a neutral role that it plays. And, of course, as a dietitian I'm going to talk a lot about it, but let's make it a little more neutral. That's kind of my goal.

Shohreh:

And I think this is a good point to mention as well, for those who are listening who aren't cancer thrivers, that not all people who have had cancer are the same, right? This is not like a monolithic group where

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everyone has the same feelings about it, likes the same language, is going to choose the same treatment options. These are individuals just like anybody else, and I do think there can be a tendency to try and treat each member of a cancer group as part of this monolithic group, and that's not accurate.

Tamar:

No, of course not. We're humans, first of all. And I know that there are certain similarities with survivors in terms of they do need more support, or they feel like when treatment ends they're on a cliff, that they don't know which direction to go. So those are kind of similarities, but that has to do with the system. That's more the system's fault [laughs], that's not their fault.

And it is very individual in how you approach that, whether you're going to take a more food freedom approach or a restrictive approach, and I feel like that's where I can come in a little too. Moving that needle towards the food freedom approach and knowing you'll be okay if you do that. It's not going to cause these terrible, terrible things to happen to you whether you do or don't. So that's kind of where I think my role is.

Also, when I did the study and, of course people are very diverse in the way they see their life after cancer as well. And it's actually a beautiful process to watch, which direction they go. And it becomes a sort of acceptance in their own way, with their own personality touch. And it's really beautiful to watch.

Shohreh:

Yeah, I bet that's one of the most rewarding aspects of working with cancer thrivers is seeing how they go on to define thriving for themselves and what their lives end up looking like.

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Featured this episode: Shohreh Davoodi & Tamar Rothenberg

Tamar: Right, exactly. And there was one striking moment I remember when there was a client who said, “You know, I just realized support starts with me.” And I thought, wow, that is so amazing, that’s exactly right. You are the foundation. It starts with you.

Shohreh: Mm. That’s really beautiful. Are there any other myths or misconceptions about breast cancer that we haven’t covered that you wanna make sure we address?

Tamar: There’s so many, [laughs] but genetics does play a huge role. So it’s very important to discuss with your doctor, more so than any food, what your family history was. And it could be breast cancer, but it could be things like pancreatic cancer, melanoma. These are all hallmarks of the same genetic component that raise your risks of breast cancer. And then go for that genetic testing. We’re seeing more and more that that plays a huge role, knowing your genetics in that area. So those are things you can do.

And things I don’t wanna see people waste their energy on other things. You know, they may still hear that soy is a problem. Well soy is not a problem. We know already 25 years, we have great research that it’s either neutral or protective, but certainly not harmful. It acts in a totally different way in your body than estrogen. It’s not an estrogen hormone.

And the sugar myth, it plays a huge role as well, and that’s based on misinformation about sugar. But again, I just have to emphasize, it’s not one food. It’s a pattern of living that is most helpful for you. And focusing on the one food is not doing your body a favor. So have that birthday cake or have those cookies. Just give yourself permission to have those foods, and it’ll be okay. Your body can handle it. It’s handled many other things.

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Shohreh: Yeah, because you and I both know that it's when you don't give yourself permission to eat those foods and when you restrict that that's when it causes the stress and usually also binging of those kinds of foods, which lands you in a worse position than if you had just let yourself have that slice of birthday cake in the first place.

Tamar: Right. And you know, it's even stronger after cancer, because again, that blame plays in—"I shouldn't have had those cookies"—so that's part of the blame. I feel like it has a stronger effect because now there's a reason. Which is understandable in terms of all the diet culture out there, but not in terms of the research. It doesn't bear any weight there. [Laughs] So giving ourselves that permission after cancer is so important. Intuitive eating really has a place after cancer treatment.

During cancer treatment I would say no, just because of the taste changes and it's very hard to do it. I had a discussion, I'm in supervision with Elyse Resch monthly about this, and she agreed that you can't do it during chemo, but certainly after chemo I've seen it has such a wonderful effect on people, just giving that permission to eat the foods they love.

Shohreh: And just to clarify for those who don't know much about chemotherapy, my understanding is that one of the reasons intuitive eating will not work is because the focus often just needs to be on getting any sustenance that you can because it's hard to eat and get enough nutrition during that time because people feel sick.

