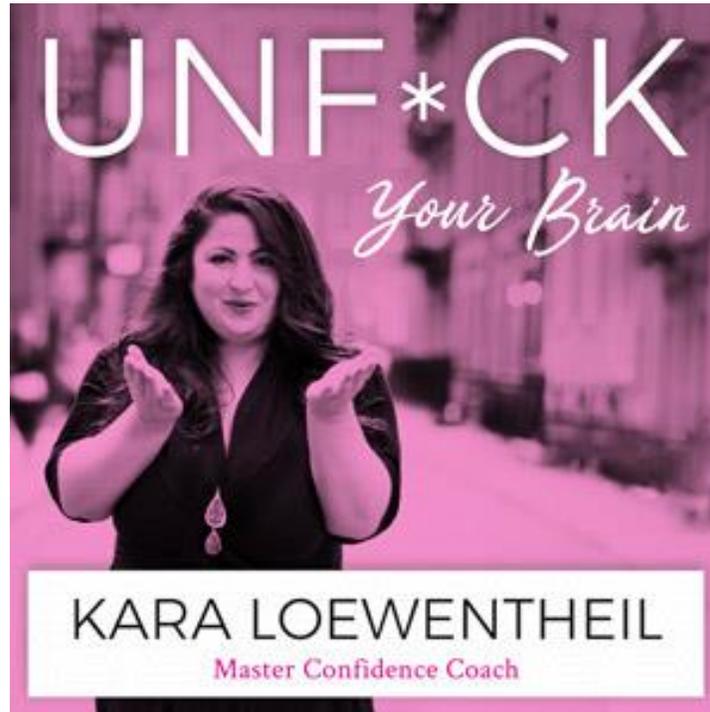


**UFYB 255: Healthism, Chronic Pain, and Thought  
Work: A Conversation with  
Deb Malkin and Michelle Kapler**



**Full Episode Transcript**

**With Your Host**

**Kara Loewentheil**

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# **UFYB 255: Healthism, Chronic Pain, and Thought Work: A Conversation with Deb Malkin and Michelle Kapler**

Welcome to *Unf\*ck Your Brain*, the only podcast that teaches you how to use psychology, feminism, and coaching, to rewire your brain and get what you want in life. And now here's your host, Harvard Law School grad, feminist rockstar, and master coach, Kara Loewentheil.

Hello my chickens. Every time I say I'm so excited to have this conversation. And then every time I say it, I always that but it's true. But I think that today, you know, there are topics that I talk about that apply to everybody. There are topics I talk about that are a little more niche or niche, depending on how you pronounce that. But I really think today, the topic that we're going to talk about today is something that literally anybody who has a body has experienced which is when your body doesn't follow your manual.

And what I mean by that is basically when your body behaves in a way that you would prefer it didn't behave when your body isn't doing what you want. And so, for some of us that may be a daily occurrence, for some of us it might be more occasional. But I think if you live in a human body, if this hasn't happened to you, you're very young probably, it's going to eventually happen to you just by the law of statistics and getting older.

So, we are going to dig into that today, why that is so challenging for so many of us, how we try to control that. How, as usual trying to control something we can't control, makes everything feel worse. So, we're here with two of my students who are amazing coaches, Deb and Michelle. And I'm going to let them introduce themselves and tell you guys a bit about what they do. I'm going to start with Deb and then Michelle.

Deb: Hello. My name is Deb Malkin and I am a chronic pain coach and I take a weight neutral approach. I'm also a radical not acceptance origin background. So, I help people work on their mind body relationship to the

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sensations in their body, to chronic pain and conditions. And help folks create the sense of wellness that is based on their own determination but also understanding how pain is created in the brain and a lot of the science stuff. So, I help people blend what we know about pain and science with their lived experience.

Kara: Great. What about you Michelle?

Michelle: Hey chickens, I'm so excited that I got to say hi to the chickens. I'm Michelle Kapler, and I'm a feminist life coach for women and people with eggs and ovaries who are going through challenges with their reproductive health. And I help them to reduce stress, anxiety and overwhelm with the coaching tools that I use so they can prevent or begin to heal from health related burnout. Most of my work is with folks who are using fertility treatments like IVF to make and grow their families.

And I'm also a fertility focused acupuncturist and Chinese medicine practitioner, and I'm a Board Certified specialist in the area of reproductive endocrinology and gynecology with the Acupuncture and TCM Board of Reproductive Medicine. So, I help local people in clinical practice with acupuncture and Chinese medicine. And I offer coaching to folks from all over the world who are looking to manage their mind around their reproductive health concerns.

