



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Well, hey there, my friend. Welcome back to the podcast. I am so, so excited for this episode. For reals this time, I mean it. This one's really, really good. I know I shared with you a while back about my quest to take myself off of my acid reflux medication, and I know many of you have been wondering how that has been going. Really, what has happened is this unexpected total life transformation, and that's exactly what I'm going to be telling you about today on this podcast.

I cannot wait for you to listen to my conversation today with Betsy Jensen. She is the coach who's responsible for this big transformation that I've gone through over the last six months, and, I mean, she's amazing. I'll tell you the whole story. She'll introduce herself. You'll find out all about it, so I'm not even going to repeat it here. You can just start listening. But she is really a gem and she's ... I tell you the whole story of my whole progress throughout this, not only just stopping taking my acid reflux medication, but also getting myself off of all of the prescription medication and over-the counter medication that I was taking, as well as healing myself from my chronic pain. When I say that, I feel like I'm one of these people ... I'm like an infomercial trying to sell you something that's a gimmick. But I swear to you, it's like I almost wouldn't believe it either if it hadn't happened to me.

So I can't wait to tell you the whole story, and Betsy will tell you exactly what her work does to help someone who's struggling the way that I was. I am excited for you to learn about it just for your own knowledge. Maybe it's something that would help you or someone that you love. But also, maybe for your patients. You might have some patients that really struggle with some chronic issues, and they might really benefit from understanding this work that we're going to be talking about today. So can't wait for you to listen. It's a long one but it's a good one, so make sure you listen to the end. I bring to you my conversation with Betsy Jensen. I'll talk to you next week.

Hi, Betsy. I'm so, so, so happy to have you on the podcast today.

Betsy Jensen: Oh, hey, Katrina. I'm so glad to be here.

Katrina Ubell: Okay. This is going to be a combination of me telling my story and we're going to talk about how you completely just helped me change my whole entire life in the most amazing way. We're going to dig into that more, but the first thing I want to do is just have you introduce yourself. So just tell us a little bit about you, your background, and how you help people now.

Betsy Jensen: All right. Yeah, my name is Betsy Jensen and I am a physical therapist and a life coach. So physical therapy I started about 20 years ago, and even before that, I was always into the mind and self help. I was a psychology major, and then I had been practicing physical therapy. But then through my own ulcerative colitis, which is an autoimmune disease, I kind of found this work integrating the mind and body. So it was fusing two things that I've always been super interested in, and it was interesting because my friend who was in DO school, when I was telling her when my ulcerative colitis was getting really bad, she said, "That's a psychosomatic disorder." And I was like, "My doctors never told me that."

It's autoimmune. They told me that it was just something that happens a lot with women in their 30s and that it was probably genetic and they just put me on medicine. But when she said that it was psychosomatic, I started really kind of getting excited and then looking into it so much more and just really diving deeply into what else could be going on, what emotionally could be going on. And as of my last colonoscopy, I have no more active disease. Now, I still do have some

Katrina Ubell: Are you on any medication?

Betsy Jensen: I'm off the medicine completely, but it's interesting. I do notice sometimes I kind of have some symptoms here and there, and instead of thinking of, "What did I eat?" or, "What could be causing it physically?" I think now, "This is a sign from my body to recalibrate." It's almost like my barometer or a gauge of, "You're getting a little too stressed. You're putting too much pressure on yourself." For me, I think it had a lot to do with perfectionism, people pleasing, and so it keeps me in check.

Katrina Ubell: Yeah. So those symptoms are kind of like that measure of what I like to say is like the canary in the coalmine, right? It's like, "Hey, you should look here." Just like what we say with emotional eating. When you find yourself trolling the pantry, it's not like, oh, it's because you bought too many good snacks. Right?

Betsy Jensen: Yes, right.

Katrina Ubell: You shouldn't have brought that stuff in the house. It's like, "What else is going on for me emotionally that's driving me to go and eat this stuff?" For you, it's like, "I'm getting these symptoms. What's going on for me emotionally?" And you're able to keep it in check in that way. And that's now what you help people with, is all kinds of chronic pain issues and chronic health issues.

Betsy Jensen: Right, yeah. Because as a physical therapist, I mean, I never even really thought about becoming a life coach. I already had a career. I was never thinking like, "Oh, I need to do something." But I was so passionate about the work that I was finding out, and when I saw so many of my patients ... Not everyone has chronic pain or chronic illness, but those people that just keep coming back and no matter what surgery they get, they don't seem to get better. Or, one shoulder gets better and then the next shoulder hurts the next month. Those are the people that would just perplex me and just keep me up at night like, "How can I help these people more?" And now that I've found this work, it just ties it all together beautifully and I just became so passionate about it. I have such a hard time not bringing it up to people, so I figured if I'm talking about it all the time, I could literally talk about it all day to people if they would listen, then I'm just going to go ahead and start coaching on it.

Katrina Ubell: Yeah, awesome. Okay, so I'm going to just now tell my story, because I told everyone on the podcast that it was my goal for 2020 ... one of my big goals. But really, my top goal was to get off of the proton-pump inhibitor that I had been taking for acid reflux for ... I thought it was 20 years. It's actually 21 years. I was put on it in medical school, and at the time, the thought was you can just take this forever and just nobody talked about getting off of it. I had never actually experienced heartburn a day in my life until I was on this medicine and I forgot to take it for a day. I got put on it because of just a chronic cough that wouldn't go away and I had the whole workup and this was the last thing. It did make the cough go away, but then I was stuck on this medicine and I had tried several times ... one time really, really, actively tried at the advice and guidance of my GI specialist ... to get off this medication, and I just couldn't do it.

I had such bad reflux symptoms. It was affecting my voice. It was just ridiculously uncomfortable, especially at night. Every night it was so bad, and so he just said to me, "Listen, you tried and if you can't get off of it, you can't get off of it." Well then there was some information coming out that chronic use maybe could contribute to dementia, and I thought, "Well, heck. This is a problem. I got to get off of this."

So that was my big goal. Let me back up then. I'm thinking the chronology of the story. How do I tell the story? So let me just back up to me as a four or five year old. I've always been the person who had a variety of ailments. I always had different aches and pains. I often had a sore throat or a headache or a stomachache or my hand hurt or my foot hurt or something hurt when I was a kid. We don't have to get into all of the details about all sorts of various different things, but what I learned as a child ... I now realize, okay. I have to say, up until a few months ago, I had no awareness around this at all.

But what I learned as a child was that the way to get attention was to have a problem, and so I would even ... Early on, I remember being so scared of going to swim lessons. I just didn't like my teacher. She just was not nice. I just hated, hated, hated, hated the experience, and so rather than feeling the nervousness on the way to swim lessons, I would literally put myself to sleep. I would go to sleep in the car. It was not a long drive. Then my mom would wake me up when we got there and I would be so scared and so nervous, I would throw up. So I would have actual physical symptoms. This happened several times. This was a regular occurrence for me every single week that I would throw up when I got to swim lessons.

So I've had these physical responses to intense emotions my whole life. I just kind of was like, "Yeah, it was this thing that I did as a kid," just never thought of it at all. I do know that if I get very nervous, even as an adult, I start yawning, I feel very tired. That old habit of just putting myself out of my misery by going to sleep is still there. So I always thought that was kind of interesting because most people when they feel nervous don't feel tired, but I totally do. But I'm just like, "Oh, it's this old message from when I was a child. No big deal."

