



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hey there, my friend. Welcome back to the podcast. If you are new here, I'm so glad you are here. I have a really fun episode for you today, just a really interesting one.

Today is another amazing weight loss success story. Didn't I tell you these are so fun? I get the best feedback on these. Everybody loves these so much. Today, I have an interview with Amy O'Boyle, MD. Actually, it was really great. She reached out saying, "You know what? I think I have a definitely a different story and something that's really interesting, because I come to this having first worked through an alcohol addiction issue and then coming into doing this work."

So, it wasn't that long ago that I had Sherry Price on the podcast. We were talking about people who want to moderate their drinking or drink less. We were saying, "We're not talking to people who are into AA or rehab or things like that," but there are still totally tons of people who do great on AA and do great with rehab. That's exactly what they need. Amy is one of those people. So, she's going to tell you the whole story about how as a physician, she found herself drinking more and more, using alcohol to cope with all the stresses of her life, just normal stuff we all go through, and how she got to the point where she realized she actually had a problem, everything that she did to solve that problem, and then how she realized, "I need to do some work on myself with food and eating as well." So, how she just created an amazing result for herself in digging into the mindset work when it comes to food. So, she is a great asset to our program. She's just a really fun person to have around and such a really interesting story. So, I can't wait for you to hear all about Amy on this episode. So, with that, I bring you Amy O'Boyle, MD. I'll talk to you next week.

Katrina Ubell: Amy, thank you so much for coming on the podcast today. I'm so excited to have you here.

Amy O'Boyle: Thanks, Katrina, for having me.

Katrina Ubell: I think this is going to be such a good conversation. I was just telling you before we hit record, I can't wait to just hear more and really get into all the details. But before we really dig into everything, can you just give us a brief little overview of who you are?

Amy O'Boyle: Yes, I am actually an OB-GYN and urogynecologist, right now, practicing mostly urogynecology. I two years ago retired from a 23-year career in the Navy. I am married to a gynecologic oncologist who went to the Naval Academy and also a retired Navy physician.

We have three boys, two in college and one who's in high school starting his Zoom class right now. It's been quite a journey. I've been two years now practicing as a civilian.

Katrina Ubell: Did you go straight? How did that go? Did you do residency in the military?

Amy O'Boyle: Partly. I started with civilian and then I was an OB-GYN resident intern in New Orleans. I was on the Navy Health Professions Scholarship and got an opportunity to do residency in San Diego.

Katrina Ubell: That sounds amazing.

Amy O'Boyle: I switched and finished my residency in San Diego in OB GYN, and then I was out as a general OB-GYN for two years before I did fellowship in the military. Well, as a sub-specialist in the military, you're usually at a training program. So, I've always been in resident education and then fellowship. I was Fellowship Program Director too.

Katrina Ubell: Okay, cool. Cool. Okay, let's back it up though. Let's go to the beginning now. So, as a child, did you struggle with your weight?

Amy O'Boyle: There was some times when I did, probably when I was pre-pubertal. I noticed that it happened in two of my kids. Right before they went into their growth spurt, we were overweight. Actually, my youngest son, he was basically morbidly obese until just two years ago. So, actually, the Sugar Film and The Obesity Code was life changing for pretty much everyone in my family, but I do remember my grandmother one time telling me I have fat thighs. That stuck with me forever. Most of my adulthood, I was probably pretty thin. And then in the military, you have to maintain a weight standard. I never even got out of weight standards when I was pregnant. I prided myself in that, but it was really the last few years before... Actually, after I stopped drinking, I think I replaced that buffer with food and carbs. My weight started to balloon. I really struggled to stay within my weight standards and maintain my fitness. I couldn't figure out what was going on and got to the point where my son noticed I had a buffalo hump. I don't have it anymore. I was really getting that central obesity. I could barely wear my uniform. It was really uncomfortable. But most of my young adult life, I was a runner and pretty fit and in normal weight.

Katrina Ubell: Yeah. Okay, okay. So, your journey was much more centered on alcohol first before we got to the food stuff. So, let's talk about that first.

Amy O'Boyle: Yeah. So, actually, I was thinking about this. Everybody in my family... I think about it. ... there are a lot of people in recovery. So, my father, my parents got divorced when I was little. He went to rehab after they divorced. That stuck in my mind. My mother had a problem with alcohol most of my young childhood and early teen years. There's a lot of trauma in that. My parents' physical abuse of each other and my mother got arrested. And then when I was in early high school, she went to a rehab or inpatient treatment. Most I think rehab programs involve a family, have a family program where you go and you're learning about alcoholism. You're meeting with counselors. So, that really stuck in my mind. I was probably 15 or 16.

And then the transformation my mother had after that, I mean, she went from really a mess. She would sometimes not come home. She'd be gone for days. I mean, it was awful. She became the most beautiful person when she stopped drinking. She had nice nails. I mean, it went from a life of insanity to sanity. So, that was very powerful, I think, having that experience. And then subsequently, lots of people in my family stopped drinking, my sister, her husband, my aunt. So, in my early adulthood, I viewed your relationship with alcohol as something you eventually give up. So, I think in my mind, I was always thinking, "Well, I'm going to have to stop sometime."

Katrina Ubell: Did you start as a teenager?

Amy O'Boyle: Yeah, I probably started having alcohol with my boyfriend in high school. I didn't like it. I drank socially in college just after exams or occasionally. Then in medical school, I went to med school in New Orleans. So, the culture of happy hours began, I think, in medical school but I still only drink periodically. And then as an OB-GYN in training, I think it becomes very much more ingrained, the idea of the happy hour and it becoming very socially acceptable to have a long day in the OR and then go get drinks with people. So, back then, before I got married, it was still just social drinking with my colleagues.

And then after I got married, I was actually worried about marrying my husband, because I was worried he had tendencies towards alcoholism. I remember thinking, "I don't know if this is going to work, two people with maybe family history of alcoholism. Maybe I shouldn't do that." It really crossed my mind. There was one incident that made me really almost break off our relationship, but I didn't. And then we actually lived apart for three years. We had a six-month-old child before we ever lived together.

Katrina Ubell: Oh, my gosh.

Amy O'Boyle: So, when we came together, it was after his fellowship in gyno. It was really a dramatic change for me to be living with someone, have a child, move across the country, and then start a new job. So, a lot of things happened. My husband, I don't want to blame him for making me drink, but gradually over the course of having three children and life and being fairly high achieving in our jobs and our positions, we went from occasional weekend drinkers to at some point, we probably consumed alcohol every evening. That always bothered me. It always bugged me a lot, because I was thinking, "This is probably making me gain weight. This is probably impairing my sleep." I knew of the effects of alcohol and how it decreases your REM sleep. So, that really bothered me as an OB-GYN. I mean, I need to get sleep.

Katrina Ubell: When you're sleeping, it needs to be good.