Kara: Awesome. So, both of you specialize in different ways in working with people whose bodies are maybe not doing what they want them to do, who are having kind of that what I would call sort of – or at least I experienced it all from this sort of this adversarial relationship with my body. Of why are you doing this? Or why does it have to be this way? We get, I think when our body does something that we don't want it to do or doesn't do

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something we do want it to do, or feels the way we don't want it to feel, it can feel, we can get this sort of adversarial relationship to it.

Just like we can have with a small child or somebody else who isn't following our manual, we don't really stop and think about it. So, I would sort of actually just love to start with hearing how you – I actually kind of want to start with the personal maybe and then go to the kind of general, so how you came – we all come to the work because it's happening for us in some ways. So how you kind of came to this work and what your personal experience has been with having your body not follow your manual for how it should behave. Do you want to start, Michelle?

Michelle: Sure. So, it's interesting because I've had over 12 years of clinical experience caring for other people when their bodies aren't following their manuals. And I was kind of, I guess I was a little bit ignorant to the fact that it was kind of going on in my own life, in my own ways. And I think the biggest thing that hit me, and this was especially during ACFC, the Advanced Certification in Feminist Coaching because you really ask us to bring all of these issues to the table for coaching.

And so, I got some amazing coaching through the program from Deb in particular. And so, what I noticed was that I was so able to have so much compassion and understanding for my patients and clients who were going through difficulties, and running into health challenges. But I found it incredibly difficult to have that same compassion for myself. And so, my own stuff was hormone issues, insomnia, IBS symptoms. I remember getting coached by somebody on one of the calls and talking about all my fun digestive concerns and just getting it all out on the table.

Kara: That was me I think. I remember coaching you about this.

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Michelle: That was you, yeah. And so, it was really interesting to work through that from a personal perspective because of course with my health concerns, no, I had this really black and white perfectionistic view that was very much rooted in healthism where there is a particular set of actions that one should be able to take to attain 'optimal health'. And if you're unable to action your way to a particular health outcome you're therefore morally inferior.

And it was just interesting to see how that totally played out with my own health challenges but not so much with my patients. So that was big light bulb moment for me in the last year.

Kara: I think let's just pause on that healthism because that's such a big part of this. And most people have never even heard that word. But healthism is exactly what Michelle's saying, the belief system that health is moral and everybody should be as healthy as possible. And that health is sort of universal, there is good health that people should be getting to and that it's something we could control with our actions. So, if you ask most people, "Are you a healthist", they would be like, "No." Or, "I don't know what that means", or whatever.

But if you ask people, "Do you feel guilty if you don't exercise enough or if you eat a piece of cake, or do you think that people who have certain kinds of conditions made that happen to themselves, and deserve it, and should have done things differently?" Most of us have these beliefs in one way or another.

I mean it's sort of fascinating, this should be a different podcast but we have all sorts of unspoken cultural scripts about which health outcomes are bad and your fault, and then which are just bad luck, and which are not morally problematic and then which we blame people for. And all of that is

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this complicated association of health and virtue that is not really new. This isn't, you know, I think anthropologically there's a long relationship between people thinking that sickness or differently shaped bodies within outside of some range are a sign of sort of being cursed, or of unworthiness or whatever.

So, there's a lot of I think complicated anthropological stuff under this but we certainly still have it and we don't really talk about it. What about you, Deb, how did you end up kind of working on this?

Deb: I think as a fat person and I grew up with being given the message always that my body was wrong. And so that was a message that was imprinted upon me as a young child which ironically took me away from all the activities that I was enjoying and doing. And putting me into a box of focusing all of my energy on managing and changing my body size which is deeply problematic. And as we know through – I mean we talked about this in the Advanced Certification, kind of the history of diet culture.

That there is now, obesity which is not a word that I love, but it's now considered a disease. So, we've diseased people's bodies, some people's bodies based on size, not based on any kind of marker of health, all of the ways that we can kind of externally decide whether, you know, what people's health outcomes are. And all of that is so complex. And so, for me it's always been, I always thought health was just something that wasn't really mine to have.

And only now am I looking back, now that I understand pain and I understand kind of the nervous system, half the time I was checked out because any time I felt something uncomfortable, I just assumed that it was my body was broken because it was fat. I remember going to a chiropractor for the first time in my 20s only because some fat activist that I had known,

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somebody else had talked about going to a chiropractor. And I was like, “I could go to a chiropractor?”

It never dawned on me that there were things that people in my body size did that were normalized health things. So, it’s just been a lot of unlearning, and relearning, and becoming my own body authority, and learning to do things like love hiking in my 40s which is a weird thing to say. And whether or not that’s somebody’s goal but it’s kind of this process of almost being a rebellious body and then kind of learning how to claim health for myself. And I’ve ended up learning to love movement, and teach movement, and be a body worker and start to think about bodies in a very different way.

