



Episode 465: Sara Gustafson on the  
Differentiations That Set Women Apart on  
Physiological, Limbic, Somatic, Biochemical and  
Psychological Levels

Child: Welcome to my Mommy's podcast.

This podcast is sponsored by Olipop, a company reinventing the idea of soda! It's no secret that most things we think of as soda aren't great for your body with the massive amounts of sugar and added artificial ingredients. But Olipop is a new kind of soda that tastes just like the sodas we grew up with, but unlike other sodas, it is packed with natural ingredients that are good for you and that help keep your gut happy too! They have delicious nostalgic flavors like Vintage Cola, Classic Root Beer, Orange Squeeze, Cherry Vanilla and Strawberry Vanilla. Strawberry is my current favorite but I really enjoy all of their flavors. They use functional ingredients that combine the benefits of prebiotics, plant fiber and botanicals to support your microbiome and benefit digestive health. There is also a massive difference in their sugar content. Their Vintage Cola has just two grams of sugar as compared to a regular Coca-Cola which has 39g of sugar. Their Orange Squeeze has 5g of sugar compared to Orange Fanta which has 44g of sugar. All of their products are Non-GMO, Vegan, Paleo and Keto-friendly with less than 8g net carbs per can. They are so confident that you will LOVE their products that they offer a 100% money back guarantee for orders placed through their website. We've worked out a special deal for Wellness Mama listeners. Save 15% off your purchase. I recommend trying their variety pack as it is a great way to try all of their delicious flavors. Go to [drinkolipop.com/wellnessmama](https://drinkolipop.com/wellnessmama) or use code WELLNESSMAMA at checkout to claim this deal. Olipop can also be found in over 5,000 stores across the country, including Kroger, Whole Foods, Sprouts, and Wegmans.

This episode is sponsored by Levels Continuous Glucose Monitors. I have been experimenting with this continuous glucose monitoring system for the past few months, and I've learned so much personalized data about my body's own response to different foods, even to workouts, to sauna, and to when I don't get enough sleep. I've been using Levels, and this has made a significant difference in the way I track my glucose data, and especially as it relates to diet and fitness. Levels is cool, because in addition to providing you with the continuous glucose monitor sensors, their app interprets your data, scores your individual meal, and allows you to run experiments across different inputs like diet, exercise, or even fasting protocols.

They're backed by a world-class team, including Stanford-trained MD, top engineers from SpaceX and Google, and a research team that includes legends in the space like Dr. Dominic D'Agostino and Dr. David Perlmutter, both who have been guests on this podcast before. Health is so personalized, and this has given me a way to know the best foods for my own body, and it's helping me get enough protein and carbs while still maintaining weight loss. Levels is currently running a closed beta program with a waitlist of 100,000 people, but, as a listener, you can skip that line and join Levels today by going to, [levels.link/wellnessmama](https://levels.link/wellnessmama).

Katie: Hello, and welcome to the "Wellness Mama Podcast." I'm Katie from [wellnessmama.com](https://wellnessmama.com) and [wellnesse.com](https://wellnesse.com). That's wellness with an E on the end. This episode goes deep on the differentiations that set women apart on the physiological, limbic, semantic, biochemical, and physiological levels when it comes to health and really to a lot of things. And, I'm here with Sara, who is a holistic tech practitioner and a counselor, and she's a women's health researcher from Austin, Texas. She has a lot of expertise in a lot of different areas. But in this specific episode, we go deep on how the biological differences between men and women create problems when studies are looking primarily at men, why 80% of all autoimmune disease diagnoses are in women and 90% of fibromyalgia diagnoses, why women are experiencing more anxiety and PTSD than men,

why two-thirds of Alzheimer's patients are women, how many things in our modern environment are designed specific to men which can cause problems because our biology and physiology is different, so we're interacting with our world in a different way.

And she also makes some really, really surprising points related to things like the link between breast cancer and certain emotions, and walks us through some exercises to help get unstuck. There will definitely be a follow-up with her because we didn't even have time to get into at least half of the questions I had for her, and I wanted to talk to her again about a lot more of the emotional and psychological impacts of some of these things. But as a starting point, this episode really goes deep on understanding the differences biologically between men and women and how we can use these to help us be more effective in the medical and health world in addressing all humans where they are more effectively. So, let's jump in and join Sara. Sara, welcome. Thanks for being here.

Sara: Thanks for having me.

Katie: I am so excited for this topic because I think it's not talked about enough. We know in the medical field, for instance, that there is not enough focus on the difference between men and women in even just medical studies, and how women are often even excluded from studies because things like our hormones make us more difficult to have as a control group, and so, often, things are tested on men, and then women are just kind of treated as lighter men when it comes to pharmaceuticals. And I think the medical community acknowledges that this is an issue, but hasn't really figured out how to address it yet. And my audience is so many women, and I hear from so many women who don't feel like they're heard or don't feel like they're getting answers when it comes to their health concerns, or being told that that's normal, or we've all had, like, layers of that. And so, I'd love to start by kind of diving in, in the idea of the unique design of women, and how...I know you've done work with the psychophysiology side of this, to overcome female-specific health concerns. And like I said, I think that's such an important topic right now, because it's just not being addressed adequately in the medical field.