Amy O'Boyle: Life with three young boys was so hard. Even as sub specialists, we had to take OB call in house in the military. We would fight over who got to be on call. My husband would take my call for me, because I got to go home with the kids. That was our most stressful time of day. Have great kids.

Katrina Ubell: No, it's just a function of having children of that age.

Amy O'Boyle: Yeah. All three of my boys are now Eagle Scouts. It shows the setting of our life. We were so focused on helping our kids and helping them achieve and trying to be perfect in our job. I volunteered to go to Afghanistan. I actually didn't really volunteer. My husband was in a position where he had to find somebody to go. I felt like I need to step up and do this. I need to do this to get my next rank. I don't know. I felt a lot of pressure. I should just do it. So, I did that.

Katrina Ubell: How long were you there for? Yeah.

Amy O'Boyle: About 10 months.

Katrina Ubell: Oh, wow.

Amy O'Boyle: Most people go for a year, but I went as the Navy OB GYN to the trauma area where I was. That's a whole separate story. Even before I came back, I was worried, "What is it going to be like to start drinking again?"

Katrina Ubell: So, you didn't drink while you're there.

Amy O'Boyle: You can't drink. It was great. I lost a lot of weight. You're working out. You're physically active. I mean, that's the good part of deployment. What would we say? It's moments of sheer terror interspersed with sheer boredom or something like that, these highs and lows. But I felt really healthy when I got back. I was worried about starting to drink again.

Katrina Ubell: How were you from a mindset perspective though? Give me an idea of what an OB-GYN does in deployment. You're not doing this OB-GYN stuff, right?

Amy O'Boyle: No, no.

Katrina Ubell: Okay.

Amy O'Boyle: I actually had some really good gynecologic cases. I had one postpartum Afghani woman who had an early fistula, really interesting things. But mostly, I was helping the trauma surgeons. I was scrubbing on a lot of general surgery, some ortho surgery, neurosurgery, did a lot of appendectomies, and then just outpatient stuff that I have to do and even things I shouldn't have been doing. I was in the middle of the night sewing up some guy's foot. I reconstructed someone's scrotum that got blown up. I mean, just weird. We say, "You can't make this shit up."

Katrina Ubell: I mean, right, but you really can't. You've got stories for days.

Amy O'Boyle: Right, but it was when I got back from there, I had taken on so many jobs. I took on and got that Fellowship Program Director job. We moved our family to... We went to a new duty station for that job. And then I had two other jobs I had taken on. I just over committed myself. We moved into a small house. We had a beautiful home in Virginia on the golf course. I mean, we had a nice life there. And then we changed and downgraded. In that time, with all the professional pressure that grew rapidly, the decline in my environment, we were all sharing one bathroom, five of us. I mean, it was really weird. I began drinking, not just drinking with my husband in the evenings at home, but it began where I was doing this other job, which was called a consultant to the Surgeon General on top of my other job.

I would make an excuse for myself, "Okay, I just need to go get a few drinks on my way home and read my Blackberry or whatever." I felt like I justified doing that. I began doing it all the time before I would go back home. And then I would have wine at home. It just became a daily thing. I remember driving home one day from work having such a strong pull... I mean, it was so easy.

I lived in Bethesda, Maryland. There's so many restaurants and places right nearby, where you could pop in and have a few glasses of wine. It seemed very normal there. But I remember driving home going, "I should go work out. That's what I really need to do is just go on a run." I couldn't stop. I went to this little hole in the wall place few blocks from my house. I just sat there and drank wine. Episode I would do that, it didn't really affect me anymore.

I became definitely tolerant, but it became so I just really needed to do it. It was really weird. And then I noticed coming home post-call, there is a day where I wanted to drink when I got home in the morning. There was a few times I noticed myself shaking. Meanwhile, during all this time, I had set myself to a psychiatrist. I was taking antidepressant after antidepressant. Then I was on ADD medication and then I was on sleeping medication. All of this going on, it was insanity.

Katrina Ubell: What were you trying to medicate though? Did you feel like you had focus issues or do you think you were depressed?

Amy O'Boyle: Yeah, everything. I thought I was severely depressed. I thought I had ADHD. I couldn't focus. I couldn't get stuff done.

Katrina Ubell: Do you think that was because of the alcohol?

Amy O'Boyle: I do.

Katrina Ubell: Okay, okay. Got you.

Amy O'Boyle: I now do, because as of now, I mean, actually, since I've retired from the military and I've just started a new life, there's a lot of changes besides me being in WALDO, which has been really helpful over the last two years. I haven't been on any antidepressants. I don't take any medications anymore. I mean, I occasionally take Motrin or melatonin, but I can't believe I was taking all those substances. I feel like it was like, "I need to concentrate. I need to get to sleep. I need to focus."

Katrina Ubell: And then you weren't sleeping well, because you're drinking so much, right? So, it's just all of that. Yeah. Okay.

Amy O'Boyle: Yeah, but it was in a way where it's still appeared very socially normal in the group I was in. In fact, that residency program, where I was in, after I wasn't drinking anymore, I noticed how there is such a strong focus on drinking in this residency program. I was actually almost appalled.

Katrina Ubell: You're so in it, you couldn't even see what was happening.

Amy O'Boyle: When I was able to back up, I noticed, "Oh, my God. Look at the culture I've been in in the last 10 years. What do we do?"

Katrina Ubell: No wonder.

Amy O'Boyle: We drink. That's how we all cope. It seems so normal, every professional meeting, all the happy hours, all the parents. The parents dealing with young kids and all this stuff that goes along with schedules and everything. It just seems so normal, but then I was noticing my behaviors and the way I drank. I think if you're in this or you really are an alcoholic or have an alcohol use disorder, I can spot alcoholics. I can be sitting at a table with people. I know who the people are or I feel like. I don't know. I don't know if it was on a podcast where you notice somebody's eating something and they leave it on their plate and they don't even finish it. An alcoholic and their glass of wine, you would stare at somebody leaving a little bit in their glass. It's like, "Oh, my God."

Katrina Ubell: You're not going to leave that, are you?

Amy O'Boyle: Can I drink that?

Katrina Ubell: Yes.

Amy O'Boyle: I don't know, but I was aware of my behaviors. My behaviors changed when I drank. I did have blackouts. I had hangovers. I felt terrible. I still have to get up and go to work, but I didn't get up early. I got up at the last minute. I wasn't thriving. I was failing to thrive. I was missing things and deadlines. I had asked to be sent to a psychiatrist. I was meeting with her. I had finally said, "I think I have a problem with alcohol." After I said that or admitted it, really told her, I was then on this fast track. That's when everything changed. It was like I have this huge weight lifted off my shoulders.