Than anything I’ve ever learned from a medical provider or kind of out in the world what we think about fatness. So that’s definitely been my own processing journey. And I had my own kind of pain recovery story and coaching has been this incredible tool to help me become my own authority. That for me is regardless of what’s going on in my body. Because there were a number of times over the last two years that I’ve been very sick. And even Kara had coached me at one point when I thought maybe I have cancer.

And she was like, “Okay, so yeah, what if you do?” And it was like, oh. I was noticing I was worrying all the time. And I was almost like I had to know this answer before I could decide what I was going to do with my life. So, I don’t know what the question was. I’m on a journey.

Kara: That’s okay, we can...

Deb: Welcome to my brain.

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Kara: ...bring it back in. So, one of the things that we want to talk about on this episode is what we're calling it or people call it, the wellness paradox which is this sort of the idea that paradoxically trying to constantly get healthier, get well can actually make us feel worse. And I know we're going to talk about that in the context of people who are experiencing some kind of illness, or chronic pain, or physical dysfunction or whatever.

But one of the things that kind of came to me as Deb was talking was that in the emotional space we do a lot of work as coaches and kind of explaining to people that negative emotions are actually a normal part of life. Nothing has gone wrong when you have a negative emotion. That doesn't mean that you did life wrong, or that you're broken. Actually, that is a normal part of the package of being a human. And you just had a misconception that that wasn't supposed to happen to you.

And the same thing I think happens with 'ordinary' aches and pains even for people who don't have chronic pain or don't have a chronic illness or whatever. If you have a belief that there's something wrong with your body, then you interpret any normal amount of discomfort or a physical sensation as being a sign that something's wrong with you or even magnifying.

And I think about the difference, sometimes I think a lot about this woman I know who I met through the coaching world who's an ultra-marathoner. So, she's the number two women's ultra-marathoner in the world. So, she runs 100 mile races all the time. She does not run those things in a state of well, nothing hurts and nothing aches, and I just feel amazing because my body just loves to run a 100 miles. And I am not tired. And I feel fine.

She is experiencing all sorts of physical sensations during that process that if I felt them I would make mean that it's because of my size, or because I'm not athletic, or because I have chronic pain, or because I'm broken. So,

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there is this way in which healthism, the same way that – I don't really have a word for it but happyism. The sort of denial of negative – or just Americanism, the denial of negative emotion and suffering is a part of life makes us freak out and misinterpret any time we have a negative emotion and think we're broken or there's something wrong with us.

Healthism makes us think that the normal set of physical sensations of being in a body entails, which is sometimes being tired, or sometimes something aching, or sometimes being uncomfortable is a sign of disfunction that we need to wellness culture our way out of. And so, I'm curious for your guys' thoughts about that and kind of about the wellness paradox more generally. Do you want to start us off, Michelle?

Michelle: Well, just to add to what you were saying. I think you can even take that a little bit further into the idea of developing symptoms or conditions that are beyond just generalized aches and pains that all bodies go through. Because in healthism there is this idea that if you get sick, if your body breaks down, if you show vulnerability then there is either something that you are doing wrong or that there is something inherently wrong with you.

But the truth is that all bodies get sick at some point. We all have that Achilles heel or that 'weakness' in one system or another in our bodies and it's all different for everybody. But I think there is even a step further that you can take where there is an acceptance of, I'm living in this thing that's actually day by day getting closer and closer to dying. And disease, and breaking down, and vulnerability is just a part of that and it has nothing to do with our inherent human Earth.

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Kara: I just had an intense moment when you said, just day-by-day getting closer to dying. And I'm not usually shocked by references to mortality, I feel like that's the most of Jewish humor, but that was..

Michelle: Sorry to take things down, way down the hole.

Kara: No, but that's important because that's what so much of this is. It's like healthism, diet culture, beauty culture, all of these kinds of maniacal pursuits of physical perfection as if, if we just get good enough at it then we can be immortal, we're never going to die. We're not getting older, our bodies aren't changing.

Michelle: Yeah. And that's reinforced on a regular basis by things like the infinite amounts of information and influence that social media has for example. We get these one dimensional views where it's just a snippet, a moment in time and of course people are usually putting their best foot forward. I mean I think it's happening more which I think is a great trend. But there aren't a lot of people out there talking about their period cramps and their endometriosis and their other health struggles.

Kara: And also, there is every naturally thin person in the world now can be on Instagram telling you how eating only cabbage and nothing else cured their IBS. While somebody else is telling you, eating only meat and nothing else cured their IBS, or whatever. There is such a proliferation of kind of health-ish nonsense out there that I think it sort of contributes to this idea that we are all supposed to constantly be working on a wellness project.