Well, I've had then, over the course of ... I'm 44 now, so all of these years, I've had a variety of different just aches and pains and chronic physical symptoms. I was diagnosed in sixth grade with patellofemoral syndrome in both of my knees. They told me, "This is very, very normal for developing girls and growing girls, and you're probably going to struggle with this your whole life." So I did physical therapy and they gave me braces and all the different things, and I have on and off struggled with it my whole life like so many ...

I mean, I think I was probably about 12 then, so 30-plus years, all kinds of on-and-off issues that I've had with my knees since then. I've also had issues with plantar fasciitis on and off. When I was pregnant, my second pregnancy, I ended up developing significant SI joint issues which got worse and worse with each pregnancy. I saw a chiropractor who said, "Listen, if you don't work this out after you deliver, you're going to have problems your whole life with this."

And so I did. I mean, I went and saw PT, and I mean, I was hardcore in there. I'm like, "I'll do whatever. I don't want to deal with this my whole life." Well, it still has been an issue on and off since that time. I haven't been pregnant in seven years, so it's still kind of this ongoing thing. I've had issues with biceps tendonitis, I've had issues with upper back muscular complaints, I've had a lot of neck muscle soreness that can lead to headaches. I mean, really, you name it. And to be honest with you, I had kind of a lot of ... I mean, shame feels kind of intense as a way to describe it, but I was kind of embarrassed about the fact that something was always kind of hurting me. This idea that some people just don't feel pain every day was completely a foreign concept for me because something always was hurting or sore or didn't feel that good.

So I didn't really let it totally rule my life. I remember thinking, "Well, my knees hurt if I exercise, and they hurt if I don't exercise, so I might as well exercise," kind of still being like, "Well, I might as well get out there." But I was letting it limit me in certain ways. For instance, I hadn't been on a bike ride with my family in a few years because every time I went on a bike ride, my knees would end up hurting and it would take several days before they would settle down again. So I think I was starting to gradually as I got older allow it to shrink things down a little.

So what I realized at the end of last year, so almost a year ago, I realized just how much pain I was in on a regular basis and how uncomfortable it was for me to be in my body. It's kind of a long story how I came to this realization, but so much of what we do as coaches is teach people how to get into their bodies. And this is like all of my doctors who are listening and who are my clients, we're so taught to live up in our heads that we don't embody our bodies, and I came to realize, why would I want to do that when being in my body hurts all of the time in some way, shape, or form? I could basically be in physical therapy nonstop forevermore because there was always something that was kind of bugging me.

And I noticed with physical therapy that things would get a little better, but by the next week, time to come back again and then, like, this thing was hurting or it had evolved and come over here. It was always just kind of ... It just never really fully solved the problem. So I was kind of just curious. I was like, "Maybe some of this has to do with hormones. I've never had my hormones checked, maybe I should get that checked out." And also, kind of leading up to the new year, going, "I really want to get off this medication. I kind of just want to get myself straightened out, get some labs done and see." So I found this integrated medicine doctor, functional medicine specialist who was also an OBGYN thinking, "Okay, he has the Western medicine background but all this additional understanding. He's a women's health specialist. This is going to be good."

And so I got all these labs tested and things, and he started telling me, he's like, "Listen, I actually think you're having a hard time absorbing electrolytes now because of this medication. You've been on it so long for your stomach. We're seeing some lasting effects now." And I'm like, "Well, good," because I wanted to get off of this. And I didn't realize he could help me, but he was like, "Yeah, absolutely I can help you get off of this." I'm like, "Amazing."

He also tells me, "Oh, listen. You have all this chronic pain but it looks like your testosterone levels are really low. We can supplement that." I'm like, "Really? Sweet." In my mind, I'm like, "This is awesome." I should also say, too ... I should back up and say that a couple years ago, I did get the diagnosis of fibromyalgia. I did not really take it to heart, which is why I forgot to even mention it.

Betsy Jensen: Yeah. Bring that up.

Katrina Ubell: As I'm telling you the story, I am like, "I don't really know," because I didn't feel like I had any of the brain fog or any of those symptoms at all. But I was like, I mean ... It was a PM&R doctor who diagnosed it. He was actually really, really skillful in talking me through it. By then, I was a coach. I was like, "Okay, well, now what? I can let this limit me, or I can just be like, 'Okay, well, this is my body.' What do I want to do? This is the circumstance, it's a neutral fact."

So anyway, he's like, "Yeah. I really think this testosterone's going to help you." So I'm like, "Great." So we did this testosterone pellet and we did that right at the beginning of the year in 2020, and he told me, "It'll take probably about two weeks to get to the full effect." Or maybe it was one week, whatever it was. And I was like, "Okay." And I remember just being like, "Well, I wonder if it's going to do anything." I really wasn't like, "For sure this is going to help," but I kid you not, at a week in, I'm like, "You know what? I don't know if this is placebo or what, but I'm telling you, I think this is helping." I was really, really excited about it. I was like, "Oh my gosh. If I just have to get this pellet every three months, I will do it to not be in so much pain."

Meanwhile, he had me changing my diet and taking some supplements, which I actually didn't tolerate well at all. My stomach felt terrible, and eating the way he wanted me to eat was just ... I did not feel well for the whole time that I tried it, so we ended up making some adjustments there. But so then, I was due to get my second dose and COVID hit and everything shut down.

Betsy Jensen: Global pandemic.

Katrina Ubell: Global pandemic. So meanwhile now, my brain is like, "Okay, you totally need this testosterone," and I had this whole story about how I'm in perimenopause and my hormones are all over the place and I need this supplementation and all of this stuff. So I was supposed to go back and see him and then everything got shut down and immediately in my mind, I'm like, "Well, crap. This is totally helping me and now I'm not going to be able to get this for God knows how long. I'm totally going to have pain." And then that's exactly what was happening, was I was starting to feel more and more pain, I wasn't able to exercise the way I had before which I thought was helping me, and there was a pandemic going on and we were all in a state, right?

Betsy Jensen: Oh yeah. Exactly.

Katrina Ubell: I mean, it was just a really, really scary time. We didn't know what was going on, so I'm sure that compounded everything. And then what happened was we were in this ... A lot of people aren't going to know what Slack is, but we were basically in this community for certified coaches, the kind of certified coaches that we are. This is how we all can communicate, and I just think so much I was guided to you through all of this. The way the whole thing went, I'm like, none of this was just like, oh, happenstance, coincidence.

So what ended up happening was you went in there and you actually asked for some people who were interested in being coached basically for free. You're like, "Yeah, I'm testing out this new program and I just want to test it out on some people." Now, what people have to understand is that the rules of this group is that you're not supposed to actually be able to do that. But you didn't know that.

Betsy Jensen: I didn't know.

Katrina Ubell: You didn't realize that.

Betsy Jensen: I was totally innocent. I was like, "Hey, there's a good group of people to ask."

Katrina Ubell: Yeah, right. You didn't know.

Betsy Jensen: Somehow it worked out.

Katrina Ubell: And for whatever reason, the admin didn't catch it. The admin, normally if somebody did that, it would get shut down, it would get caught and taken away. Except you

Betsy Jensen: They very nicely say, "No. You can't do that here."

Katrina Ubell: Right. "You can't do that." Right. Yeah.

Betsy Jensen: It flew under the radar somehow.

Katrina Ubell: Yours flew under the radar somehow and I happened to see it, because there's a lot of activity in there so it's very easy to miss things.

Betsy Jensen: Right, it's thousands of people.