But right before the events leading to that, my life was insane. There was so much going on. I think things that fueled it were just pressures in my marriage too. We were trying to be the perfect parents. We're trying to be the perfect people in our jobs, which means commitments outside of work and a lot of time demands and trying to be involved in everything with the kids' school or their sports. Of course, our kids are in Scouting also. So, it was insane. I mean, there was a time where I had a nanny for my nanny. It got so crazy.

Katrina Ubell: That's what we were dealing with. Okay, yeah.

Amy O'Boyle: That leads me to advice I could give later to your moms, what not to do.

Katrina Ubell: Yeah. So, you made that admission to the psychiatrist.

Amy O'Boyle: Yeah.

Katrina Ubell: Oh, yeah. Okay, this is the problem.

Amy O'Boyle: Yeah. I remember I came home, she basically said, "Okay, we're going to get you help." I think I mentioned it to her before, but it was this one visit where I really need help. I just knew it. I couldn't stop. I had tried different times to stop. I would come back to drinking and do crazy stuff, stuff I didn't want my kids to grow up seeing happening.

I was like, "My kids shouldn't see their parents passing out every night at home." It wasn't that bad, but to me, I knew it was not normal. I just felt like this is wrong and there has to be a better healthier way to live your life. I didn't realize I was buffering so heavily like I was. And then once I really made the admission to her, I came home and I told my husband. I said, "I'm an alcoholic." He said, "What? No, you're not." So, even though for me, I came to that realization that I knew I needed to get help. It was a surprise to everybody around me. So, I was able to stay in a facade. There are a few little breaks where people might notice my behavior as abnormal. No one really called me out on it except my mom. So, around the same time I was with my mom, we'd take an annual trip together. She had seen me in some situations where I clearly was over drinking. She said, "Amy, if you don't stop drinking, you're going to kill yourself." So, I think, all of these things was like a perfect storm that led to me really deciding to make a change.

Once I did, I was reported to the Hospital Provider Wellness Committee. I can't remember all the details, but they ordered an assessment. I had an assessment, met with an addiction or alcohol counselor in the hospital. I think I may have attended one of the doctors' AA meetings and met some people. And then they made a recommendation that I go into an inpatient treatment facility for health professionals. I thought about it. I think I went to a few AA meetings that they had recommended I attend. And then I was like, "I'll do it." So, I did it.

Katrina Ubell: I'm just curious with the military, were you concerned about promotions and that this would hurt your career?

Amy O'Boyle: Yeah.

Katrina Ubell: Were planning at this time to be a lifelong military doctor?

Amy O'Boyle: Yeah. When I was in the army, I had just put on my ring, like '06.

Katrina Ubell: I don't know what that means, but that's a good thing. Okay.

Amy O'Boyle: So, I've gotten to the point where I'd achieved what I wanted to achieve in my career.

Katrina Ubell: Got it.

Amy O'Boyle: I was in the end of it. Yeah, it worried me, but I don't know. Some of my colleagues thought I was crazy to come out like that. It probably was in a way, but I'm glad I did it in hindsight. I don't know if I could have really changed on my own.

Katrina Ubell: Yeah, just trying to reduce on your own without any skills or whatever tools or anything.

Amy O'Boyle: I think it would be really, really hard. But that 10 weeks in the inpatient, it was a program in Alabama, that's really good. I was actually just looking at their website. They have a ton of good resources. It's called Bradford Health Services, but they have a specialization on healthcare providers, like doctors, nurses, whatever.

Katrina Ubell: That's great.

Amy O'Boyle: They have a rehab program for military people and first responders. So, that's their area of focus. But usually, physicians who are put into that program, they get paired mostly with other providers or healthcare people. Usually, doctors end up being in it 10 or 12 weeks. Most just normal people, civilians, not high risk, I guess, end up maybe doing a four-week program typically, because somebody does it.

Katrina Ubell: Yeah, because of the level of responsibility you have in your career. They wanted to do a more intensive.

Amy O'Boyle: I think it's fairly routine. I think usually 12 weeks is probably more common. I got 10 weeks. I think in hindsight... So, back up again, I ended up going. We had to make arrangements to help. My mother came out and stayed to help my husband with the kids.

Katrina Ubell: Yeah, right, because you're just leaving this busy, busy life with a nanny who has a nanny.

Amy O'Boyle: He did it when I was deployed. I mean, he's amazing, but that was when we have nannies for nannies, all these people that we paid. But when I went, they immediately put you into a detox. But before that, I had made the decision a few weeks before. I knew I was going to quit drinking. So, I stopped. So, I actually stopped drinking. Was I detoxing? I don't know. Luckily, I didn't have a seizure or anything really weird, but I also think it wasn't as bad as I could have been. I didn't have any legal things. I never acted anything where I was forced. I think with my knowledge from having been exposed as a child or to my mom, it probably prompted me to get help much sooner.

So, when I went, I was in the detox. They didn't have to give me any medications because I wasn't really at risk for seizing. But it was an eye-opening experience to get placed in an environment where you're with some heroin addicts and people that I wouldn't normally ever encounter on a daily basis. I was like, "Whoa, should I be here?" But I'm like, "Okay, I'm going to embrace it and roll with it." But then after that detox section, I got placed into a house with mostly other healthcare professionals. So, some other doctors and nurses and people that I really bonded with. I remember, one was a general surgery resident. We had nurses, doctors, pharmacists. We actually had a lawyer in our group. So, we were in a house. And then in that environment, they focus on you taking away your buffers. They're like, "You can't watch TV. You're not supposed to read books. You're not supposed to overexercise." What else? One thing they couldn't take away was food and smoking cigarettes, but people I noticed tend to do way more of that when they got there. I probably started eating way more carbs when I was there. But our day was just filled with what they would call programming.

So, different small groups, lectures, one-on-one therapies, one-on-one with a psychiatrist, one-on-one with an addiction specialist. So, the whole week was very active. You're doing basically self-work. It's thought work. You're working on yourself. You're looking at your life. You're getting things out of you. It's a moment or a time where you completely focus on yourself and your life. It was great. I actually liked it a lot. It was a really good thing. I'm very fortunate that the Navy paid for it.

Katrina Ubell: Oh, wow.

Amy O'Boyle: Because there was people mortgaging their houses to get into that program. Yeah. So, I got lucky. I don't even know if the military still pays for it honestly.

Katrina Ubell: That's crazy.

Amy O'Boyle: Yeah. So, when I came out, I had to face life. I was in some pretty high profile positions where I just had to come clean and say, "Hey, this is what happened to me. This is where I'm at," return to doing my job. I still had to do two years of a monitoring program in my hospital. I think it was once-a-week breathalyzers and maybe once a-week group therapy things.

I was with Wounded Warriors and stuff and people just talking about our life now without alcohol, whatever people talk about. They talk about life when they're in AA meetings or whatever, just their challenges with life. I did that. I was doing every six month reports to my medical license. That went on for five years, but then I was discharged from all of that. I kept active in AA. I had a sponsor. I did all the stuff you're supposed to do.