I think a lot about this critique that Laura Kipnis who's a media scholar made of monogamy where she talks about, I'm not saying there's anything wrong with monogamy, some of my best friends are monogamists and they love it. It's not that but just she talks about, she's a media critic, she talks

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about the language. So, she talks about the way that the language of capitalism and work has infused even relationships where it's like we're always supposed to be working on it.

There's just the way that the sort of capitalism makes work the central component, and identity, and project that we're all engaged in. Everything becomes a work of some kind. And that I think that's true of wellness and healthism, it's another thing that's just like diet culture. You can never get to perfection so you're always supposed to be working on it because you can always be better and better at it. And there's no point at which you're allowed to just be in a body that feels different ways sometimes and not be constantly trying to improve it.

And it's I think a big challenge for those of us who are in the self-development industry, try to help people live lives, better lives or lives that feel better to them, or lives that where they are living with more intention and control to not fall in the trap of exacerbating that problem.

Deb: For me that's the heart of one of the kind of pain recovery, and I kind of hate the word 'recovery' but it's a useful word because people, you know, it's actually, it is different than pain management. So, I think it's a useful word to distinguish from that. And there's a scientific reason why. But oftentimes people can get stuck in the loop of working on recovering from pain. And that's not the point.

The point is to feel connected to your life. Be involved in your kind of vitality and aliveness without the always tripping over, catastrophizing fear, anxiety, and worry about your health. And the symptoms that often arise are often mitigated by fear. And that's one of the things that we work on the most.

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Kara: Wait, they're mitigated by fear or they're exacerbated by fear?

Deb: They're exacerbated by fear.

Kara: I mean I was like, really? I've been doing that backwards, yeah, exacerbated by fear.

Deb: Yeah, they're doing it backwards. No, I just used the wrong word which is amazing. Thank you for catching that. They're exacerbated by fear. And I think it's really important for anybody doing this work and for anybody listening is our health is not only our personal responsibility nor is it our personal construction. If we bring the nervous system into the body and think about pain and symptoms and the volume of symptoms based on kind of the nervous system being the modulator of fear.

It's like if you can't not go to work when you're sick because then you can't pay your bills and all of the things. There's no sick time, that's not your fault. That's the system making you go to work, creating the ill health. If we don't have the time and the space to recover from illness that's a threat. That's a social threat. And we often have this, you know, COVID in general kept us away from each other. That is a threat to our health and wellbeing. So, health itself is complex, it involves the body and the mind.

And I think the way at least in this country, not everybody has access to healthcare, not everybody is able to, yeah, have that ability to take time off because sometimes what we need to do to feel better is just to stop what we're doing.

Kara: Right. And there's so many I think, like I think part of what you're bringing out is that there's so many determinants of health. But what sort of 'wellness' culture and healthism focus on are really just diet and exercise.

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Because also that's what can be commodified and sold to you. So, there are all these other determinants of health like obviously your genetics which they can't package and sell to you, a way to change yet. Your epigenetics, the things that happened to your ancestors or your parents, grandparents, great-grandparents, that changed their genetic code.

Your sleep, where you live, the pollution that might be around you, your social connection, the number one predictor of longevity is social connection. All of these things that capitalism hasn't figured out how to commodify and sell back to you over, and over, and over again. And so, nobody's really talking about that. You don't see huge campaigns to sell you friendship in a box, just unpack this. And here's how to have more social connection because that's not a product, that can't be commodified.

A lot of the things that contribute to human health like optimism and happiness, also acceptance of acknowledgement of our own emotional experience or suffering like mindset work. I mean we do sell mindset work in a way but these are things that can't be sort of unlike the diet industry, you can't just package them over and over again in different ways and sell them to people. And so, there are things that impact your health that you can sometimes do some things about.

But we are constantly just focused on eating and exercise in this both moral and capitalist way that really I think gives people a really warped view of what health is, what affects it, and what they do have control over or don't have control over. So, you can spend – I mean this is how you end up with orthorexia as a big problem. You can be spending all of your time trying to eat cleaner and cleaner in a way that is actually stressing you out and probably making you sick.

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Or you could go for a walk, eat an ice-cream cone with a friend, create some social connection in your life. And actually, that probably calms your nervous system and has more of a health promoting effect than stressing out over which squash has more calories in the grocery store for an hour and then going home and not eating anything.

Michelle: Yeah. You are totally talking about my story, that's my journey through ACFC and I just want to say I'm one of quite a few people who are not eating gluten because of ACFC.