Katrina Ubell: Yeah. And so I just happened to see it and I thought, "Well, heck, I have chronic pain and I'm feeling really sorry for myself because I can't get this testosterone thing and because this doctor's supposed to be helping my stomach feel better and I feel worse. It's not going well at all." And so I'm like, "Sure. Why not? Yeah, okay. I'll do it." And so you're like, "Okay." And so we got on our first call and you basically explained to me that my symptoms are created by my brain and basically my emotions. I was like, "Come again? What?"

Betsy Jensen: Yeah, I know.

Katrina Ubell: So tell everybody in full honesty what my reaction was like. What was I like?

Betsy Jensen: Oh, I think it took a good four to six weeks before you started believing me, honestly.

Katrina Ubell: I just didn't understand it. I honest to goodness didn't understand it, yeah.

Betsy Jensen: Well, and for me to tell a doctor that, too, of course that was a little bit harrowing, it was a little bit nerveracking to try to explain that. But I know enough from the research that I've been studying from the latest in neuroscience that pain can actually be not just created in your body and traveling to your brain to be perceived, but it's bidirectional. It can be created in your brain and felt in your body. That's the type of pain that is most likely seen with chronic pain and chronic disease and it's complicated factors. Sometimes it has to do with fear and our brain's anticipation of what's going to happen, and so our brain is very good at protecting us. So if our knee hurts doing something sometimes, then it will remember and it doesn't even have to do that thing again before it can just create those pain signals coming from our brain and felt in our body. It's very much related to our emotions, and so when emotional levels are high and fear is high, when we're living in chronic fight-or-flight, which definitely the pandemic incited a lot of fight-or-flight in all of us.

But just if you think about how most Americans live, we are always pushing ourselves, we're not sleeping well, a lot of times we're not taking very good care of our health, and we're stressing ourselves out emotionally, too, in the ways that we try to always be seen as a good person or trying to achieve more and more and more and trying to do these things to make ourselves happier. We're always putting so much pressure on ourselves. We're really the only animal that doesn't just get out of fight-or-flight naturally because we can always come up with more and more things to be afraid of because we can remember the past, we can project it into our future. So our brain is so complex. It's really just trying to help us, but it can definitely create pain signals that act more like emotions. But they're felt in our body. It's real.

Katrina Ubell: Yeah, and that's the thing, right? It's not like, "Oh, it's all in your head," right?

Betsy Jensen: No, no.

Katrina Ubell: And I never felt like you were telling me it's all in my head. That was always very clear. You weren't just like, "Listen, this is a psychological problem." I never felt that. I think I just legitimately did not understand. I remember you saying, "You need to start thinking about where there's fear in your life and where there's anger," and I'm like, "Listen, I feel pretty good. I don't think I'm that angry of a person." I remember saying, "I don't really have that much anger." That's how disconnected I was to the fear and anger that was suppressed, that I was not feeling, that I literally didn't even ... I didn't know how to even access it and I certainly didn't understand the connection of those symptoms to my physical pain at all. So it really took a while. I mean, the turning point was when you ... I mean, because you tried all kinds of things. You're like, "Read this study. Read this thing. Have a look at this. Listen to this podcast. Listen to this podcast." And you sent me a podcast where it was within this framework, but then the person was interviewing someone on emotional eating, and within that emotional eating framework, it was just like the light went on for me and I was like, "Oh my gosh. Okay, I get it." Because obviously I understand emotional eating super, super well, and I was like, "Oh, this is like that. Oh. Oh my gosh, okay."

Betsy Jensen: Yes. It was like the Venn diagram where the two sections connected and overlapped and you were like, "Oh, okay. I can see how that could be emotional, and that can cause physical pain."

Katrina Ubell: Yes. And that was my entry point into taking this deep dive into how my physical symptoms really could be related to my emotions. So just as an example for people who are listening ... I mean, first of all, I just want to give everybody an update on what's all been going on for me and stuff, because I know everybody wanted to know, but also, to just open the minds of the doctors listening. And I know so many people are so much more open to mind body connection things and that type of thing, but just to kind of hammer it home, especially when you have somebody where it's just like they don't seem to get better and things like just being able just even consider that something else might be going on, just to even know about it and hear about it.

But I was thinking about the knee pain thing, because in my mind I'm like, "No, but this is like an actual abnormality. My kneecaps do not track properly. I have this shallow groove," or whatever. We can document that. And I remember you saying, "The way that we look at this is that that's just a normal abnormality. That's not something that has to create pain for you ongoing." And I do understand when we think about the model, if we have a belief, if we have a thought that my knees create pain for me when I do certain things, it's not that unreasonable that the result would be that I would experience pain in my knees. And I remember

Betsy Jensen: Yeah, and you had someone tell you, "You will probably feel this the rest of your life."

Katrina Ubell: Right. So of course

Betsy Jensen: You had that placebo effect.

Katrina Ubell: Yes, exactly.

Betsy Jensen: Where you're like, "Okay, I can count on this." And you did.

Katrina Ubell: "I can count on this," exactly. And, oh, it's been reliable for all those decades. It's been totally reliable. But so then I was thinking when I was first diagnosed with that was in sixth grade, and I just started thinking, "Well, what was going on for me?" It was the end of sixth grade, and I remember thinking, like, "Okay, well, what was happening in sixth grade?" Then I started to realize how much for me emotional turmoil was happening for me during that school year. Not anything like my family was falling apart or I was being abused. Nothing like that, but for me in my life, it felt very much like emotional turmoil. There were a lot of school changes. I was kind of having some friend trouble. I just really felt like ... It's just classic middle school stuff. Didn't really know exactly where I fit in and just feeling very uncomfortable a lot emotionally.

So then it wouldn't be all that surprising that my knees would start hurting, and then if you just happen ... Because before that, they didn't hurt and they were obviously the way they were at that point, right?

Betsy Jensen: Yeah. Yeah.

Katrina Ubell: With the shallow groove or whatever. That, oh, I would experience some knee pain, because this is always what happened. I would be experiencing some sort of emotion and I'd get a physical response instead. And this was a way to get attention, a way to feel loved and feel accepted and that kind of thing. And of course, this is not conscious at all for me at that age at all.

Betsy Jensen: Of course, right.

Katrina Ubell: But then having this problem and then being told, "Oh, this is probably something you'll struggle with your whole life," there you go. It's just so powerful, what we as healthcare providers ... Whether you're a doctor, physical therapist, or whoever, you have so much power to determine the whole experience of a patient based on what you say. And just recently my husband

Betsy Jensen: Yes. There's research about that.

Katrina Ubell: Yeah. My husband has done some reading on just what surgeons say to patients in terms of how they advise them, what their postop recovery experience will be and things like that. So he's actually experimented with changing what he tells people who are going to have a tonsillectomy, because it used to be just kind of like, "Sometimes people do really well but a lot of people, it really hurts a lot and you're probably going to need a lot of pain medicine." So he changed all of that and was like, "Listen, I think you're going to be fine. Some people need pain medicine, but I don't think you're going to need it. I think you're going to be fine, just Tylenol and ibuprofen." The amount of narcotics that he's been prescribing has gone down ridiculously just because

Betsy Jensen: That's amazing.

Katrina Ubell: I mean, he's happy to give it to them if they need it, but they don't need it because he preps them differently and tells them they're going to have a different experience. I mean, it's so fascinating, right? So just understanding the power that you have as a person of authority to explain. You could have had a doctor who was like, "Listen, there's no cure for ulcerative colitis. There's literally nothing that can be done and you're going to struggle with this your whole life." Had your friend not said anything to you, that would very likely be your experience, right?