Katrina Ubell: Did you relapse at all or no?

Amy O'Boyle: No, no, no. People talk about doctors and relapse. I had attended a doctors AA meeting that doctors don't usually relapse very well, people with serious addiction problems. I mean, we had people who really were having a hard time. It seems like in hindsight, it was very easy for me. I took to it very well. I adapted to that life, but doctors don't typically do well. I just heard of so many that would end up committing suicide. I just was like, "I'm not going there. I don't need that." It was really an adjustment to the new lifestyle.

I won't lie, it was hard. It's like when you first go off no sugar, no flour, I mean, it's quite an adjustment. But once you start replacing old activities without the substance, you learn a new way of enjoying. I think of it like in the movie, The Wizard of Oz, where it's all in black and white. And then she comes out into Munchkin land and it's full technicolor. That's how I felt like my life was. It became more fulfilling and open when I really, really got away from the alcohol. It was more often

Katrina Ubell: Yeah, what I think is interesting is you have your mom's experience. It's such a great example of really, really super struggling, going through rehab, and then seeing her really thriving on the other side of that. So, I wonder if that helped you. Compared to other people, like you were saying how some other doctors will end up deciding that suicide is the best option for them in that moment. I wonder if for you, you really had such a great example of people in your family who'd gone through rehab, had stopped drinking, had made good on their lives, and were doing better. So, you saw that more as a viable option for you than maybe others do.

Amy O'Boyle: Yeah. I would always help myself too. My husband and I drank a lot for so many years, but we would go to work functions. I remember being at a Christmas party for my department. There were several Mormon families. I would look at them. They were the ones doing karaoke. They were the only people not drinking, but they were actually having the most fun. I always thought, "I really don't need to drink alcohol. It really isn't helping me."

I was convinced it was keeping me with a spare tire around my middle. I always thought, "Why am I doing this? Why am I drinking? It's really not helping me." It's just helping me escape.

Katrina Ubell: Yeah, right. That's really what it is, right? You logically, rationally understood that you don't need this at all, but it's like that easy button, right? It's just like

Amy O'Boyle: Yeah, exactly.

Katrina Ubell: "... I don't want to feel," boom. Now, looking back at all of this, the alcohol is a way to check out from what's going on for you. When you were getting to that place where you were on the way home stopping and having a couple drinks before going home and stuff like that, do you have some insight now into what was really going on for you then? What was happening for you that you wanted to stress yourself from or avoid?

Amy O'Boyle: I think it was facing an overwhelm with just what was going on at home. My husband is an awesome person, but he's also very ugh. It brings out this quality in me that feel like I need to be a perfect person, because he's pretty high functioning. So, he was the person who could come home. He keeps a calendar. He knows what's going on. I've always just been like, "Oh, I don't want to do the homework. I just didn't want to do that."

I love my kids. There's certain things I could do with my kids that my husband can't stand doing, but this stuff at home at night, I had also gotten on an editorial board and we literally had to review eight manuscripts a month. I did that on top of my consultant to the Surgeon General job and my Fellowship Program Director job when we were then moving into ACGME accreditation. So, literally, I had too much crap to do and I didn't want to do it. I just want to go home.

Katrina Ubell: You just want to avoid it. Avoid the overwhelm and avoid just the dread of it all. Yeah.

Amy O'Boyle: Yeah, my house is messy. I couldn't walk. There's shoes and backpacks everywhere in this small house we moved into. Part of it was the clutter. When you have three boys and a husband, it's hard to keep your house clean or looking not cluttered. I swear to God, we still have 20,000 shoes. Why are there so many shoes? When you walk into your house, God, dang it. I think it was all of that

Katrina Ubell: Exactly.

Amy O'Boyle: ... together. Professionally, my prior job before that job, I was president elect of the medical staff. I was running a division. I was running resident rotations. It was a more loving and professional environment. I guess, I had some really good leaders that there were more mentors. And then when I moved to the new job, it was at Walter Reed, it was a harsh more cutthroat environment professionally. I just wasn't used to that. My idea was we share. I got put on other people's manuscripts on papers. I felt like people were very generous to me when I was in training or in fellowship. And then it wasn't like that where I went. I felt excluded. My self-esteem took a big hit in that environment. I guess, it was like going from being a fish in a small pond to a big pond. I don't know. I got lost.

I did enough leadership things where you would do quizzes of yourself and your leadership style and your personality style. I knew I was more of an introvert. I had a different style from a lot of the people that were in leadership positions. So, I'm like a square peg in a round hole. I tried to explain, I'm going to get to the same spot. I'm just going to take a different path getting there. So, people who were very more Type A, who I worked for, it rubbed them the wrong way. So, we would clash. I don't know. That's my interpretation of it. I just was maybe too free spirited for the army environment maybe. I don't know.

Katrina Ubell: When you think about you've got these issues at work going on and then home, there's no oasis, right? It doesn't sound like in this.

Amy O'Boyle: There was no escape.

Katrina Ubell: The oasis is at the bar.

Amy O'Boyle: Yeah, you're drinking with friends.

Katrina Ubell: Exactly. Yes. Where it's a beautiful environment, visually beautiful, no one needs anything from you. You can just have a moment to yourself. So, just to explain, I think still people will think, "Well, if you are relying or overlying on alcohol to feel better, that means something negative about you." No, you're just a human being, who's just trying to find a way to deal and didn't have any other tools. It went down that direction, right? Anybody could find themselves in that.

Amy O'Boyle: They explained in rehab too, if you started drinking, say, you're a teenager, you left your emotional self of that age. So, when you reenter and you're not drinking anymore, you're still at that early emotional state. I really believe that was true. Just with doing thought work, now, I really understand it. Things I would get mad at my husband about, which oh, my God, if I hadn't had the manual back then, if I ever understood the concept of the manual, I wouldn't be flying off the handle because of what other people were doing and living in victim mentality.

I think when I stopped drinking, it was just like, "Oh, that is so raw and there." All the stuff to deal with, you're not ready to deal with. Yeah, that was hard. I would say, the first two years when I wasn't drinking was just dealing with life on life's terms, as they say, was just painful.

Katrina Ubell: Do you have any issues with your kids, explaining what was going on or why you were gone for 10 weeks or anything like that?

Amy O'Boyle: Yeah. Actually, one of the other things that prompted me and I think this was right before I made the decision to go to rehab, when I was meeting with one of the counselors or through that provider wellness program, I had heard of some women physicians who actually lost their kids. So, that idea or concept of, "Whoa, what if I did get pulled over?" That would be a career ending move if I got arrested. What if I got pulled over and I admit this? This is what really, really bothered me as we would sometimes go out to dinner, we would both have drinks and we would drive with our kids in the car. Maybe we didn't drive very far, but the fact that I was driving my children, I had such a problem with that.