Sara: Right. Well, you know, just as sort of a launching pad for this topic, you know, one thing that I found very, very interesting when I was doing a lot of my research was, even five years in, this was in 2015, I found a study. It was just kind of buried in there, was in "Frontiers of Immunology," that showed that females develop a more intense innate humoral and cellular immune response to viral infections, as well as vaccinations. And so, this was also specifically compared to the male subjects. So, basically, what it was saying is that their sex hormones differentiate and differently affect the immune responses to the viruses and the specific binding to the hormone receptors that are expressed in the immune cells. So we do have hormone-binding receptors in our immune cells, and those differently express across the board between male and female.

And so, they found that estrogens have an immune-stimulating effect. So then later, I had found another study that confirmed the estrogen compounds in females were able to stop the replication of viruses, whereas the estrogen compounds in males did not. And so, the fact that they do have these studies, they have this

information, they have the data, they are looking into things like this gender differentiations. However, it takes, you know, 10, sometimes 20 years for this literature to get practiced and on the desks of physicians, into curriculum, even longer sometimes to get into medical curriculum. And so, this could take, you know, up to 20 years to be in practice, in clinical practice, clinical curriculum. And so, we know about it, but it's just kind of sitting there.

And in the meantime, we're still being looped in to this large group population of the average 160-pound, 5'10" male, in terms of collecting our data, when we're getting our lab work done, in terms of being written prescriptions, in terms of being vaccinated, and in terms of being assessed and, you know, cared for by our providers, in all aspects, across the board, in everything, even when we go to the gym and we're being given, you know, training programs. We're just, all data across the board is, you know, all therapists, all trainers, coaches, care providers, physicians, we're just kind of looped into the average, you know, 5'10", 160-pound male.

Katie: Which, even that statistic is always interesting to me, because I would guess that's based on probably outdated data as well. The average male now I would guess is probably larger than that as well, so the men probably aren't even benefiting from these recommendations.

Sara: Yeah. It's more... Yeah, like what you kind of should be around, that average height, weight. Yeah. Correct. Yeah.

Katie: Yeah. And I definitely have seen data as well, like you mentioned, on that lag in application. So, we have studies, but then it takes a long time for those things to actually show up in practice. And I think that's a big reason I've advocated for so long people being their own primary healthcare provider, because we each, especially if we have a health concern, have to... We're gonna have the most vested interest in ourselves, and also know our symptoms and what's going on the best. And unfortunately, that means often we need to do the research and work with practitioners who are on the same page, versus just kind of outsourcing that to a medical professional, which I think has kind of been the old paradigm. But I think this is also really important and timely right now, because equality is such a big topic. And, you know, everyone is so cautious about making sure that people are receiving equal treatment, but, like, to your point here, it's not necessarily equal in quality when it's not addressing these actual very real biological factors in women. And so, basically, like, to me, is I've always thought equality doesn't mean the same. It should mean the same level of care. And I don't feel like that's happening in today's world either.

Sara: Yes. It's hard for.... I always say women don't need equality, we need equal quality. And that's, you know, sort of this phrase that I've repeated a lot over the years, and it's hard for many people to wrap their minds around, especially women, especially those in the groups of feminists. And so, and the reason it's hard for them to wrap their minds around is because we've had so many waves of feminism that have done a lot of work, that have gotten women to...so far ahead. They've done such great work, and I don't wanna discredit that or minimize that in any way. So it is difficult to wrap your mind around that phrase. And what I mean by

saying we don't need equality is because we are not equal. We're just, fundamentally, we are not equal. We're not the same. Because that's what equal means, is being the same, on that level, and we're just not. We are not the same. And I really wanna draw awareness and attention to that fact, is that women are not the same.

We can rise to the same and equal level of performance and output and intelligence and all of those things, but not on the same path, not in the same way. We need to draw attention and awareness to that. We don't need the same equality of all of these things. We need equal quality to the way that we are given attention to our human experience. We need to understand that when we're paying... It's almost like watering down our human experience by saying we need equality, because we're erasing our voices and the human experience by doing that, by removing ourselves from our femininity, by removing ourselves from the strengths and qualities that we do carry as women, and those differentiations, and the cogitations that we bring as women, we kind of remove ourselves from that by trying to be equal to men.

And that, in turn, we're hurting ourselves. We're killing ourselves. We're creating diseases. I mean, we have 80% of all autoimmune diseases and diagnoses are women, and 90% of all diagnoses of fibromyalgia are women. Women have two and a half times the rate of OCD, and anxiety, and depression, and that also is including statistics of post-war veterans. So, that just is going to say that women are working so much harder to push themselves to be equal to something that they are not equal to. And that means we're bypassing something, and detaching ourselves from a huge part of what we are as a human, and that creates a disease. And there's so much more to that. Even two-thirds of Alzheimer's patients are women. And when you think about what is Alzheimer's, I mean, it's losing of the mind. And what does that mean metaphysically?