Kara: This is my legacy. I'm like, well, people are wanting to change their thoughts but more importantly we're all eating gluten and sadly I still can't eat gluten which really makes me mad, I really wanted mine to be. So, tell us about that experience, Michelle, not gluten specifically necessarily but just that kind of what your experience was of this.

Michelle: Well, I mean gluten's an interesting one because it has been kind of worked and promoted through diet culture in the wellness industry as avoiding gluten automatically makes you healthy. And this is true in the context of having celiac disease. But a lot of people just avoid gluten as a weight loss tactic or a way to stay thin. And it's interesting because as I pulled this apart through ACFC and went through my own – because I mean IBS is one of my things. And then that trajectory of kind of having a smaller and smaller window of foods that you feel safe around.

And that orthorexia picture where you're kind of afraid to eat anything because anything might set you off. And then recognizing the real effect that that has on our nervous system. But yeah, I mean just getting coached on, well, what is the reality of the effect of that on your body? Is it more the stress that you're experiencing that's actually causing the symptoms or

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contributing to the symptoms, or exacerbating them? Or is it actually the food itself?

And so, I've had this really pleasant and also horrible emotionally painful experience of this going through the motions of okay, I guess I'm just going to eat all the foods and see what happens. And it really hasn't been as bad as I thought it would be.

Deb: So, that's the best, I was just talking to a client this morning also who's like, "I'm eating all the foods and it's not as terrible as I thought it would be." And it's leaving room open for mystery. I had a 10 year bout of being allergic to peanuts which was I had an allergic reaction to peanuts and then I stopped eating them for a decade. Was I allergic to them the whole time? Probably not. I did have that reaction

There's things that you can do, medical tests that you can get, information that you can get. But also, it's like we can create safety with feeling stuff. Our bodies are just, we're just meant to feel stuff. We're not meant to have the same experience every day especially for people who have menstrual cycles.

We all have hormones, why do we never talk about these things? I have no idea. When I went through menopause I was a crazy person. And I was like, "Why am I only hearing now when I'm feeling rage all the time?" And I finally Googled perimenopause and moods that I was like, "Oh, this is from inside my body. That's not great." Nobody told me this was going to happen. So, I just was thinking there was something wrong with me. And I was like, "Oh, no, this is a natural yet unpleasant experience that I'm having that is completely normal."

Kara: That's such a good example though.

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Deb: And once I learned it though, I just want to say, once I realized it was normal, I was in so much less distress.

Kara: I mean that is that problem of healthism that's like the goal is to always feel amazing all the time. So, if we're ever going to talk about anything that doesn't feel amazing it's just in the context of solving it. So, it's one line about are you feeling perimenopausal rage? And then it's 17 paragraphs of how if you eat celery juice every day you won't and you can buy that person's clubs to solve it. So, there's just no discussion of this is what normal aging or changing is like.

And people who are new mothers going through this, or people who have born children and being like, "Nobody told me what that after period was going to be like. Nobody told me what it was going to feel like after I had physically given birth." We just don't talk about these things generally unless the wellness culture is going to sell you something to supposedly solve it. And that's the same with, I think, emotions. We don't talk about the complete normalcy and really desirability of having a life filled with different kinds of emotional experiences.

We only talk about negative emotions when someone is trying to sell you something to solve them to make them go away. If you just never eat gluten again you'll never be sad. All complete nonsense. But I remember coaching Michelle and I think what you went through with this and what we coached on in ACFC is what so many people do which is I remember asking you, "What would it be like if you ate gluten and didn't shame yourself?" And you were just like, "I don't understand what you're saying."

Michelle: I was like, "I don't understand the question."

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Kara: Yeah, you were like, “That’s bad, then I’m bad. What are you, an idiot? I paid you all this money for ACFC and you don’t understand?”

Michelle: Yeah, that’s exactly what I thought.

Kara: But while we’re in it, we’re all in it. I mean so many people carry that shame. And diet culture and healthism, it’s like a Venn diagram. People have this about diet in ways that are not about health but then there’s other health stuff. Whatever it is, not taking your probiotics, not working out, not whatever. I think we even see that like, oh no, I’m stressed. Stress is bad for my health. Now I’m shaming myself about being stressed. This kind of insanity.

And I do feel like so much of what we’re talking about comes from – I cannot prove this at all but when you were talking about perimenopause and why do we think we’re always supposed to feel the same? I feel like I like to blame everything on industrialization but I kind of feel that’s true. It’s like the factory, it’s like everything’s the same. Everything should be repeatable. It’s like we’re supposed to be plastic kind of.

We’re just supposed to be this inert substance that’s always feeling the same thing which is happy and excited to buy products. That is how we should always be feeling.

Deb: Yeah. I mean human people who have needs are inconvenient for jobs. When you show up to work and you’re like, “I kind of feel terrible.”