It didn't seem to bother my husband as much, but probably he wasn't as affected when we went out to dinner. But that realization like you're going to lose your kids and you're going to lose your career if you keep doing this, that's really, really drove it home. I was like, "Yeah." I was pretty open with my kids about it. It's like, "I don't want you guys to think that this is normal. People shouldn't have to come home from work and drink wine until they go to bed."

They were a teenager. So, it was that time when they were preteens or whatever, it was getting into that time where I wanted to model coping behaviors to them during that time of their life where that's where they learn coping strategies, the challenging times when you're a teen or middle school, high school. So, that was the other driving force. Not only that I was self-critical of my drinking, but that I didn't want to do something stupid that would jeopardize my family really.

Katrina Ubell: Totally.

Amy O'Boyle: More than my job, I wanted to protect my children. Yeah.

Katrina Ubell: Yeah. So, you do all the treatment. You do the whole AA thing, all of that. When did food start becoming the supplemental issue?

Amy O'Boyle: I think it gradually happened. It probably started when I was in rehab, because you lose whatever you can buffer with. You don't have your phones. You don't have a cell phone. You don't have a computer. You don't have TV.

Katrina Ubell: You just literally had to be with yourself. You can't do anything, it sounds like.

Amy O'Boyle: Yeah, yeah. So, we would make food. Eating was probably just the most pleasurable thing I did in rehab besides maybe getting to go on a little run or do a little workout. That's pretty much it. Let's see. So, I went to rehab or treatment in February of 2012. So, it's been almost nine years. I just think we weren't very healthy. When you're so busy, you probably order more pizza than you normally would. Looking back, I just think we were in a survival mode. And then it came out in our eating. We weren't making these nice, healthy, low fat meals. We were probably just in general eating more carb, maybe having more fast processed things. Plus, I was near Georgetown Cupcake, which I absolutely loved and became addicted to. So, yeah, it just was much more of a carby life, I think.

Katrina Ubell: Yeah. I mean, you can't blame your brain. It's like, "Okay, we can't feel better with alcohol anymore. We can't feel better with all these other things that have all been taken away. Where's the pleasure in life?" It's like, "Oh, let's now get all our pleasure from food." Let's really think about the cupcakes and all the pizza and all the things that we can have."

Amy O'Boyle: It's like going out to dinner is a social thing. Eating with your family, that's your time to talk to your kids. A lot of times it was just so easy to go to a restaurant near where we lived, because we didn't feel like cooking, because we didn't feel like cleaning. We have to get up really early.

Katrina Ubell: Exactly. Right, right, right. Yeah. So, then what was your journey on discovering, "Okay, the food thing is now an issue"? And then you've referred to WALDO. Just in case anyone doesn't know what that is, that's our abbreviation for Weight Loss for Doctors Only and the coaching program that I run, which we all affectionately call WALDO. But what was that journey like?

Amy O'Boyle: Okay, so looking back, I actually probably joined Weight Watchers three different times. I'd lose some weight, and then it would just pop back up. It was just becoming so hard to keep the weight down. Nothing was doing anything. And then my son's like, "You have a buffalo hump," and I was like, "Oh, my God, I've become fat." I was really bothered by it. And then when I got out of the military, I had two months before I started my next job. I really ballooned on. Whoo, I don't have to do a physical fitness test anymore. Whoo! A friend of mine told me about your podcast. I think when we started the program, you tell us to watch the Sugar Film and read the Obesity Code, which I did. I made my husband read that book. I made my entire family watch that movie. I was like, "This is the most important medical information I've heard in my entire career. This is so powerful." So, it just feels like it all started making sense. I really understood more, "Well, no, duh, alcohol has this effect on me, the dopamine." And then I started doing the no sugar, no flour before I joined the program and immediately lost a lot of weight. I think the first week going off no sugar, no flour, I had a lot of headaches, but I began feeling so much better. I mean, I felt great when I wasn't waking up with a hangover every day, but this was another level of just feeling really great in your body. It's hard to explain. I mean, if you're living on eating crappy food, you don't realize how bad you feel

Katrina Ubell: Exactly.

Amy O'Boyle: ... until you feel really good.

Katrina Ubell: Exactly, yes.

Amy O'Boyle: I am probably like a fanatic. I think probably some of my family thinks I'm a little crazy, but I'm like, "This is medical information that is so amazing." I mean, I think all these people dying of COVID, are they the ones that are still drinking, eating sugar and flour? I mean, I just wonder. Once I started the program and was really doing it, it was easy to lose the weight. Stopping sugar and flour, it came off very quickly. I probably wasn't digging into the thought work as well in the beginning.

I probably wouldn't be consistently doing my food journaling or thought downloads, but over the last few years, I have incorporated so many of the principles of the WALDO program that I think are better for me than even AA was, because it's getting you out of yourself. It's making you accountable for your actions, getting out of the victim mentality, doing a daily check-in. So, I started doing my thought downloads and journaling my food journal at night. I would sometimes skip it because I was tired, but now, I get up early to do it. I commit to doing that every day. I realized if I don't do it, I feel squirrely. Yeah, I don't want to do it all the time, but it works. Taking the time to

Katrina Ubell: Yeah, it really helps.

Amy O'Boyle: ... write it down to actually do the thought work. And then when we added, I don't remember how far into the program, the one-on-one coaching, I think it went to another level of I don't know how you cannot live like this, having a life coach to talk to, doing a daily thought download and actually analyzing and using that thought model.

Katrina Ubell: Once you know it, it's hard to even imagine a life where you're not.

Amy O'Boyle: Going back. Yeah. So, when I listen to the calls, which I love listening to the calls, I do it every day. My heart almost breaks when I hear the young moms struggling, things with their husbands, coming home from work, all that stuff. I'm like, "Oh, my God. I know where you are. I feel that." But then when people talk about the alcohol thing or the thought of having to get give up sugar and flour, I think I made that full transition where it really doesn't bother me, the thought of never having alcohol again. So, it was easy to make the jump like, "Look, I'm never going to be somebody who's eating cupcakes every day. It doesn't work. I don't feel good when I do it." I mean, I had cupcake joy a week ago. Afterwards, I don't even feel very good now. It's like I don't care anymore.

Katrina Ubell: I feel like you get to this point where what's worth eating is a very short list.

Amy O'Boyle: Yeah, I'm making my food boring, but my life is so much better than it was. So, I don't know if that answered your question.

Katrina Ubell: Yeah, yeah, yeah. So, I know one of the things that really drew you to volunteering to come on to this podcast and share your story is just thinking about the women who are maybe 15 years behind you or 18 years behind or something like that

Amy O'Boyle: Yeah, with kids who are little.

Katrina Ubell: ... who have little kids and are struggling, who feels like this need to be the perfect mom, all of that. What is your message for those women?