So, you know, even heart attacks and heart failure in women presents different symptoms, and that gets overlooked, because a lot of time, women going into the ER or into the hospital with heart attacks get misdiagnosed with anxiety disorders, because even still today, there's this stigma on women that we're just mentally, emotionally, something's wrong, instead of looking at us physically, because it is in the literature, it is in the curriculum that there are different symptoms for a heart attack in a woman, but we still have this social, cultural stigma on women that despite knowing that there are different symptoms for a female heart attack, we're still giving the medication for anxiety and sending them on their way and letting them sit in the waiting room, right? While they die of a heart attack.

So, these things, while they sit in these studies and this literature is out there for 20 some-odd-plus years, and not making it into the medical curriculum, we're being failed. No one's paying attention, while we're out there trying to do it for ourselves, but also, we don't know. And so, as we're fighting for it, we're becoming angrier and angrier, and that's a very masculine thing to do, you know, further pulling ourselves away from the feminine and who we are as humans. And as to your point, trying to be so equal and sensitive to... I guess what's very prevalent now is sex and gender. That's kind of a big thing now. And, you know, something that's come up is transgender and all these different types of sexual expressions, which are very...it's relevant and valid, however, represent less than 1% of the world population, however, we're now getting rid of definitions and vocabulary. And, you know, midwives, nurses, medical staff are being taught and trained to not even say "breastfeeding." They're being trained to say "chestfeeding," in order to be more sensitive to the trans

community that may be, you know, because of that psychological, you know, I guess sensitivity of what they go through, wishing, because they identify as a woman, but they don't have breasts. They wish they could breastfeed. They want to have that, and so, that can cause them pain, understandably.

However, we're talking about way less than 1% of the population, and now, women who are women and identify as women who do have breasts now can't say "breasts," and now can't identify with their breasts. So, we really have allowed the pendulum to swing so far the other way, and we're losing our identification as women, and the human experience as a woman. And that's a very dangerous cliff to walk on the edge of, because as I was just pointing out, the diseases that we are so high in the marks of, it's getting worse and worse. We have higher rates of injury, higher rates of pain, higher rates of...we wait longer in hospitals and ERs. We pay more for medical costs than men. We pay more for healthcare, for medications.

And as I was pointing out earlier, if a man, a woman, go into an ER, the woman's gonna wait longer because we're seen as more exaggerating pain. Whereas a man goes into an ER with pain, they're...men will not... We're seen as, like, the man's not gonna go unless he's really in pain. They see him right away, so a woman tends to be forced to wait. So, there's just so much across the board where, even today, 2021, it's like, yeah, women have more equality, but we don't. We really don't. We're not being seen for really all the differentiations that we truly do have. And you look at everything you use on a daily basis, for instance, just your phone, or the keyboard that you're typing on, the door handles that you use, the equipment at the gym, the stairs you walk on, the buttons you push, everything was designed based on the average male measurements. Your musical instruments. They've done studies on this, too, like, pianists, classical pianists. Female classical pianists have two and a half times the rate of overuse injuries in their hands, because the piano keys are designed for the hand span, the male hand span. Same as the phone, that's designed for a male hand span. The only... Can you guess which items that you use on a daily basis, the only ones that are not designed based on male measurements? Still today. There's two.

Katie: Only two. Oh, gosh. I don't know. I would guess maybe something to do with what was a traditional female realm, like in the kitchen, or cooking, or something like that?

Sara: That's one. Kitchen utensils. And there's one more. It's really fun.

Katie: Oh, gosh. I don't know.

Sara: Shopping cart.

Katie: Oh, wow.

Sara: Yeah. So, the height of the shopping cart and the handle is based on a female height and hand measurements. So, yeah, still today. It's like, you know, so, everything else is designed for the average male measurements. And so, if you think about, you know, we're so used to even women using all of these things. We don't think twice about it. You know, we're not thinking about it, but when you think about arthritis, and the rate of women who experience osteoporosis, osteoarthritis, and arthritis, it far outweighs the diagnoses in men. And you wonder. I've looked for the studies. There's not too many studies that associate or even look to the fact that maybe that has something to do with the long, long-term chronic, like, overuse of every day, every thing, use of products and equipment, and just tools, everything, that are designed for measurements that are beyond the scope of what fits us.

So, we're overextending and overusing unconsciously, all the time, our whole entire lives. And it makes you wonder, is that why we are the ones with arthritis and bone loss? Because we're just overusing, don't know it. We're just used to it. And so, that's why I always say, just because it's common doesn't mean it's normal. We're just told it's common. It's just common for women to have this, it's common for women to do that. So, just because it's common does not mean it's normal. And that's a failure in our research and design. It's a failure in our science. It's a failure in our... It's a failure in our medical community, it's a failure in our fitness and health industry that we don't look at that. We just say that these are the common things that happen and occur in women, without going, "Why?" Instead, we're like, "Let's just take out these organs. Let's just give you the medicine."