Kara: Yeah. Or who might have a reaction to the pollution is inconvenient for the bottom line of a company that makes more money if it pollutes. I saw this, and I can’t get over this. This guy that I know through family, he founded a biotech company and it went public. So, then he became a

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billionaire I think and with predictable results. And so now he's launching, so now he launched an investment platform for energy companies. And I got an email about it yesterday, that's why it's on my mind.

But a mission statement is to sort of incentivize energy companies to do whatever is best for the company long term with no regard to any 'social agenda'. It's literally just like a new radical idea where energy companies should just destroy the Earth to make more money and not have any concern about the impacts on people. But I think that you're right.

The sort of people having variable physical experiences, needing different kinds of support. Needing to take time off because they're sick, because they're birthing, because whatever is happening is inconvenient for industrial economies.

Deb: Just to jump off of that. Today I was reading Ragen Chastain who's a really fabulous health educator especially in the realm of weight science. And she was talking about how big pharma manipulates data because their job is, you know, they're beholden to their shareholders, not to the people who are taking the medicines. And so, we have short term studies that they make grand claims on, same thing with the opioid crisis. I mean we all know, was it the Purdue family?

Kara: Yeah. It all goes towards health though. It's like these are the things when we talk about health, you don't see TV advertisements that are like, "Talk to a friend. Actually, just enjoy a scoop of ice-cream and take a good nap." It's, "Do you have restless leg syndrome? Buy this drug. Ask your doctor about this drug." And obviously I mean I can't speak for anyone else. I am not anti-pharmaceutical in the sense of I think there are a lot of lifesaving pharmaceuticals.

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And then also it's an industry with incentives like any other. It's not black and white, big fan of penicillin and the COVID vaccine. Opioids may be problematic, the way that they're developed. But it's that same thing of the place I kind of want to take this conversation, so I think this is the bridge to it is we're talking at this theoretical level. But how can people start using this in our own thought work, in their practice? And one of the things I love is just the question, which I saw somewhere on Instagram.

So, whoever's this is, I am crediting you. It's completely lost to the histories of social media who wrote it first. And also, a lot of these ideas just circulate forever until someone puts them in a meme. But it's sort of like the meme or the tweet or something was that, whenever I feel bad about myself I just think about how some old white man is making money off of that. And then I stopped because I don't have time for that. But it could turn into this question which is like, when you feel bad about yourself, where did that come from and is somebody making money off of it?

And if someone is making money off of it, I mean you always want to interrogate it but especially if someone's making money off of it. If when you start to feel bad about yourself, the impulse is I need to buy that special food that's three times the cost of the normal version because that one has adaptogens and then I'll be able to feel good about myself or whatever else. Or I need to buy that weight loss cleanse.

Is there an industry that profits off of you feeling bad about this thing? Then that's the place to start with looking at where those thoughts came from and whether you really want to keep thinking them. But what do you guys suggest how you help people use this stuff kind of concretely?

Deb: Well, I think to go back to that idea of how it plays out in real time. In the fertility wellness industry, it's definitely influenced by diet culture and

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healthism in a big way. And I talk a lot in my work about the perfect potion which can be demonstrated in any kind of health condition. But we see this a lot in infertility online spaces which is somebody attains whatever the goal is. And in this context it's conceiving, and carrying to term, and having a baby.

And then they go on and they either become an influencer, and they sell their program or they just go on to the chat rooms and they say, "Yeah, I did it, I got pregnant." And then everybody says, "Well, what did you do? I want to do that too. Will it work for me?" And everybody is constantly looking for this perfect prescription of actions that they can take, eat the right diet, do the right exercises, take the right supplements. Meditate on a full moon. Breathe correctly, go to acupuncture and get needles in your eyeballs four times a week.

I mean people say, the most interesting things on these forums and then the downside to that is, one, I mean there's a lot of money to be made by influencers selling programs to 'optimize fertility'. But that kind of creates this dissonance because bodies just don't work like that. One solution that works for somebody will not universally work for everybody. And that's any therapy. That's medicine, that's diets, that's any kind of treatment that you can do for a health condition, there's just no universal solution.

And I would also say further to that, there is this idea that there is just so much that we still don't know about how human bodies work. There is so much that science and medicine doesn't even have language for yet. We don't know why somebody that looks exactly the same on paper via their labs, and their medical data, and their lifestyle theoretically would look the same as person B. But person A would get pregnant, but person B wouldn't. So, there's still a lot of unknown that you're playing with as well.

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Kara: Yeah. So, I think one of the things we need to take from that is I think so much of our work is just about giving yourself a break. Not believing that you should be able to or can and are failing to completely control your body and all your health outcomes, and your physical experience of the world. You can notice that – I once had this conversation with somebody who was a very active drug user. And they were then taking a medication like an opioid blocker to sort of block.