Amy O'Boyle: Oh. So, I would probably say, first, listen to Drop Their Perfectionism Podcast. That's probably the best one. I actually made one of my kids listen to it. Progress, not perfection. I mean, don't throw yourself down the whole flight of steps just because you've tripped on one step. It's more making that shift or that mind shift to, "It's okay to not be perfect. It's okay to make mistakes." Just keep going, keep making progress. What's that one quote? When you're going through hell, just keep going.

Katrina Ubell: Yeah, right. Exactly.

Amy O'Boyle: The other good advice, I would say is, trust your husband. Husbands can do stuff, too. They may just do it differently with the kids or the house than you would do it, but let them do it. Let people help you outsource things you really don't want to do. I think you mentioned get someone to do your laundry. Have someone clean your house.

Katrina Ubell: Have someone clean your house, do the garden work.

Amy O'Boyle: Don't do it. I let my husband cook sometimes, just because it's like, "I want a healthy meal, but I don't want to do the work."

Katrina Ubell: I don't have the time. Exactly, exactly.

Amy O'Boyle: Don't be afraid to spend the money to spend more time with your kids. I mean, I learned the hard way.

Katrina Ubell: Or even just to have free time for yourself to rest.

Amy O'Boyle: Yeah, treat yourself.

Katrina Ubell: That's not indulgent. I think so many of us were raised, especially if you were raised maybe without a lot of money, thinking like that is so extravagant and ridiculous and excessive to do that.

Amy O'Boyle: Exactly.

Katrina Ubell: You're in a place now where what you're offering during the day, whether it's your family or professionally, whatever you're doing all day long, you earn a living for a reason. There's a reason doctors are paid the way they're paid. One of the benefits of that is that you can ask for that help when you need it.

Amy O'Boyle: Yeah, I would definitely do that. I think when people try to do it all, which is this mistake I made, I think I was trying to do everything perfectly. I mean, I knew I had a problem when I decided I'm going to clean my house and I spent the entire day on one bathroom. I should not be doing this. Someone else needs to do this for me. Yeah. So, let go and let other people help you. I was really bothered by clutter and stuff. So, I just got someone to clean more often. I'm not going to make my husband a non-cluttered, clean person. I know that now after 26 years. Working on accepting him and loving him as he is.

Katrina Ubell: Yes. Well, just as a pediatrician, I can tell you, I saw many, many, many, many, many, thousands of couples come through with their baby and then growing their families and stuff. Definitely, this issue was there with same sex couples as well, but I think more intensely on average with hetero couples, where it really is this message of the mom is the one who can do it right. Her message to the husband, to the person who did not birth the baby, is you can't do it right.

What ends up happening is they believe you that they can't do it right. They get in trouble every time they try to help. So, they really are then trained to not help. So, I see this all the time, where people are complaining. My husband isn't more involved or doesn't help more, but you got to take responsibility for your part in training him to act that way.

Amy O'Boyle: Exactly.

Katrina Ubell: For me, I just was really like, "There's no way I'm doing this all myself." I'm 100% willing to let him do whatever he has to do to sort himself and figure this out. The cool thing that I saw with my own husband was when I let him have the opportunity, he really rose to the challenge. I was the one who taught him how to swaddle a baby. I'm the pediatrician. He could swaddle a baby so much better than me. It did not take him long. I'm like, "Oh, my God. You're so good at this." You just have to give them the opportunity to even rise to the occasion or like you said, do it differently. Sometimes I think we get so mad. I would be gone all day on call, finally, come home, and nothing had been done around the house, but those kids had the best time with their dad.

Amy O'Boyle: Exactly.

Katrina Ubell: I'm jealous and resentful because they got to have fun. Now, I get to come home.

Amy O'Boyle: But with the dad, yeah.

Katrina Ubell: Whatever has to be done around the house and do that stuff. But when you get a little perspective, it's like, "Okay, my kids have a father who loves them and wants to be involved in their lives, who's gone most of the week, who is enjoying spending time with them right now."

Amy O'Boyle: Yeah, you're not worried about—

Katrina Ubell: It would be nice to do other stuff. Right, exactly. Maybe, but also, it's totally okay. Why am I perseverating on that? So, just being so happy for all of them that they got that time together. I remember one time coming home, opening the door, walking in. My husband was holding my daughter who was a baby. I mean, she's probably six months old. They come around the corner. One of the kids for their birthday, they had gotten a balloon animal book and all the long balloons and a little thing to blow them up and stuff. She had this massive hat, this huge balloon hat that he had created on her head. Of course, the other kids come running. They're all still in their pajamas. It's the afternoon. Everyone's laughing. I'm like, "You know what? They're just having the time of their lives."

Amy O'Boyle: Yeah, just go ahead. Let dads do their thing and not make them feel bad. Yeah, I think that's important.

Katrina Ubell: Exactly. It's important for them to feel like they're a valuable member of the child's life. They really are a part of the child's life. They really, really are.

Amy O'Boyle: Yeah. When I was in Afghanistan, it forced him. We made a lot of changes after that with stuff he handled. So, now, we have a really good division of work.

Katrina Ubell: Because he had to step up.

Amy O'Boyle: Particularly happy letting him do that.

Katrina Ubell: Yeah, question I have. You just share as much as you feel like you're able to share. Because you had done so much of your drinking with your husband. When you then stopped, how did that affect his relationship with alcohol?

Amy O'Boyle: So, he had a potbelly. He's a good husband. He basically quit. So, he drinks rarely. If he does, it's probably at a meeting when I'm not there. Occasionally now, more recently, sometimes if we're in a social setting, he may get a glass of wine. It bothered me a lot in the beginning, and then I actually did thought work on it after this program. Why does that bother me? I think I was mourning the camaraderie you have and the feeling of connection you can get sometimes with alcohol. I think it made it easier for me to be intimate with alcohol, I realized. I'm not going to lie more into that, but he was fully on board and supported and basically quit drinking. If he drinks, it's a tiny percentage of time. Now, he looks very physically fit and good. It helped him medically, I think too.

Katrina Ubell: So, that really worked out well that he was supportive in that way, because I would imagine if he was still drinking all night long, that might have been more challenging for you.

Amy O'Boyle: Yeah, you would hear in, I think, AA meetings and rehab how relationships would fall apart when one person stopped drinking. So, I think that really does happen. I think I just got lucky that he

Katrina Ubell: Were you worried about that?

Amy O'Boyle: Sometimes I would worry, "Did he like me better when I drank?", or "I was probably more fun sometimes." Yeah, I was the life of the party. I party all night. But I think as we have evolved now, we're learning how to have fun. We're in COVID.

Katrina Ubell: Right.

Amy O'Boyle: I think we're getting to a good place, but I'm not going to lie, it was hard in the beginning. I worried he resented me, but now, we can pretty much go into a social setting or professional setting, where there's drinking. Now, I don't really think about it as much. It used to be very clear to me like, "Oh, I'm not drinking. What are people going to think of me? What if they asked me?" The thing is nobody really cares. If they really ask you, "Why are you drinking?", I'm like, "Hey, man, I'll be dancing on the table. You don't want to see me doing that."