Betsy Jensen: Yeah. It's funny because even I found thought work and The Life Coach School and coaching three years before she told me that, and so I was getting mentally probably in the healthiest place I'd ever been, but physically, my symptoms hadn't changed at all. And so it's not just realizing that we need to clean up our thinking and be more mentally aware. I had that component already three years in place before I started realizing there's this other layer, that this can go so much deeper and it's more just about those repressed emotions, those emotions that aren't felt. So if you think about those subconscious thoughts ... Like you were saying, you weren't thinking, "Well, if I have this knee pain, then I'm going to get some attention and then my parents will give me the attention I want, or my friends will." But that just kind of happens below the surface at the subconscious level.

But thoughts create feelings, and so if we think of subconscious thoughts, they can create feelings that aren't acknowledged as well because sometimes we don't want to acknowledge those feelings that are shameful or vulnerable or think of ourselves as weak or angry. We want to press them down. We want to repress them and push them down like a beach ball, but it takes its toll on our bodies and it takes its toll on us emotionally to just be repressing so much and not acknowledging. That was a huge part for you is just kind of realizing, "Oh, I do have some of this anger I didn't even realize that I had," and acknowledging it and letting yourself feel it.

Katrina Ubell: Yeah, exactly. So let's just talk about that really briefly. What you recommend is a different kind of journaling than just the regular thought download that we typically talk about, or doing models. At first, again, I kind of didn't really understand it. I have to say, though, this is very typical for me. There's new things and I'm full of doubt, but I keep coming back. I'm like, "I don't understand this. This doesn't make any sense, but I'm going to keep showing up." This is not the first time that's been my experience.

But essentially, the kind of journaling that you taught me to do is where you can pick just some sort of experience that maybe happened in the past or something that's going on right now or something about yourself or your personality or just the way you show up in the world ... You can pick any number of different things, and then it's literally like a catharsis type of journaling. So I'll just tell people how I like to do it, because I know there's just kind of different ways. I like to set the timer on my phone for 20 minutes, turn it over, and I actually like to listen to music, and not chill Enya meditation music, pretty ... It's hard for me to feel these emotions, so I use the music to help me to bring them up. So it's not like I'm listening to

Betsy Jensen: Oh, I didn't know that about you. That's cool.

Katrina Ubell: No, actually. Yeah.

Betsy Jensen: That's awesome.

Katrina Ubell: It's not like I'm listening to a metal band, something crazy, but it's rock because I'm trying to help those emotions to come up. Because my tendency is just to ... I am an expert repressor. I'm like, "Why would I feel that terrible emotion when I can just be like, 'Oh, whatever. It's not a big deal'?" Meanwhile, my knees are hurting or my back's hurting or whatever is hurting. So I have to actively work to get that up.

But anyway, then what I do is I just write ... If it's about another person, I can write about them or about myself or whatever. But it's like there's that little 5% of you that acts like a spoiled brat child about certain things. That part of you that's ... Say your sister did something and you're annoyed about it and rationally, 95% of you is like, "Listen, she didn't even realize that that ... That's really not a big deal. It's just a circumstance. I get to choose whatever I think about it, what I want to think, and she doesn't know. It's just her being here and whatever." But there's that 5% of you who's like, "I hate that B," you know what I mean?

Betsy Jensen: Yes.

Katrina Ubell: "I hate her guts and I would like to kill her." And of course, if you think about it rationally, you're like, "No. That is not true. She is not like that. I don't want to think about her that way." But you have to give some airtime to that little 5%. So what you're doing is you're journaling from this ridiculous, outlandish, totally self-centered, crazy little corner of yourself, and you're just letting it come up. And I remember you saying, "This is not journaling for a beautiful leather bound journal." This is for just your crummiest notebook or a notepad or whatever. You literally want to rip this up and throw this out after. This isn't something that you want people to find after you die typically. "I hate everyone in my life. They're the worst people in the world." Of course you don't mean that, but there's that little 5% of you that just needs to get that out. It's basically tapping into that anger or that fear and just allowing it to be ridiculous.

We talked about it like it's like blowing your nose or going to the bathroom. You're not like, "Let me analyze every single thing." You're like, "Nope. Flush. Throw it out. Throw out the Kleenex." It's just an

Betsy Jensen: Dump it and get it out.

Katrina Ubell: Yes, dump it, exactly, get it out. And then what I usually like to do afterward ... and we kind of talked about different ways of doing it. But especially if I've had a lot of anger or fear or that kind of thing, I like to kind of ... and you recommend this to ... to get back into a little bit of a parasympathetic state. So that can be just kind of like hands over heart, sitting for five minutes or 10 minutes, or sometimes I really like to do a really positive mediation for 10, 15 minutes afterward. It's kind of like I feel like I've emptied it all out and then I'm resetting my brain with the meditation and then off we go.

And so it doesn't mean you ... There's no going back to what you journaled and needing to sort anything out. There's no meaning that needs to come from it, because it's meaningless. It's the ridiculousness that is being held within you that you just need to allow that to come out. I like doing 20 minutes because I think 10, sometimes it takes a little while to get to that place and so around 15 to 20 is often when I start feeling like, "Okay, I've emptied it all out. I'm having a hard time thinking about it more on that topic," or something like that. And so you don't necessarily have to do that forevermore every single day, but definitely doing it until you start feeling relief from your pain or your symptoms. And it doesn't have to be pain, right? Like in your case, it's ulcerative colitis symptoms. For some people it can be allergy symptoms, it can be ... I mean, what are some of the other? Migraines. What are some of the other symptoms that you help people?

Betsy Jensen: Yeah. Definitely all of the musculoskeletal things that are lasting for more than a few weeks. That's becoming more chronic. But I've even done it when I had some muscle soreness from surfing behind a boat and falling, and so I was like, "Let me just test this out," because I like to run little experiments on myself. So it was like I have a very logical reason why my neck should hurt and I woke up with it hurting, and I was surprised how much better my neck felt even after journaling. And I think I only did it about 10 minutes or so, but I just got out all of the negative stuff that I had and then throughout the day, I'd catch myself thinking, "Wow, my neck doesn't even hurt."

So I don't think it even has to be a chronic condition, and you don't have to necessarily write just about your neck if your neck is what is hurting. It can really just be you sit down to write and you just let whatever come out. It doesn't necessarily have to be anger. It might be sadness, it might be shame. Sometimes I write happy things, too, because I'm just writing really whatever comes to mind. But most of the time, it's not the happiness we try to repress. It's the hateful things where, "I hate my children," was something that was so hard for me to even write at first because I was like, "I don't want to even think that about myself. That's horrible." And I don't think that. I don't hate my children, but there are some times that I'm like, "My life might be better if I had never had children," and this fantasy.

Katrina Ubell: 100%.

Betsy Jensen: That just needs to be validated. But yeah, it can be all kinds of different chronic conditions, whether it's ... I've even worked with someone with heart conditions that got so much better from this process. The joint aches and pain, allergies, asthma, eczema, skin conditions. You've had some of those.

Katrina Ubell: Yeah. Well, we'll dive into that. So here's what is also taught with what you taught me, is that when you start doing this work, your body realizes that you're onto it. So amazingly, my knees start getting better. Remember I was wearing my SI joint belt when we first started?

Betsy Jensen: Mm-hmm (affirmative).