Well, if your bone is deteriorating, it's not the steroids in your body that are missing, but we're injecting you with steroids. Well I'll tell you, if your bones are deteriorating or your colon is inflamed, I promise you it's not because your body is missing steroids. Something else is causing that. Something else is the root of that, but that's what we're doing to women. Well, and humans, also, in general. But that's why I get really passionate about this work is because women are highly affected on, you know, two times the rate, three times the rate, we're... autoimmune disease, pain, we're at 80%, 90%, and no one's going, like, "It's just common" without going, "Why?" and then addressing that. It seems like, you know, we're just compartmentalizing these specialties and surgeries to remove organs and inject things and put implants in the body, and looking at it as we're just replacing the body with systems, and looking at it as little pieces of systems and replacing the woman with little pieces of puzzles and systems. They're like, "Well, we'll just take this puzzle piece out and we'll replace it with some mesh," you know, not thinking, "Well, what is that gonna do to her long-term?" So, yeah, it's just... We're removing the identity of who we are. We're erasing the woman. And that's scary to me. It's scary. Like, what is that gonna look like in 20, 50, 100 years? What would that look like?

Katie: Yeah. And, I mean, like you mentioned, I think we've clung to this idea of equality, but linked it to being the same, and we're afraid if we let go of that version of equality, that it's saying that women don't have as much value. And that's actually the opposite of what...like to your point, look at this data. And I think not only is it possible, but we absolutely can and need to respect the dignity and the psychological experience of every person, especially including women, and, to your point, including the transgender community, who are navigating a whole separate set of circumstances in both of those areas, and who also have very high rates of

a lot of these things and have suicides, and they're navigating a lot. And I feel like they deserve to be looked at in that...the things they're navigating very specifically as well, but so do women. And we can do that without denying the cellular differences within the human body, and we can actually help people more when we do that.

So, I'd love to get into some specifics about maybe female-specific training in medicine across...that does take into account, like, our different life seasons and hormones and, like, where's a good starting point for women when it comes to understanding these differences, and then being able to tangibly work to make changes once we understand them?

Sara: Yeah. Well, so, let's say, you know, there are women who are very tall. There are women who have, you know, let's just say even culturally, depending on your ethnic background... And that's even becoming more narrowed, too, you know, say 30, even 40 years ago, you could study different ethnicities a bit easier, but now, there's just a lot more mixed in there. However, if you have certain ethnicities, there are women who tend to have more fast-twitch muscle fibers, like, more, higher percent than other women, but across the board, on average, let's say, women have roughly 50% smaller type two, like, the fast-twitch muscle fibers than men, or the composition of it. And about roughly, on average, across the board, 30% smaller type one, which is the slow-twitch muscle fiber composition.

So, this is another, I would say, hot topic, because we're again talking about trans community and, you know, trans women getting into female sports. And that is something that really doesn't change. When a man becomes a woman, you can take the hormones, you can do the surgeries, but you cannot change the muscle fiber composition. So that creates a higher advantage. So there's a differentiation there, because a trans woman competing against other women, these other women, on average, are going to have 30% smaller slow-twitch fiber, slow-twitch muscle fiber composition, and 50% smaller fast-twitch muscle fiber composition. So there's gonna be a disadvantage, no matter how many hormones you've taken to transition, no matter how many surgeries you've taken to transition, and how much you try to be equal on that playing field with other women, and so you have to look at some of these things. Again, it's nature. No matter how much you try to fool nature, nature's gonna have the last laugh there.

So, another one is, again, women are generally shorter in height. We have narrower shoulders. You can't chisel those off, or, you know, make your shoulders wider. We are built that way because we have longer torsos for reproduction. Longer torsos allow us to carry a child. That is by human design. That is natural design. So, men have shorter torsos because they don't need them. We do. So, the reason women have the more narrow shoulders and the longer torsos, it's to help us stay upright when we become pregnant. It helps us kind of stay there. And then we have the smaller waist and core angle. Again, by design. So then, when you're looking at training equipment in the gym, and it's all kind of designed for male measurements, and you've got those big, wide Olympic bars, those are designed for, based on the shoulder width and rib cavities of men. So, women, when you see women in CrossFit, pulling these bars up, it requires so much more core control, and their stabilization of the spine. And that's why you see them all taped up. You've got women with more shoulder injuries, spine injuries, because that bar is way too wide for them. Way, way, way too wide.



And then, women have smaller joint surfaces. We've got more rates of glute inhibition, because of our pelvis. We have different shapes in the pelvis. And lower upper body...lower torso to upper torso, inequalities in our muscles, and that's due to a wider pelvis and our breasts, so that causes, like, a little bit of inequality of how we're standing and where the muscle is distributed. So, also by design, we have increased joint laxity, and that allows for us to grow and come back, grow and come back, when we're pregnant. Whether a woman becomes pregnant in her lifetime or not, that is in there, because she was born a female. That's just, it's by nature. So we have more joint laxity, which leaves us more prone to injury, and we have to be aware of that. We are more hypermobile, and our muscles...also a good thing to be aware of, too, is our muscles are favored by estrogen. So, during certain phases of our cycles, during reproductive years, when estrogen peaks, mid-cycle, for example, and then it'll go up a little bit right before, you know, our periods, and then it tanks again. But our muscles are favored by this. So we have more speed, endurance, agility, and also workout recovery. We recover a lot quicker than men. So we tend to also present certain postural dysfunctions that are not usually looked at, due to breasts, due to pelvis, due to joint laxity, and, you know, hypermobility. That's the forward head and the kyphosis, where, you know, our back is a little pronounced and the pelvis is tilted forward.