Katrina Ubell: When you're around people who just never developed a taste for alcohol or you were mentioning people who are of the Mormon faith, right? It's just part of their religion and other religions as well. They just don't drink. It's such a non-issue. You realize, "It could be the same for me. I don't have to worry everyone's going to think this weird thing about me." Or I just don't drink. Why not? Because I don't want to.

Amy O'Boyle: Yeah, it's less of an issue than you think it's going to be. I mean, sometimes I'll put things in a wine glass. I will put Pellegrino. Most of the time, nobody cares.

Katrina Ubell: Make it special. Right, exactly.

Amy O'Boyle: The only people that care are waiters at a restaurant. They're mad, you don't order alcohol, because that's

Katrina Ubell: Yes. I've been like, "Can I actually have the Pellegrino and the wineglass?" I can't think of one time where they were just not understanding what I was asking for.

Amy O'Boyle: Yeah. No, it's really been way better than I thought it would be.

Katrina Ubell: Yeah. Yeah, which I think is amazing.

Amy O'Boyle: But then watching people drink can be really annoying. You're like, "Oh, my God." People that act stupid.

Katrina Ubell: Yes. Well, because it's this substance-induced fun. It's not real fun. It's not real, meaningful connection, right? There's always a downside. There's that short-term upside, but then there's that long term negative downside.

Amy O'Boyle: They talk about how in the beginning, when somebody first starts drinking, it really does make them feel great. But over time, I mean, it's a chronic, progressive, fatal illness. It doesn't give that

Katrina Ubell: Yeah, result anymore.

Amy O'Boyle: ... good sensation anymore. I mean, it never lasts. For somebody who's really drinking a lot, it doesn't work anymore.

Katrina Ubell: Right. Now, one thing you mentioned before we started recording, you said, had this life coaching work been available to you or had you been aware of it back when you were wanting to stop drinking, thinking about maybe that would have been an option, because we were talking about how there are plenty of people who think... They're like, "I think I drink more than I would like to, but I don't identify with alcoholism or alcoholic identity. I'm not going to go to AA. I'm not going to report myself to people. I don't want it to turn into a big thing." Just the idea that you can still do it privately, but like you said, doing it privately and on your own is probably going to be really challenging. But you can do it privately

Amy O'Boyle: I think it could be done.

Katrina Ubell: ... with coaching skills.

Amy O'Boyle: It could be done. I mean, my sister, she went through her own journey with alcohol. She was probably a more severe alcoholic than I was, but she bought the Big Book, which is the AA book. She went away for a weekend, read the entire book, and then never drank again. She probably hasn't over 20 years, for sure.

Katrina Ubell: Wow.

Amy O'Boyle: Yeah, more than 20 years. That's what her husband did too, just quit. People do it. But I think if somebody had explained to me what my thoughts and my brain chemistry, how they were tricking me or the way alcohol can have that strong effect. Of course, just managing urges, the process of learning to manage an urge would have been really helpful. I mean, they give you tools in AA or whatever. You're supposed to call your sponsor, what you're doing in AA meeting. Basically, it's making you get out of yourself, talk to somebody.

Katrina Ubell: Not high.

Amy O'Boyle: You probably could've sat and did a thought download. You did a life coaching session.

Katrina Ubell: Right into coaching, you can go in and ask, right? You have these concerns. Yeah.

Amy O'Boyle: But if you biochemically understood why it was happening and you weren't beating yourself up, you could get through it and just realize.

Katrina Ubell: Yeah, yeah.

Amy O'Boyle: Yeah. I mean, I knew that, but still I went to rehab. I actually had done that several times before, but this time, I made it public. There's no turning back. Maybe that was dumb. But I think in hindsight, it was the best thing for my family and my kids.

Katrina Ubell: Totally. What I found is your story of dealing with alcohol first and then working on food is less of typically what I see. What I see so often is people were like, "Listen, I got to get my food under control." That actually ends up being the easy part. They're like, "God forbid, do not take my wine. Don't take my drinks. Don't take out beer." That's when they realize, "Okay, alcohol is more of my thing." So, did you worry, "If I stopped with the overeating, then-"

Amy O'Boyle: I want to drink.

Katrina Ubell: "... I might go back to drinking"? Yeah.

Amy O'Boyle: No, I wasn't worried about that. I feel very solid and secure and not drinking again. I even thought, "What if I was in a situation where I could just drink?" I don't want to.

Katrina Ubell: You just don't want to.

Amy O'Boyle: I really feel bad bringing around alcohol.

Katrina Ubell: Which is so great, right? Because we're like, "Oh, I just want to be able to resist the drink." It's like, "No, what you want is to not want the drink." That's what you've created for yourself. It's the same with food.

Amy O'Boyle: It doesn't happen overnight. But I think once you come to believe, I don't need this in my body. If I do, it's a toxin. I think sugar is a toxin. Why are we feeding it to little kids? From a medical standpoint, it makes sense to me to not drink and to not put these substances in my body.

So, from a scientific standpoint, it's very easy to embrace that idea. I know a lot of people who stopped without having a major intervention, but it probably boils down to their mindset, their thoughts, ultimately.

Katrina Ubell: Yeah. You got to really be devoted to that practice of getting through all of the thoughts that create the feelings that you don't want to feel

Amy O'Boyle: Exactly.

Katrina Ubell: ... that you drink or eat instead.

Amy O'Boyle: Yeah, I mean, when I drank, I did things I was not proud of or the behaviors I had were not behaviors I wanted my kids seeing or were growing up around. Normal people don't do that. I mean, I just think back to so many different episodes in my life where I did over drink, and it's just such an awful feeling. Now, if I could just have a drink and then be done and not worry, but once I start, I can't stop.

And then I noticed that feeling sometimes if I wasn't planning my food and making decisions ahead of time, I felt myself slipping into that mindset like, "I can't stop. I'm going to keep eating these cookies." Now, I know my brain does that. More and more, it's just easier to not go there. The joy sometimes are just not worth it, because the mind chatter after is just so annoying. I love not feeling starving all the time. Now, I can go on a normal day. I fast the whole day.

Katrina Ubell: You can work all day.

Amy O'Boyle: It doesn't bother me. Other times, I'd be shaking and I'm like, "I got to eat." There's no such thing as being hangry anymore.

Katrina Ubell: Right, right, right. Exactly.

Amy O'Boyle: Yeah.

Katrina Ubell: Yeah. I just think your story is just so interesting and so compelling. I know there's going to be people listening who hear so much of themselves in your story. So, I just again, wanted to thank you so much for sharing the story with everybody.

Amy O'Boyle: The one thing I do want to emphasize though, there were people who had gastric bypass in rehab, because they went off the deep end with alcohol. So, I do worry about taking the food away from people drinking more. I think if someone's aware of it and prepared, they can...