Katrina Ubell: And I was so afraid to stop using it because I felt like it needed this healing that I've had to go through before, and then one day I'm like, "You know what? What if I just stop wearing it? Let me just see what happens." And they were fine and I was like, "Oh my gosh, this is working." But this is what Dr. Sarno, who was one of the leading people in this work, what he calls the symptom imperative. But your body has to have a symptom. So some people will get back surgery and then their back won't hurt, but then now their ankle starts hurting. It's like your body will just shift the pain. So my knees weren't hurting, my SI joints weren't hurting, my neck wasn't hurting so much, and all of a sudden I start getting random rashes. Remember this? I start getting super weird, unexplainable but very obvious weird rashes.

I'm not a rashy person. Nothing like this has ever happened to me before, and that's happened a few times where I would develop rashes in this place and then in that place. So it's kind of like ... I remember you saying, "This is a good thing, though. This is your body going, 'Shoot. What if I do this? This isn't safe. Maybe if I make a rash, you'll stop.'" So I was onto it and we talked about it

Betsy Jensen: Yeah, you were so curious.

Katrina Ubell: Yeah, I was just like

Betsy Jensen: You weren't like, "What's going on? Oh no."

Katrina Ubell: Yeah, "This isn't working."

Betsy Jensen: You were just like, "This is fascinating and I'm not going to put any cortisone on it this time and I'm not going to do anything."

Katrina Ubell: Yes. Yes, because normally I would have totally put a topical steroid on it, and I was just like, "I'm just going to see what happens and if this continues to go away." And here's the thing. It was a full on red, raised, itchy rash. I've had it several times, actually, in different ways, in different kind of presentations. It's not like, "Oh, my skin looks normal but I'm feeling itchy," or something. It's full on rash.

Betsy Jensen: Right. It's a real manifestation of a symptom. It's not in your head.

Katrina Ubell: Exactly. Exactly. And so just managing my mind around going like, "Yeah, this is normal. This is a good sign. This is exactly what I want to be happening so that things start improving and getting better." So let's just back up now to talk about the acid reflux stuff because we've left that out, right?

Betsy Jensen: Yes.

Katrina Ubell: We haven't finished with that. So as this is all going on, the integrative medicine doctor is like, "Oh, you didn't like eating the way that I suggested." He was a little bit kind of like, "All right, fine, do whatever you want." But we talked together about how I was going to wean myself off of this medication. So I switched over to a capsule form and then bought extra capsules and my husband helped me to start, just by eyeballing basically, three fourths dose, half dose, quarter dose, and we created all these capsules. And so my plan had been, "Let me try to go two weeks on each dosage and just really try to taper off just gradually."

So I started eating ... you would call it, I remember, super clean. I was just like, "I'm not going to do any of the things that could irritate things." Not just no sugar, no flour. I wasn't eating dairy, I wasn't having any coffee. I was just really, really, really trying to eat in a way that would just really support ... I just didn't want it to be like, "I'm not doing well, but is that because I'm eating X, Y, Z?" I was like, "I will eat this way in order to create the result of being off this medication." And so

Betsy Jensen: Good experiment with yourself.

Katrina Ubell: Yeah, experiment, exactly. Exactly. And so as I started doing that, I definitely had some heartburn symptoms. And so what you helped me to understand by really spending time inside my body and really getting to know the feeling that I was having is that I was actually having what I call emotional heartburn. We've talked about on this podcast several times about emotional hunger, and it was just like the same thing basically. It felt like heat and burning at the top of my stomach, base of the esophagus, but by really tuning in and tapping into the sensation with you, I started realizing how much it would change with my breathing and how it wasn't radiating, but it would change. It was very subtle, but because you helped me to really tap into what was going on, I was able to recognize, like, "I don't think I'm actually having true acid reflux right now. I think my body is just going, 'Hey, there's a change right now. This is the symptom you should be having.'"

And the whole time, remember, I kept being like, "I wish my husband could just handle this whole thing without me knowing it." I kind of wish that I thought that I was taking the full dosage just to see the course

Betsy Jensen: Yeah. You were going to randomize and decide if this random pill ...

Katrina Ubell: I know, "I just want him to do it." But of course, I needed to guide him and tell him how to do it. So we had to do it so that I told him what was happening, which therefore then I knew what was happening.

So anyway, it was definitely very interesting. And of course, every time I stepped down in dosage, I had an increase in symptoms. Again, really interesting to think about. Was that because I was expecting to have those symptoms because in my brain I'm going, "Yeah, well. This is what happens. We don't have as much medicine. We have heartburn"? And so you have access to information on different emotions that certain kind of symptoms can cause, and so we looked up acid reflux, heartburn, and it said, "Fear, fear, fear, clutching fear." That's what they said and I was like, "Okay." So then I just

Betsy Jensen: You were like, "No. I don't think I'm that afraid."

Katrina Ubell: I know. I'm like, "I don't know."

Betsy Jensen: "I don't think it's that."

Katrina Ubell: And then I'm like, "Okay, well, hold on. If I just spend a little time thinking what might I be afraid of right now." Here's what I found, is that it wasn't like anything where I was like, "No, but seriously, I'm afraid." I wasn't really feeling that, but I'd be like, "Well, yeah, but I mean, I do have some concern about this thing and that thing, and yeah, I mean, I guess that could be fear." And so I'm spending time ... Because we're like, "No, I'm not feeling anger or fear," but pretty much all the emotions end up boiling down to that, the negative ones.

Betsy Jensen: Right. It really does.

Katrina Ubell: One or the other. So then I would just be like, "Okay, well, if I'm feeling the symptom of heartburn, what am I afraid of? What might I be feeling some fear about?" And then I would journal on that and just work on getting that out. And then interestingly, it was going pretty well and then I thought, "Okay, well, when I stop this quarter dose I should be totally fine." But then I was like, "Oh, I'm kind of nervous. I'm going to go to every other day on the quarter dose, just to make things a little easier." Except then, I started doing that and I full on was having what I felt like was "real symptoms," meaning I felt like I would burp and I'd have acid in the back of my throat where I was like, "Okay, I wasn't having that before." I do think there is the physical process of the body adapting to not being on this medication anymore after a couple decades and stuff.

Betsy Jensen: Yeah, at a cellular level.

Katrina Ubell: Yeah, a cellular level, exactly. But it was so great how you were able to just help me to just be patient. I felt like having your support in that made it so much better. When I first went to the every other day, my husband said to me, he's like, "Just be patient." For a couple of days, he was like, "Just be patient. Stick with it. You're totally going to be able to get off this." I'm like, "Okay, okay." Working with you, I'm like, "I'm going to totally get off this." And then when I went to completely off, I totally had the symptoms again, and here's what was so fascinating, because you were like, "You're going to be fine. This is totally not an issue."

My husband, just so well meaning ... really, his heart was in the right place. He didn't realize what he was saying. He was like, "Well, listen. You might just be someone who has heartburn. I get heartburn sometimes. I mean, you might be a heartburn person." I was like, "Listen, I never had heartburn a day in life until I took this medicine, so I don't think I'm a heartburn person." He was like, "No, but seriously, some people just have heartburn."

He's thinking he's making me feel better. Finally, I was like, "Okay, I will not accept what you're saying right now and I will not believe that about myself, because if I believe that I'm someone who has heartburn, then I'm going to continue to have heartburn. I am not someone who has heartburn." And he was like, "Oh my gosh," like it finally hit him. He's like, "Oh my gosh, yes. I'm so sorry. No, you're not someone who has heartburn."

Betsy Jensen: Right. And you might every once in a while, but it doesn't mean that it's something that you ate or that, I mean

Katrina Ubell: Right, right. Well, and I was having symptoms every day, though. It wasn't like, oh, once a month or once a quarter or whatever I have heartburn. I was really having symptoms every day and I was like, "I really don't want to believe that this is my experience. That's not how this is going to be, so please stop saying that." And he was like, "Oh my gosh, I'm so sorry. You're right. I shouldn't say that. I'm not going to say that."