Tamar: Right. So in terms of diet culture, that plays a role as well, where you hear people say, "Well, I lost weight, so that's actually a good thing." Well, no, it's not a good thing, we don't want you losing weight during chemo. And you will get some comments from people saying, "You lost weight, you look great," which is just a horrible thing to say when you're in chemo. So

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I'm just going to emphasize, never say anything about anybody's body. Whatever your perspective is, just don't say anything.

Shohreh: Amen!

Tamar: You never know [laughs] what people are going through. And I've heard this from clients, like, "Well I was told I looked really good," and they really suffered from those kinds of comments. So never a good time to say that, any time.

Shohreh: Yeah, I mean, how awful to be told that you look great when you feel like garbage.

Tamar: Yeah, of course, and you can't eat and you'd love to eat! You would *love* to eat.

Shohreh: Yeah. Well, you've given so much great advice and information in this episode. For the breast cancer thrivers out there who are listening, what is one last piece of advice that you would like to give them? And this could be in terms of something you think they should keep in mind, or even in terms of something that you think they should let go of.

Tamar: So, for me, your relationship with your body is very important. It's very distrustful after cancer. It's like, well my breasts tried to kill me, [laughs] you know?

Shohreh: Yeah.

Tamar: But you can reach a place where you accept your body. Maybe it's not going to be exactly body positivity, but I feel you can reach that place, no matter how many surgeries you've had or what you've been through. So let's not make another battle with our body. Let's join in as an ally and

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accept whatever has happened. And it can be a very peaceful place once that happens.

Shohreh: I like that idea of allyship in terms of our relationship with our bodies and just taking that fight out of it.

Tamar: Yeah.

Shohreh: So, for our final question, which I ask all of my guests, please tell me how you define health and wellness for yourself at this moment in your life.

Tamar: Well, I'm gonna focus again on that acceptance. That once you accept your body as is, whatever it's been through, what it is right now, and this peaceful acceptance can be such a relief that it can, at that point, reduce inflammation in your body and actually lead you to that exploration of new foods or new ways of moving your body. That's how I would define health a little more, in terms of, again, that exploration. Be free to explore what works for you without the standards of diet culture, without the screaming messages [laughs] that are not helpful. So I know it's very kind of vague, but that's what health is. It's very vague, so [laughs].

Shohreh: Yeah. So you work from that base of acceptance, and if you can bring yourself to that point, then that allows you to explore whatever makes you feel good in your own body.

Tamar: Exactly.

Shohreh: That's awesome. Well, thank you so much for being here, Tamar. How can people find you, and are you working on anything right now that you might want people to know about?

Tamar: Oh, good question. Well, I'm all over social media. I'm on Instagram as @breastcancer.nutritionist, on Facebook, my actual company name is

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Nutrition Nom Nom, and I have a website, you can just go by my name, Tamar Rothenberg RD, where I do blog about thriving, no matter what size. And I am working on now a series of courses, which I hope to produce and come out very soon. It's going to be a trio of courses. One is on the research behind breast cancer and nutrition, again, a lot of the misinformation and the myths, cutting through all that. And then the second one is transitioning to a more plant based-way of eating. And the third one is on body image after breast cancer.

Shohreh: Wow, that sounds like a great trio of courses. I'm really excited to see when those come out.

Tamar: Yeah, so am I! [Laughs]

Shohreh: Awesome. Well, thank you for giving me some of your time. This was a wonderful conversation. I know a lot of people are going to get benefit from this.

Tamar: Thank you so much. I appreciate, again, talking with you. This was a lot of fun too.

Shohreh: And that's our show for today! If this podcast has taught you anything or helped you in any way, I hope you'll consider supporting me in my effort to keep it going. You can join my Patreon community and receive members-only perks by going to shohrehdavoodi.com/Patreon, or you can tip me for my work through the payment links located at the bottom of the show notes for each episode. I would also encourage you to subscribe and submit a rating and review through your podcast provider of choice. I love hearing from listeners, so feel free to screenshot from your podcast player, post on social media, and tag me. Finally, if you're looking for more

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information on what I'm all about and how to work with me directly, head over to shohrehdavoodi.com. Hope to see you for the next episode.