And they said to me, they were really frustrated, they were like, “It’s just, some days I take it, I wake up and I take it and feel amazing. And then some days I just don’t feel any better.” And I was kind of like, “Yeah, this is normal. You’re not supposed to feel amazing every day. You’re not supposed to be able to control your mood by the minute with what you ingest or how you act.” So much of this comes back to that desire. So just having compassion, noticing when that’s what you’re trying to do.

And it’s so normal, I got fucking nothing done today before this podcast. I had a slate of work today and I could not get anything done. And my brain is just like it’s probably because you ate a tortilla for breakfast. What? That doesn’t even make any sense. I eat tortillas all the time. But that patterning is so deep. But the difference is in the past I would have been like, “Yeah, it is.” Beat myself up, make a plan to go on a diet, whatever, all of this.

And this time I was just like, “I don’t know man, sometimes you just have a day that you’re not that focused.” And that’s okay. That’s just what’s happening in my brain today, just chill out. I’ll probably get a lot done tomorrow. As opposed to beating myself up about it and believing all these lies I’ve been taught, that I should be able to be consistently exactly productive, in the same mood, and that my body is like a machine.

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That I should be able to turn the dials with exactly what I eat, exactly how I move, what supplements do I take, what meditation do I do so that I can get this feeling always good.

Deb: Yeah. And I think it's interesting to notice that when you begin to do this work and you learn about these themes of okay, yeah, now I know about healthism and diet culture. And I can see it happening in real time. And then the idea is to not freak out because your brain does go to those places at first. Because your brain might always go to those places at first. I might always think, what did I eat that was wrong? Every time I get bloated for the rest of my life.

But the hope is that each time I might be able to notice it and think about something else a little bit quicker and a little bit quicker each time.

Kara: Yeah. And a little more kinder to yourself. It's the human condition to sometimes be bloated. Yes, of course if you really notice a certain food, well, this always gets taken – I feel like any time we talk about this it gets distorted to like, so you're saying people should just eat nails all day long and it doesn't matter what you put in your body? No one is saying that. Obviously there are things, when I eat spicy food I get a lot of heartburn. I don't love spicy food, I just avoid it.

I don't know, it could be neuroplastic but I have just decided that's not a big cost to my life and I'm fine not eating it or whatever. The point isn't never do anything that you think is health promoting. But the point is, broaden your perspective on what's health promoting. For instance, for sure what we know is that shitting on yourself constantly for not being perfect is not health promoting. So, the extent you're doing that, that is not doing you any favors.

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And we know actually from studies that self-compassion is health promoting. So even if that's all you swapped out, you would actually be doing something more health promoting than trying to micro engineer your diet.

Deb: Absolutely. And what's so interesting is the bloating can be a cue for self-compassion. Again, I had a client this morning and she used to be afraid of bloating and now she's super excited about farting. That was her own creation.

Kara: Work with Deb and you'll become super, work with me and you'll start eating gluten. And then work with Deb and you'll be super excited about farting.

Deb: Yes, it's been lots of talking about poop, and farting, and vomit are some of the things in coaching that I cover. But a lot of those things people have fear around. So, we're always working with creating friendship. That's one of my main conversations is the goal is not to manage the body or manage symptoms. But to begin to explore deeper and deeper this inner conversation.

And the inner conversations that the subconscious beliefs about your body are stuff that you've gotten from your childhood, and from watching your parents, and from what people told you about your body. And the commercials, and the people you watch on Instagram, and just the random brain farts that happen in your mind. And every time you feel tired walking up the stairs, you start the mental conversation about how you're going to go on a diet.

Some of these things become these automated thought habit loops that when we slow down and interrogate them we get to decide on purpose

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really what we want to believe. And in the investigating, not just the thinking, but the relationship between the thoughts and then the sensations in our body then you really can know what you feel. Get more information and just start to even identify the difference between anxiety and just random how you felt after you ate something.

Kara: Right. And we know that much like the body is inflation. If you think there's going to be inflation you'll cause inflation. If you expect to have heartburn, you expect to have bloating, whatever it is, that's often what you're going to create. That doesn't mean that there aren't some foods that also may impact your body that way. This is not about an either or extremist thing. But I think for everybody, if the first thing you can start doing is just practicing that self-compassion, even just the acceptance of it is normal for a human body to feel different ways at different times.

Or it is normal for a human body to experience fluctuations in mood, or in energy, or in how it feels. There's this paradox with people, we know this from all coaching, people don't want to accept something because then they think they won't change it. But we all know that it's the other way around, by constantly rejecting it, believing it shouldn't happen, believing it means something's gone wrong, you are actually making it very hard to see what if anything is actually wrong or changeable.