And so, there's this over... You know, we pay so much attention on glutes, glutes, glutes, glutes, but we're not really even activating the glutes, so instead, we're usually activating our hamstrings most often, because we wear high heels. So, women wearing high heels a lot, that makes us quad dominant. So we're using our quads all the time. It leads to a lot of ankle injuries, leads to a lot of low back pain, back pain injuries. And funny enough, because it's all on the same nerve pathways, it can lead to incontinence, sexual discomfort when we're having sex, it can lead to IBS, constipation, and, you know, because of the postural dysfunction it puts us in, and then we can't activate the glutes. And the glutes are those big muscles that support the spine. And when the spine is not being supported, what is the spine? The spine supports that core, and what is in the core? Pretty much every single organ in the body. So, vital organ, right?

So, we don't think about these things in terms of, like, how different women are, but not only just high heels and our lifestyle and what we do, but we think about postnatal orthopedics, and the fact it's so rare for a woman to have her pelvis examined after birth, and actually examined, outside of just checking for infection and tears. And if you have to have stitches, just making sure there's no infection there. I mean, actually looking at the tissues, and the organs, and the muscle function, it's not examined. And surely, insurance doesn't pay for that. They don't even think to. But the trauma to the musculoskeletal system and the organs, and the tissues, and the fascia, and everything that has just occurred during birth, and there's no assessment that has been done there. They're just like, "Here is some Tylenol," and send you home in two days. And, "Oh, by the way, you just get back to regular activities in six weeks." Like, you just had your body ripped in half, and six weeks, you're on your way.

But if somebody has an orthoscopic knee surgery, and we're talking, like, a surgery that is exploratory, that is, like, the size of the pin here on the top of my pen, you get six months of physical therapy, pain medications, and, like, all kinds of stuff. Like, there's a huge disconnect, because we're still looking at this like "Women have been giving birth for, you know, since forever," so we don't get that kind of care. But what we don't consider,

also, is the fact that, like, hundreds of years ago, we had, you know, what we called maidens, and women surrounding us, who would take care of us, and the woman who gave birth, she didn't get out of bed for weeks. She didn't get out of bed. Because she healed. But nowadays, the woman's up and out of bed in a couple days, doing things, taking care of other children, and the family and the home. And so, this is why we're seeing so much injury and problems, and removing the uterus, and removing the cervix, and removing the ovaries, and incontinence. Again, it's common, but it's not supposed to happen.

Katie: Yeah. Oh, my gosh. Yeah. I'm making so many notes for the show notes. And to transition a little bit, I wanna make sure we have enough time to talk about this side as well, because I think it might even be more important. I have a note from you about the metaphysical correlations to physical symptoms and chronic illness. And when you talk about women having such higher rates of a lot of these chronic illness, it makes me really think, like, what's going on in that side of things that's really having an impact as well? And I have firsthand experience with this when I had... I've been in the health world for now 15 years, and had dialed in the diet and the training, and was running spreadsheets, and worked with every practitioner, and my health problems didn't start to resolve till I delved into the inner emotional side. And I had discounted that side for years because I had been told by doctors, like, "Oh, it's just in your head," or, "This is normal," again. And so, I think that's a really important thing that's finally starting to be talked about, but certainly not well understood at all. So can you kind of give us an overview, and then we'll go deeper from there about that more metaphysical side and how that relates, especially with women?

Sara: Yeah. You know, like I was pointing out earlier, the more we remove ourselves from the feminine, and from being the woman, from the human experience of being a woman, to, for lack of better words, but also, this is so accurate, to masculinate ourselves. We are overextending ourselves in order to be equal to something that we are not. We're hurting ourselves. So there is the psychological, but also the very, you know, irrational yet rational, what we rationalize to be, direction, that that's leading us into. The metaphysical is... Metaphysical means, like, the before, and beyond, the all-around, the unseen, right? The all-around. What's happening is the belief, is what we're believing needs to be done. And that is all based upon...really, it's subjective. It's based on these belief systems that all have really shaped how we interpret our world, and others around us.

Those belief systems can be the, you know, universal, collective. Also familial, like within our family systems, organizational, within our educational system, based on that. And then, within our culture, like where we grew up, you know, political and so on and so forth. And then you just, like, just mesh all of that in together. And so, not one person is the same, but each person may have some similarities. And we look at that and go, women are just really trying to follow this path of what's going on around them. And they're just...we're trying, we really are trying. We're trying to make it. And on one hand, we do feel like we're being heard, but only if we do this thing, so then we'll do it louder, and the louder we are, then the more, you know, we get done. Then what happens is others notice that. Others notice, "Oh, look what happened here with this wave of feminism, and the Me Too Movement." That happened, so other groups that need to get something done, they follow suit.