So I have been off now for, I mean, well over a month, completely off. Remember me saying, I'm like, "I don't even know how to eat if you don't have to wait 30 minutes after you take your pill to eat." I'm like, "How do normal people eat? I don't remember. I was in medical school when I did this." So off of that, and then once I got off of it, remember I was like, "Well, I'm on some other medications. Maybe I'll just stop taking those." So I stopped the Restasis that I was on for dry eyes. I stopped my allergy medication. I stopped my daily Zyrtec, and I stopped my rosacea medicine, too. I was like, "Why don't I just stop and see?"

Betsy Jensen: Yeah. "You're out of here."

Katrina Ubell: I'm like, "I probably don't need any of these things." Because as I was doing more research about these psychosomatic types of illnesses, these are all part of them. So it's not just the pain. It's allergies, it's dry eyes, it's having rosacea sometimes, which I have in my eyes and my skin. Just kind of changing my whole perspective on, "I really probably don't need this. Probably all of the reasons that I've been having all of these symptoms going on is ..." The pain wasn't enough. I still was repressing emotions, like, "Now let's have this problem and this problem and this problem." So anyway

Betsy Jensen: Yeah, you were so good at blocking it out.

Katrina Ubell: Yeah, exactly. It's like, "No, I don't feel that. I will not feel that." And I have no doubt that had I just continued on in my normal way, I'd still have all my normal pain and I'd probably have additional symptoms, too, just because this is how this goes, or how it can go—

Betsy Jensen: Yeah. And you have perimenopause, so who knows?

Katrina Ubell: And the perimenopause. We forgot about that. Well, yeah. So with the perimenopause, while we were working together, I was able to get into the doctor. I think you were a little disappointed. I did get the testosterone pellet. I was like, "Okay, phew, things are better." But then what was really great was I think it was good that I had that pellet. The second pellet I got, I didn't really feel like it helped as much as that first time.

Betsy Jensen: Oh, yeah.

Katrina Ubell: Plus I was learning all of this stuff, and so I started going, "Well, maybe that really was all placebo effect. Maybe this really isn't what it is." And so it was like I was still having some symptoms, but then when I started doing the journaling, the symptoms went away and I was like, "Oh. I think I actually have the power to control this. I don't need this pellet anymore." And so I haven't gotten any more.

Now, it was interesting, I told you ... So when I followed up with the doctor again, told him I didn't want it again, and he told me two times, separate times, very emphatically, "Hey, and I just want you to know, in a month or two you might start really feeling like your energy is going down, and so if it is, you might really need this. You might be getting more benefit out of this than you think." And in my mind I'm like, "Nope, nope, nope, nope, nope. I do not need this. I do not need this." And it still has kind of come up for me. If I'm feeling tired, I'll think, "Oh, is that what he said?" And I'm just like, "No." Even if it is, I refuse to accept that I need to have that. I remember you saying to me early on, "What if you could just increase your testosterone levels on your own?" And I'm like, "What? Okay."

Betsy Jensen: Yeah, I sent you an article.

Katrina Ubell: I was like, "Mmm, no."

Betsy Jensen: Happiness, laughing, power posing.

Katrina Ubell: I know. I was like, "Nope."

Betsy Jensen: I would wake up at night and think of Katrina. "How can I get her to believe this? How can I show her?" It just took some time.

Katrina Ubell: It just took time, right.

Betsy Jensen: But you really ... I mean, you really changed. I mean, you said at the beginning, "I think I'm just someone who my body is usually inflamed." You said, "The idea of me having no pain is probably impossible."

Katrina Ubell: That's what I said to you. Yeah.

Betsy Jensen: I went back and looked through my notes and you literally were like ... That was visit four. "The idea of me having no pain is probably impossible." And then now you're saying things like, "I'm the expert on my body. My body will know what's right for me."

Katrina Ubell: Right. Learning how to actually connect with it, and then if there is pain, even spending time with it, sending it extra love and connecting to it, and then even asking, "Is there a message here?" Asking the body, "Is there a message for me?" Which can sound very woo, right? Some people are like ...

Betsy Jensen: It really does.

Katrina Ubell: ... "Okay, now the body's talking to you, whatever." But it gives you ... How often are you otherwise listening to your body or even just connecting deeply enough with yourself to even be open to whatever the message is? Often for me, I don't always get a message or whatever. I think I'm still refining that process for myself. But there have been a couple of times where I've done it and the message has been loud and clear. I remember one time, I was up kind of late and then I did it, and I was listening for a message and the message was loud and clear. "Go to bed." I was like, "Oh, okay."

And so some people are like, "Well, how do you get the message?" Some people actually feel like they hear something. Some people feel like there's just the thought pops up. I find for myself that it's like a thought that pops up. We could get all analytical and go, like, "That could just be any thought that you're having," or whatever, and it might be, but I think, "Well, that's the thought that's popping up while I'm connected to this part of my body where I'm experiencing this discomfort, and so maybe that's my inner wisdom. Or you can call it whatever you want to call it, but it's worth exploring. I don't look at it like, "Oh, I'm going to buy or sell my house based on what my hip is telling me or something." No big decisions, but I think my body has way more wisdom than we give it credit for, especially if we're willing to learn how to connect and listen to it.

I've talked some with my clients about this and I'm like, "Yeah, I know, you guys. It's pretty out there." And what I think is so interesting is how open so many people are to it. I really expected to get a lot of pushback from people like, "Okay, she's off the deep end now." Where people are like, "No, why is she calling this woo? I totally believe in this." Gotten messages like that, like, "Oh, okay, so apparently I'm the one who's late to the party," or something.

Betsy Jensen: I mean, we're really trained, and especially in the medical profession, in the medical field. We're very cause-and effect oriented and it's very physiological and it all has a neat explanation, and we're trained to think that way. And our brains naturally can put these things together. It just happens so rapidly that we're like, "Well, obviously it was because I did those squats, it's because I ate that thing, or because I am allergic to this." It all makes so much sense, and so it really takes a shift in mindset to realize, "Maybe my body is telling me something. Maybe it has a message for me, and maybe this is exactly what I need in my life right now to correct so that I can evolve to be the next better version of myself so that I'm not projecting my body image issues onto my daughter." My rib kind of lets me know when I'm feeling low self worth, and that's what I think of it now.

Katrina Ubell: That's so interesting.

Betsy Jensen: Because I don't feel my rib a lot, but when I do, I start to think, "Now, what am I beating myself up about? What am I negative about?" And learning that ... I just put out a podcast where I said, "Pain can be your superpower." When you're learning to tune into your body in this way, it's actually such a gift to have that extra knowledge, because most people are not so tuned in and we're very reactive to whatever is going on in the world. And especially in times of crisis, it's easy to just be going crazy. As a collective, that's just kind of the mentality right now. But people who can tune into their bodies, it's telling us what we need to work on next.

Katrina Ubell: Yeah. And you know what I think about, too, when you think about indigenous people and things like that, you think about how the Native Americans, how connected they were to the Earth and their surroundings and just understanding weather patterns and animal patterns. There's this incredible wisdom of how to work with their surroundings, and to a certain extent with their healing practices and stuff as well. So much of that was this deep connection. I just think of it as like, this has always been there, we've just been drowning it out with different thought processes. Nobody taught us this growing up. No one ever said to me, "Your symptoms ..."