Katrina Ubell: Yeah, right.

Amy O'Boyle: So just to be careful. There's a difference between alcohol dependency and alcohol addiction. There's different. As long as you have self-awareness of what's happening, you can probably prevent it from getting worse, but it's really hard to get to a certain point and drink normally. I don't believe it can happen. I don't think I ever could and I'm not willing to find out. It's not worth it.

Katrina Ubell: Well, I find that a lot of people will say that like, "But I just want to be able to drink like a normal person. I just want to be able to have one drink and stop." It's the same thing as, "I want to be able to eat one cookie and stop. I want to be able to eat like a normal person." The parallels here are so huge. Here's the thing is some people can get to that place. It's not like it's impossible to get there, but you have to really do your own internal work to get to that place of, "Can I or can I not? How many times do I have to prove to myself that it doesn't work very well before I just decide I'm not going to do that anymore?"

Amy O'Boyle: That's the definition of insanity.

Katrina Ubell: Right, yes.

Amy O'Boyle: Doing the same thing over and over again, expecting different results.

Katrina Ubell: Same results. Exactly, exactly. So, I think that for some people, especially with alcohol, going into AA or even that addiction model of, "You can't ever have this ever again," it actually prevents them from going and getting help. So, I really look at it like, "What are your goals? Let's get some self-awareness around all this. Let's figure out why you drink the way you do in the first place." And then from that place, we can start making some decisions. We don't want to wait until it gets so bad that for sure you do identify with the addiction or the addict identity or that you have to take it all away and then you live, what a lot of people worry will be very miserable existence without having any alcohol. I think there can be a middle ground, similarly with sugar and flour.

You've heard me talk about this, where people will say, "Every time I have sugar, I mean, my brain goes crazy." I'm never going to tell them, "Listen, you can't ever eat sugar again." They need to come to that conclusion on their own of, "You know what? The most loving thing I can do, the most supportive thing I can do for myself is to not put this substance into my body that makes my brain short circuit and start acting the way I don't want it to act. It's such a personal decision to get there. For each individual, if they get to that place and realize... Because I'm saying, a lot of people don't get to that place. They do figure out a way they can moderate it. But if you find out, you really realize, "This isn't for me-"

Amy O'Boyle: They can't do that.

Katrina Ubell: ... then we can do the thought work on, "Okay, what are your thoughts, the grieving process of I'm not going to have this anymore? What does that mean for my life? Who am I?" It's all that future self-work of, "Who am I as a person? Who am I as me who doesn't drink or who doesn't eat sugar anymore?" or things like that. I think whether it's coaching or therapy or rehab or whatever it is, having that support, I think, is so important. That's what helps solidify it as truly a lasting change for you, rather than this thing that you try to do for a while and then are right back, relapsing back at it again.

Amy O'Boyle: Making it public like that in the beginning, it was painful and humiliating, but it also set the tone for, "Okay, I'm not- "

Katrina Ubell: Accountability, right? Yeah, exactly. You're telling everybody. Yes.

Amy O'Boyle: Everyone knows I'm never going to drink because nobody would let me.

Katrina Ubell: That's the thing with shame, too, right? Shame lives in hiding in the dark. Once you open it all up, there's no shame in doing this. This is something you struggle with, and you're going to get help.

Amy O'Boyle: But I also believe, maybe it's a belief, but I think some of us are hard wired or biochemically maybe more predisposed to having a harder time. I accept that about myself, because I could see it in my children. I know which one of my kids is going to be an alcoholic. I could tell when he was five.

Katrina Ubell: Really? Yeah.

Amy O'Boyle: It played out. I mean, I see the behaviors. I could see it early on. We have this brain makeup that sets us up for it.

Katrina Ubell: Yeah, sets you up for it. Exactly.

Amy O'Boyle: You have to be careful. You have to be really careful. Yeah.

Katrina Ubell: I mean, I went to college. My mom talked to me before I went off to college and was like, "Listen, we have alcoholism in the family." It had skipped that generation. It had skipped the generation, right? But then she was saying, "It usually skips a generation. So, you're the generation." Actually, alcohol doesn't do enough. I really don't think I could ever be an alcoholic. It doesn't do enough for me. I feel too bad when I have it. I just don't think that there's enough reward with it. But being really clear about, "This is something you need to be aware of, because your body might respond differently. Your friends might be able to drink socially. You're not going to be able to maybe."

Amy O'Boyle: Yeah, meanwhile, everybody's getting ready to go to sleep. I'm ramping up for the whole night. I just was different. It was not safe for me to drink.

Katrina Ubell: Yeah, yes, totally, totally. Well, if anybody is listening, I'm sure there's so many people, but people who are listening who are just resonating so much with your story and are thinking about trying life coaching as an option for help, what would you say to them?

Amy O'Boyle: I would say this is a great program to do that in. One, it's a safe environment, women physicians, you really identify with. You have the flexibility to get what you want out of the program. I hear some people beating themselves up. They're not doing every worksheet right away. If it doesn't work, I mean, you'll find what works in the program for you if you just open up to it and just try it. Try something. It doesn't seem expensive to me for how much I get out of it. So, I think, don't perseverate on the cost. You're doing something for yourself.

Katrina Ubell: The value is you can't put a price on the quality of life improvement.

Amy O'Boyle: Yeah, it's like having something you do for yourself. You just have to do it to maintain your well-being. I don't know. I think it's really important. It's totally worth it. Yeah, I've gotten more out of it than I expected. I was curious when I started, but now, two of my kids have life coaches now, my college two kids. I'm not trying to coach them, but I actually did hire them and find somebody from the Life Coach School that worked with young adults. They're struggling with life. I'm like, "You don't need a psychiatrist. You just need to deal with life." I'm a total believer. I didn't need a psychiatrist. I just needed life management.

Katrina Ubell: Yeah, yeah, help to deal with all the pressure and everything. Yes, yes.

Amy O'Boyle: It's amazing what our mind does.

Katrina Ubell: Yes, right. Recognizing that it is our mind creating it, right? It's not all the other outside forces. Yeah. Oh, my gosh. Well, Amy, thank you so much for coming on.

Amy O'Boyle: You're welcome. You don't have to thank me.

Katrina Ubell: Absolutely. Thank you for volunteering to do this. Like I said, I know that this is going to help so many people. So, I appreciate you. I know so many other people who are listening are going to be like, "Oh, my gosh. That's exactly what I needed to hear." So, thank you so much.

Amy O'Boyle: It was great talking to you virtually.

Katrina Ubell: Yes, absolutely.

Amy O'Boyle: Thank you so much for what you do.

Katrina Ubell: You're so welcome.

Amy O'Boyle: Take care.

Katrina Ubell: Thanks, Amy.

Amy O'Boyle: All right.