It just becomes a mimic of cultural movements that use rage and outcry to get things done, but then if everybody's trying to be equal to something that they aren't, we're erasing everyone's identity. We're erasing everybody's natural expression of who they came here to be on this Earth, Earth plane, whatever you call it. And that is the metaphysical part of it. We came here with an originating form, which is our soul. It is our spiritual expression. That is our truth. When you look at a child who is so curious, so excited about life, so excited about learning, excited about stories, excited about, you know, music and dancing and children, other children, and being around people and just soaking up the things, like, "What kind of tree is that? What kind of bird is that?" and going into the zoo and seeing the... They're just so excited about everything around them.

By the time you become an adult, you're just like, "blechh." You know, you're just sitting at a desk and you're like, "blechh." You know, "Monday, ugh." You know? And that's what happens over the timeline, and we just lose it. But now, imagine being the adult who is that, "Ugh, Monday," driving to work, you're in traffic, you're listening to the news. Everything on the news is racism, and politics, and fighting, and pandemic, and disease, and war, and bombing, and communists this, and liberals that, and da, da, da. And by the time you get to work, your nervous system is already shot, and you're at a job you really don't like, and you're only doing it because it has good health benefits for the family, and you're working your ass off trying to make all this money to pay for a house you never get to be in.

And so, your life is just miserable, and you don't look at it as that. You just look at it as you're doing what you gotta do, and you're looking forward to the weekend, but by the time you get to the weekend, you're so tired. So, like, the, that's the average human being. Think of it now though as the woman. Because on top of that being the average person, and I sympathize with that, even just being the man, right, the head of the household, think of the woman. Thirty percent of women are in poverty, and 60%, post-divorce, are below poverty level. Two-thirds of the women in the world, doesn't matter, poverty, or married, not married, working mom, not working mom, it doesn't matter. Two-thirds of the women do all of the, you know, labor. Like, world labor. Like, actual housework and actual labor. Unpaid labor, I should say. Two-thirds of unpaid labor is performed by women. Even if they are also doing paid labor work, they're still also doing the unpaid labor. That's two-thirds of women in the world.

And so, that's on top of that. And then on top of that, we're using tools, equipment, and everything around us, designed for men. We're not being cared for based on our differentiations and very...or all the cognitive variables that need to be addressed. So, metaphysically, it's almost unconscious. We don't know what we don't know, but we're forging through it. So there's also this unconscious anger that we don't know why we're angry, but we are. Because we're doing everything that we don't know we shouldn't have to do, on top of the things we consciously know we're doing beyond the scope of what we should do. So it's a double bottom, and it's like an accordion, just constantly, just pushing on it.

And that will create disease. It will create disease when we repress anything. And on top of the, again, the subjective belief systems that shape our perception of everything, it's just a big pot, like a big soup. And so, I always think of that just in terms of my experience. And I grew up quite privileged. You know, we went through our, like, ups and downs with poverty, but still, I'm White. I was, for the most part, middle-class most

of the time, and then I look at the minorities, or even in third-world countries, the suffrage that these women...that is happening, and we don't think about it or talk about it. It happens. So, on a collective consciousness level, we are all still tapped into that, as women, collectively. And it doesn't get talked about. So even through the Me Too Movement, there was a lot of talk about bringing all this awareness to, you know, these big rich movie producers, and these actresses, and all this poor treatment and assault, things going on in hotel rooms. My heart went out to all of the women of color who were probably reading these news stories, going, "You had a bad date, right?" Not to minimize these stories, not to minimize these women, but where's the spotlight on the rates of abuse and rates of domestic violence for immigrants, for African-Americans, that you didn't even see stories about it during Me Too. Not, like, at all.

And so, there was a lot of uproar about that. So, talk about metaphysical, and anger. And then what happened recently, just a year ago? A lot of this racial and immigration stuff came up, and they're mad. They're angry. Rightfully so, because we had a lot of White women, very privileged White women, getting the spotlight and front of the news, being the victims. And everybody, the whole country, the world's crying for them. And so, rightfully so. These women were ignored. And so, of course, they're gonna join in and be very angry when they have the opportunity. So, there's a... Where I'm getting to, long story short, where I'm getting to is there's a pattern. It's a spiral. And it's gonna continue to be a pattern. And where we see the physical come out of that is when we repress, and we don't pay attention to the thoughts and the emotions behind what's going on. I mean, it's not like it goes anywhere. It doesn't go away. It's like, if you have a desire for something, and you're like, "I'll just be disappointed. I'm not gonna..." You know? The desire doesn't go anywhere. It just hides. So, that energy stays there. And then eventually it manifests, in some way that is generally dysfunctional, and it is generally rebellious, but you're gonna see it in these patterns within your physical body.