I mean, we understand the concept of psychosomatic symptoms. I definitely diagnose that in children all the time. They would come in with chronic headaches and we would check them out and we'd be like, "This is probably just stress or maybe they're really nervous at school," or things like that. I mean, that's a very, very common thing. But it's just we kind of left it at that. In my mind, it was something that was related to being young.

I think I shared this with you, too. When I was in college, my second semester of freshman year is when I took organic chemistry. I wasn't even premed at that time, so I didn't really even care about, "Oh, I got to get an A," or whatever, "To be able to go to medical school." But I did want to do a good job, and so I ... The college I went to was just super hard. I think it's pretty much super hard everywhere, but it was especially difficult there. And we had our midterm test, mid term, so it had been probably, what, two months or something that we'd been back in school. And for those two months, I had had such incredible abdominal pain. I couldn't eat. I lost a bunch of weight. My clothes were falling off of me. I remember sitting in the cafeteria with my friends and them being like, "Are you going to eat?" I'm like, "God, every time I eat, my stomach just hurts so bad."

I was busy studying. I kept thinking, "Oh, I don't have time to go to the health clinic to get it figured out. I'll figure it out later," or thinking, "It'll pass," whatever. It never passed. And so finally I thought, "Okay, well, let me get through these midterms and then I'll set up an appointment to go to the health clinic." Because I thought, too, "They're probably going to want to do some imaging or something. It's going to turn into this thing." And of course, even then, I was like, "No, I don't want to not be achieving," or whatever. And

Betsy Jensen: "I'll just block it."

Katrina Ubell: "I'll just block it," exactly. So I ended up taking that test and I remember it was in a couple of hours I had that appointment, and I remember just being like, "Oh my gosh, my stomach is better." 100% better after I took that midterm test. And I made that connection. I was so stressed out about this class and this test that I actually made my stomach hurt so bad that I lost ... I don't know, I didn't have a scale so I don't know how much I lost. But I lost a considerable amount of weight, probably at least 10, 15 pounds.

So even then, technically I was an adult. I was probably 18, 19. So it's like I am so aware that my emotions can create symptoms in my body, but I never made the connection that it could be my allergies ... which I didn't develop until medical school, interestingly, right?

Betsy Jensen: Yeah.

Katrina Ubell: Or my aches and pains or different things that I have. So I think making that connection, it's like I already have that. I'm like, "Yeah, I know that my brain is so powerful that it can make my stomach hurt so bad that I can not eat for two months." And

Betsy Jensen: Yeah, and you think something's medically going on.

Katrina Ubell: Exactly, exactly, exactly.

Betsy Jensen: Can I just say, it's interesting, too, that ... I think it's good to point out that it doesn't have to be a really traumatic life experience or you had a really horrible childhood. Because I think that's sometimes what people think with psychosomatic, that it might just be reserved for just a little part of the population that have had trauma in their past or things that are really big. It's common. Psychosomatic displays of pain or disease or just feeling, it's common. It's common with everyone. I think everyone at some point has some kind of physical manifestation in their body, whether or not it's something that's chronic for years and years. But it doesn't necessarily mean it's only reserved for these people who have problems mentally, which is something I kind of thought. Psychosomatic makes it almost sound like you're not quite right in the head, you need to do some work, and that's kind of our society's view of mental health and mental wellness. If you're just an average person, you shouldn't have these problems.

Katrina Ubell: Right. Right, right. Exactly. And I think that's a really good point that you're making because I think it's really easy for us to think, "Well, I have nothing to complain about," or, "There's real people who have real problems. I didn't have any trauma." But I think what helped me is understanding anytime, particularly as a child, that I wanted a certain response from my parents or from whoever was around me and I didn't get that response ... whatever it may be. Like I was really, really scared and maybe my parents didn't realize or they didn't know exactly how to help me. For instance, with the swim lessons, next week, we're back at it again and I didn't feel like I had any agency over finding a different instructor or anything else. It's not about blaming people, like my mom should have done anything different. Although in my journaling, maybe I could spend a little time there going, "They should have blah blah blah." That's the place for that.

But just looking at it like if at any time in your life ... I mean, not even just your childhood, in your whole life ... people didn't respond to you in the way you would have liked them to or things didn't go the way you would like them to, that's enough to create something like this. And so if you are a human alive on this Earth, that has happened to you in some way, shape, or form, right?

Betsy Jensen: Yeah, exactly. Yes.

Katrina Ubell: And I've also talked about on the podcast before how I really felt like ... especially when I first found all this coaching work. I was like, "Listen, I'm a totally even keeled emotionally person," and I realized, oh, well, that's because I emotionally eat. But I still think also, though, it's that plus the added layer of I'm a master emotional repressor, instead creating symptoms in my body. So what I've been working on then is do I need to try to figure out a way to actually feel these emotions more? Or do I just allow the physical symptom to be the indicator to me, like, "Oh hey, you should probably check out X, Y, Z thing. That's hurting. Something's going on for you." I think I'm still working through that.

I think I'm just looking at it like being open to either way. If it ends up being that my body finally feels safe to just stop having the pain, my brain doesn't need to create the pain anymore and I feel the emotions instead, that's cool. Also, if it just ends up being I just learn the code of, like, "When this hurts, something is going on, I should spend some time addressing it," that's cool, too, and being open to either one.

Betsy Jensen: Yeah. I think sometimes people are like, "Well, I don't want to be an angry person. I haven't been an angry person. I've been maybe not feeling that anger," and to bring that up feels kind of scary because they think, "Well, what's going to happen? If I just start letting all of that out and realize there is some anger there, is that going to just be my new personality? And just because you have those emotions doesn't mean you need to react to them with anger. And I think most people really just find that it's very cathartic to realize that they have that anger and just express it through writing or through talking it out through coaching, and then it's not an issue. It's not like you go around feeling angry all day, but it's like that little

Katrina Ubell: Right, or like you can't control it, like you're blowing up on people. I think actually the more you repress it, the more likely you are to be blowing up on people. Right?

Betsy Jensen: Right. It's that beach ball you're holding down.

Katrina Ubell: Because you don't even know what's going on, yes. Yes. You're repressing it for so long that all of a sudden it just bubbles to the surface and you're lashing out at people and you don't even know why, which 100% happens to doctors. Because think about the doctor's snapping, biting someone's head off or whatever. There's so much repression that I think ... There's so much professionalism and you can't really say what you mean and you can't ... You're afraid for this patient or that you made a mistake or whatever. Well, you can't let any of that show. It's just like, "Stuff it down, stuff it down, stuff it down."

So I just think that this work and what we're talking about just goes hand in hand. I think there's going to be so many people listening who are like, "Oh yeah, I have an overeating issue and I also have these symptoms or pain or whatever other kind of thing," and putting these pieces together. Like I said, I mean, it was really just, what, like six months ago that I was learning this stuff where I'm like, "Okay Betsy, you lost me. I don't know."

Betsy Jensen: I know.

Katrina Ubell: I'm like, "What? This is just not working for me," and now it's completely changed my whole life. So for that, I just want to thank you so much. I mean, I cannot even tell you how appreciative I am for how all of it came together. Because how could we have ever planned this? That's why I'm like, seriously, I was guided to work with you, right?

Betsy Jensen: Yeah. Oh yeah.

Katrina Ubell: That you would post that and it wouldn't get taken down and I would happen to see it and I would happen to respond and I would happen to be in quarantine and not be able to go see the doctor and all of that. That was not random, I don't think.