The way that I think about it is some things are changeable, some things aren't. But you can't fucking tell the difference when you are not willing to accept your own experience. So, when you accept your experience, when you're willing to stop judging yourself and shitting on yourself for it, then you get the space to see. This thing might be changeable or this thing might not be and how can I have acceptance of that experience throughout?

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So, I think if you're listening to this and you're like, "Okay, what can I practice now?" Is pick your thing, your thing might be your energy, might be your mood, it might be your heartburn, it might be your joints, whatever it is. But just pick your thing and practice. It is the normal human experience to have variation in this thing, to feel bloated sometimes, to feel joint pain sometimes, whatever it is.

Deb: I want to jump in and also say for people who do have diagnoses or do have diseases or are sick in whatever way that means. There still can be a difference and lots of room to identify moments of feeling better within whatever the bouncy house of health you've got going on.

Kara: Yeah. And your reaction to what you feel impacts your emotional experience of it. So, if you have a broken leg, we're not saying, "Well, if you just accept it you might find out that it's not broken." That's not what anybody's saying. But the sensations you have about the leg, the emotions you have about the leg, all of that impacts how your body feels.

And if you are able to practice acceptance of the broken leg then it is broken and not shame yourself, or judge yourself, or blame yourself. You're going to find that even the experience of that circumstance, there are health circumstances. The experience of it can be so, so different for you.

Deb: And also, acceptance doesn't equal the worst thing you're afraid of happening. I think that's also sometimes is people are like, "If I accept this then what I'm afraid of happening is true." That's a magic trick. It's not actually how it works.

Kara: If I accept it then my leg falls off. No, that's not, isn't how that works.

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Michelle: We can be in acceptance of what is happening in this moment. And then we may be surprised. I mean there are all kinds of people who have all kinds of predicted health outcomes that don't end up being true.

Kara: Totally. Alright, chickens, so don't try so hard to feel better all the time. Enjoy feeling worse and you'll actually feel better. That's the case emotionally and physically. Thank you for coming on my friends. Where can people find more about you?

Michelle: So, I am mostly on Instagram, you can find me by searching my name, Michelle Kapler. And then I also have a podcast that's specifically for folks using fertility treatments to grow their families called The Infertility Stress Podcast. You can search that anywhere that you find your podcasts. And if you want to work with me, I do one-on-one coaching. I have a clinical practice and then my membership is starting in the fall for people who want to do it in community. And you can find all that at michellekapler.com.

Kara: What about you Deb?

Deb: I am on Instagram @movewithdeb and online at movewithdeb.com. I have a one-on-one pain recovery coaching program and also a podcast.

Kara: What's your podcast called?

Deb: Move With Deb, The Podcast, because I'm that 80s kid.

Kara: Join the club. Alright my friends, thank you.

Listen up coaches, if you are a coach of any kind with any experience certification, non-certification, multiple certifications whatever, if you are a coach, if you are working as a coach, if you are coaching, whether that's

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one client or 20 clients, and you're listening to this podcast, it is super important that you make sure that you are on my email list that's only for coaches. I have an email list where I keep coaches updated on anything I'm doing that is for coaches and where all of my teaching and information and training and all of that good stuff that's for coaches goes so that this podcast doesn't, you know, just become just for coaches.

So if you are listening and you are a coach and you have ever wanted to, or think you may ever want to learn more about feminist coaching from the coach perspective of how to be a better feminist coach, how to bring intersectional feminist principles into your coaching, how to de-hierarchize, de-hierarchy the coaching relationship, how to create more feminist coaching spaces, how to coach in a way that is more transparent and inclusive and collaborative, all of the feminist coaching principles that I teach you need to be on this specific email list. So here's how to get on it.

Text your email address to +1347 997 1784. Again, that's +1347 997 1784. The code word is just the initials. ACFC. ACFC. So that stands for the Advanced Certification in Feminist Coaching, which is my advanced certification for coaches, where I certify people to practice my feminist coaching principles and framework.

And of course, all of that information also goes to this email list. If you have been waiting for us to open up registration again, we only do it once a year. We're coming up on it. Soon applications will open to that list first and applications are done on a rolling basis. So the earlier you apply, the better your chance of getting in.

So if you wanna know when that's happening, anything related to feminist coaching goes to my feminist coaches list. So again, text your email to +1347 997 1784. Use code word, ACFC, all the initials, or go to

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unfuckyourbrain.com/acfc. Okay. Again, unfuckyourbrain.com/acfc. Make sure you get on that list, cause that is where all the good coach stuff goes. I'll see you there.

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