And auto-immune disease tends to come from the feeling that you are not worth taking care of, that you don't believe you're good enough. That is the most common behind that, any autoimmune disease, any endocrine disruption or dysfunction, "I'm not good enough." Breast cancer, anything of the breast, it's always self-sacrificial. The rates, there is a study that was done. Oh, man, I think it was late '90s, early 2000s, where they found the rates of breast cancer in correlation to Catholic upbringing was very high. It's all about, you sacrifice your desire, you sacrifice your...like, your truth, what you really wanna say. You withhold it all, for the sake of keeping the peace, for being good, for, you know, you don't wanna sin, you don't wanna... You know, it's all this very sacrificial, and the rates of breast cancer that manifested from that, and it's right there in the heart center, and you're not being true to yourself, to your heart. And so, that's all very metaphysical.

So, when you withhold something, that energy stays there. It doesn't go anywhere. And it's gonna infiltrate you physically. And so, there was a...what was it? It was...oh, what's his name? One of the greatest authors of our time... I'll think of him later, because I don't wanna waste it. But basically, what he was saying is that the human mind cannot be replaced for the system of the, you know, the nervous system. So, the scientist, the physician who studies the nervous system but ignores the fact that the mind is the gateway to the nervous system... Like, without our mind, without our thoughts, we don't incite the emotions and the feelings. That's, you know, the whole limbic system. That's the, you know, hypothalamus, and the pituitary gland, and that whole nervous system loop that gets provoked.

So, we study the nervous system and how that provokes and incites the stress responses. But what happens? Like, how does that start? It starts from a thought, which provokes an emotional response. And that starts the whole neurological loop that then will govern everything. Hormones released, your blood pressure, your heart rate, your sweat glands, everything, and we kind of like compartmentalize all these things as, like, pathologies, without even thinking that the thought, or the perception, or the attitude is what really opened the gate to that. And then we separate all of that. And it's all actually just connected. It's one thing. So, again, it goes back to the subjective experience of the individual.

Katie: And I feel like a lot of people listening can probably really resonate with that idea of women carrying much more of, you know, you talked about the emotional and physical responsibility of the household and of children. That does tend to, on average, fall much more on women, and it's often talked about that emotional labor imbalance that exists. But I think maybe it's harder to intuitively feel that, like, the emotional connection that you just talked about, that emotional repression, and how that very much can exhibit in physical symptoms. And like I said, I knew the health side so much, and I ignored for so long the possibility that my emotions could be contributing to health problems. And when you say these things, I can certainly understand and feel very viscerally that feeling I used to have of not being worthy of love or being taken care of, and how that manifest very much in my body and how I wasn't doing a lot of things to take care of myself because I didn't feel worthy of that. So, for anyone else that's resonating with, how can we start to break those patterns, or, like, unpack that and break that cycle? Because I'm sure so many people listening are probably really resonating with some of the things you just said.

Sara: Yeah. One place to start is, well, where I always go, is this question, is, so, if the mind and the body are not in the same place, then we know that we're crooked, right? And if our thoughts and our feelings are not in the same place, we know we're crooked. And crooked doesn't always mean, like, you're naughty or bad, right? We just know we're not in alignment. Something is off. So, the consciousness and our unconsciousness are not meeting somewhere, right? So something, likely in our subconscious, is not matching our consciousness. So, like, consciously, we know we are worthy to be loved, but something in the subconsciousness is either triggering a thought that doesn't match it, or it's triggering an emotion that doesn't match it. And so, we'll do, like, an exercise of, you know, think about something that really creates an emotional response from you.

Like, for people it's just...think of hot topics, right? You know, whether it's Joe Biden or Donald Trump, or whether it's pro-vaccine or anti-vaccine. Think of something that incites an emotional thing. Your in-laws, or your mom, your dad, right? So, we just start talking about something that gets you triggered, and then we ask some questions. "What are your thoughts about that da, da, da, da? How do you feel about da, da, da, da?" Right? And then you begin to ask questions, now, let's think about that in terms of your intimate partner, your children. And we look at the patterns when we go through what I call the adult attachment form. And you'll see how the way they answer questions regarding their parents and growing up, their spiritual philosophies versus their relationships, there'll be some patterns, but then there's something where I will catch it off guard. There's a, something doesn't match here. And then we'll go and discuss it. So, one thing is, is this my soul talking, or is this my fear? Is this fear?

That's a long, drawn-out process, but if you wanna go to...for your viewers, let's say. Let's just do a short exercise, right? If you're stuck, right? One thing you just ask yourself, "Is that true?" Is this true? Like, do you have all the facts, to prove right now is this true? So, you know, your mother or a friend texts you something, and the tone of the text is, like, passive-aggressive and you receive that as they're mad. You can ask, "Is that true?" And then the ego may wanna say, "Yeah. That's probably true because..." right? You start to list reasons, "Because they always respond this way when da, da, da, da," then you can ask again, "How do you know?" Because what else could be true? What could the other truth be? Right? What's the other truth? The other possibility? You flip the coin. The other possibility could be a million things. Maybe they were at a stoplight and they didn't have a lot of time to respond, so it was just, like, a quick abrupt, like, you know? And it came across this way and you read into it. Maybe it was, you know, the kids were around, and, you know, they're really distracted or they're in a hurry, or they're, you know, on a phone call, you know, all these things, right?