Betsy Jensen: Pretty magical.

Katrina Ubell: So grateful to you.

Betsy Jensen: I think so, too. No, it's been amazing watching that change in you because definitely, like I said, it's like when you have these things now, you're not scared at all. It's like this confidence and this curiosity and this almost motivation to figure out what's going on, and it's really fun to see. I haven't even suggested some of the things that you've taken on. Like you just told me, "I stopped my allergy medicine and I stopped my eye medicine." I was like, "Wow, Katrina, awesome." But it's like when you start becoming more of a healthy person and maybe start an exercise program and then you start eating more healthily and you start drinking more water and you just kind of get that little bit of momentum. It's like I've seen you change like that. You've taken those first steps, and then you're like, "What else can I do? What else can I try that I haven't done in 20 years? Maybe I can do yoga. Maybe I can go on these bike rides with my family."

Katrina Ubell: Right. Right. I told you, I'm like, "Yoga, my body doesn't feel great after I do yoga," and you're like, "How about you go try it with the intention of not having that experience?" And I'm like, "So it turns out my body does fine with yoga."

Betsy Jensen: What do you know? I know.

Katrina Ubell: What do you know? Right?

Betsy Jensen: Our thoughts are so powerful.

Katrina Ubell: Yes, totally.

Betsy Jensen: I think we just take for granted that these physical things are just—they're just circumstantial. But what if they're thoughts?

Katrina Ubell: What if they're not? Right. And that's why I think

Betsy Jensen: What if you can just question that?

Katrina Ubell: I think I was so convinced of their factualness, it just took time to crack that open for me to be able to work through that. Yeah, I mean, I just think that even for those who are listening, if they're like, "Well, I don't have this situation myself," you might be thinking of patients that you have that struggle. I know just in talking with some of my clients, like the people who do women's health, they're like, "Oh my gosh, the women with chronic cystitis or chronic pelvic pain," or any kind of symptoms that just don't seem to resolve, that seem to just continue on, or people are kind of failing the general course of treatment. They're going down that whole path trying all the different things and nothing really seems to be working. Or as soon as they solve one problem, now there's the next problem.

I think it's just good for doctors to at least even be aware that this kind of work exists, just to be able ... I mean, right? Because it's not going to be for everyone and some people are going to say that this is total made up BS and whatever and that's fine, right? That's okay.

Betsy Jensen: Sure. For sure.

Katrina Ubell: But just knowing that it exists and being aware of a different option, I think, is the main purpose of you coming on. And then also, just so that people know ... I mean, you don't have to do this yourself. I'm telling you all that I would never have figured out that emotional heartburn thing if it wasn't for sitting with you and really, eyes closed, getting in there, describing it, understanding it, and getting so connected to it. So anyways, people can totally reach out to you for extra help. So tell everybody. First of all, you have a podcast. It's called The Unstoppable Mind

Betsy Jensen: Yes. It's called Unstoppable Body and Mind.

Katrina Ubell: Unstoppable Body and Mind.

Betsy Jensen: Unstoppable Body and Mind. It's on iTunes, Spotify, Google Podcasts. And then I have a website, bodyandmindlifecoach.com. And I'm on Instagram as [@bodyandmindlifecoach](https://www.instagram.com/bodyandmindlifecoach). So you can reach out to me any of those places.

Katrina Ubell: Great.

Betsy Jensen: Would love to at least talk to you or message you if you have some questions specifically, like, "This worked for Katrina, but what about my situation?"

Katrina Ubell: Yeah. Because we all think that, right? We're all like, "Yeah, but I really have ... I've got this severe problem," or whatever.

Betsy Jensen: "But my doctor said this." And honestly, I wanted to mention this earlier, too. They've done MRI research on people who have no pain and found bulging discs in their back, found rotator cuff tears, found tears in their meniscus. So there might be some structural things that we have going on that we assume if someone has pain, we look at their back and we find that bulging disc. But most of the majority of people walking around who are over age 40 have some kind of structural changes to their body. We just don't do those MRIs unless they're having pain. So even having something structural doesn't necessarily mean that you will have a lifetime of pain.

Katrina Ubell: Yeah. That's so powerful, because you're having pain and then you go and you look and, oh, there's a bulging disc. It's like the chicken and the egg. We just assume, "Oh, the cause of this is a bulging disc," but we may not actually know that. There's so many stories, like people with terrible spondylolisthesis who are living totally normal active lives, no pain at all, even though their MRI is like a dumpster fire. So yeah, I'm so glad you brought that up. Just because you have those structural changes doesn't necessarily mean that you have to be experiencing the symptoms that you are, the chronic pain that you're experiencing.

And I just think, too, that chronic pain, when you're living in chronic pain, it makes it harder to stop overeating, especially if overeating or drinking is one of your ways of being able to get through your day or reward yourself for getting through your day. Especially doctors are not going to be wanting to take tons of narcotic pain medication or things like that. It's really hard to stop overeating when that's your way of dealing with the discomfort and pain that you might be feeling all day long.

Betsy Jensen: Yes. It goes hand in hand. It really, really does. Katrina Ubell: It really does.

Betsy Jensen: We're a mind and a body.

Katrina Ubell: Exactly.

Betsy Jensen: It makes sense.

Katrina Ubell: It totally does. Yeah. And I think there's way more people who have chronic pain than you would realize. I mean, I think I'm kind of the prime example. I didn't lead with that. I wasn't like, "And I'm someone who has fibromyalgia." I was just like, "Well, I got this diagnosis, but I refuse to believe that that is what's going on for me." That's not really what I identify with, but at the same time, I was still experiencing those symptoms all the time.

Betsy Jensen: And just so much fear. Just so much fear ...

Katrina Ubell: Right, exactly.

Betsy Jensen: ... about what I could and couldn't do.

Katrina Ubell: Totally.

Betsy Jensen: Yeah, it limits your life.

Katrina Ubell: You will do a free call with people, too, right?

Betsy Jensen: Yeah.

Katrina Ubell: You'll set up a whole consult so you can decide whether it's a good idea to work together or not. So just so people know. It's like no strings attached, it's completely free and if you feel like it's a good fit, you guys can talk about working together.

Betsy Jensen: Yeah. I'll give you a lot of good advice regardless of if you decide to buy a coaching package or continue with me. And just evaluating, are you a good fit?

Katrina Ubell: Right, exactly.

Betsy Jensen: Does this sound like something that would be possible for you?

Katrina Ubell: Yeah, yeah. What I just love, too ... I think one thing that kept me going with you is the fact that you're a physical therapist. Because if you were just some random person, I think I would have been like, "Listen, she doesn't understand." But I'm like, "No, but she's trained in musculoskeletal things." This is her jam.

Betsy Jensen: Right? That's my jam, yeah.

Katrina Ubell: Yeah, "She knows all this stuff and she's still on board with this. Okay, I'm going to hang in there longer." Anyway, yes.

Betsy Jensen: I know. All of the pieces fit. I think it was a series of fortunate events that brought us together.

Katrina Ubell: Yes, exactly. Exactly.

Betsy Jensen: It happened the best possible way.

Katrina Ubell: So, so awesome. Well, Betsy, thank you so much for coming on. Thank you for being a part of this with me. Thank you for changing my whole life, and I really hope that everyone who's listening who resonates at all in any way, that they all are able to get the help that they need.

Betsy Jensen: Me too. It's my pleasure, and I think everyone deserves to at least know that this is an option for them.

Katrina Ubell: Totally. Thank you so much, Betsy.

Betsy Jensen: Thank you.