So what you do is you mirror it back to you. When have you responded to somebody abruptly, and potentially, they took your response the wrong way? Or maybe you read something that you texted or wrote, and read it back to yourself and you were like, "Ooh, they may take it this way?" That's the other truth. That's flipping the coin. And then, when you do that, you can ask yourself, "When did I first start to think these things? What's behind this thought? What is behind it?" So, what is really... Okay, so, they're passive-aggressive and they're mad. What is behind you thinking that? What are you gaining from that? Then you ask, "Okay. Well, by assuming, right, that they're probably mad and projecting something onto you, then you are what?" You're prepared to defend yourself. You're prepared to think of all the reasons and gather all the things that you may have been perceived wrong, or misinterpreted. That way, you're ready. Right? Preparedness. Now you're prepared. So, that could be it. That may be behind that. You need to be prepared. And that could be actually behind you projecting things onto people that they're upset, that they're angry at you, that they don't like you, that they don't wanna hang out with you. All of the things, right? So, this preparedness. Now, what do you need to be prepared for? Then you ask yourself that. "What am I trying to be prepared for?" Rejection.

That next question you ask, "When was the first time I can remember or recall, in my earliest memory, feeling rejected?" And you just start working yourself back from there. And you try and recall, like, as early as you can, as a child, feeling rejected, and what did you learn from that experience? And this is what I teach my clients to do, is just really sit with that child, yourself as a child, and be with that child, in that moment, when you felt so rejected. What were your thoughts? What were you feeling? What did you learn about that experience? Because that became your inner dialogue. That became your programming. So, you learned from that moment to not feel that way again. You don't wanna feel that way again, so therefore, you're reading into things all the time. You're now looking for the clues.

And so, if you are walking around with a guard and a shield up all the time, everything's gonna look like a weapon. So, what if you put down the guard and the shield? What would the world look like? You know? And also, would you be aware of the fact that maybe, through all of that, in the process of all of that, you may have been rejecting a lot of people. So that's where we see the mirror. And by fearing rejection, that is the paradox.

By being so afraid of rejection and abandonment, we in turn reject a lot of people. Because all of the good intentions that may not be the way we want to receive it, we'll have a response that maybe others are not expecting, and then they feel rejected and confused. And therefore, we're rejecting ourselves. So then, that whole process of not wanting to be rejected, we are rejecting and abandoning ourselves, over and over and over again.

And that just basically means that we are the ones victimizing ourselves. We are the ones that are not loving ourselves. And when we do that, again, going back to the nervous system, the thoughts are creating this, you know, if we wanna get science-y and talk about biology, that's what happens. It creates this neurological loop that starts to govern everything in our bodies. And we may not be aware of it, we may not be feeling it, but let's go back to women, again, like, you know, on a hormonal and, say, on a level of our endocrine systems, we pump out cortisol... Over a 24-hour period, when we are exposed to a stimulus, our cortisol levels are two to three times higher. Over a 24-hour period, we are still pumping cortisol out, after a stimulus. Whether it is fear, whether it is grief, whether it is sadness, whatever the stimulus is. Through that HPA axis, when we have that perceptive stimuli, we're still pumping cortisol after 24 hours, for that one thing.

Now, imagine we had six stressful stimuli. We're still pumping 24, 48, 72 hours because of that one day where six stressful stimulus we were exposed to. Now, imagine, then, we have three children, and then, like, some tension in the relationship, and we come home from work and the house is a mess and the children are loud. Even that is stressful stimulus. Even though it's like this is the normal day for a woman, but it's still stimulus. It's still stress. It's such an unconscious, this happens every day, whatever, you know, like, "This is just my day." But that is the stimulus that is happening unconsciously, and it is pumping cortisol, all the time. And... Let me see if I can find the photo and I'll show you, even from the study, where they took blood levels from the man and the woman. I think I have it marked here. And they showed... Oh, here it is. What it looked like.

And this is after one stressful stimulus. This is a man, and that's the woman. That's the cortisol being pumped out. And I can send you that photo too, if you'd like to show it. But because higher levels of estrogen are related to a delayed cortisol delivery, via the HPA axis, and, you know, and related to stress response, any stress, whether it's good stress, working out, going for walks and pumping, you know, circulation in our systems, you know, lifting weights, whatever, or bad stress, we have a delayed cortisol delivery. And that delayed response also, it prolongs the stress outcome, but also, it creates a chronic stress in women that it does not create in men. And it leaves women more prone to chronic fatigue, which can explain the 90% number in fibromyalgia, but also the higher numbers in depression for women. Also, on top of that, we release higher levels of cortisol, and that steroid hormone, when we are exposed to stimulus. So, that also affects our absorption of certain carbohydrates and minerals, such as potassium, calcium, and sodium. So that affects our metabolism of these things, and can lead to metabolic issues, thyroid. It shuts off our inflammatory responses. So that is an immune response, which can also lead to auto-immune diseases.

So, let's even add more layers to this cake. Psychologically, women have a shorter area between the two sides of our brain, so that area between the left and the right, the neurons don't have to travel as far to get from left to the right. So we can actually control both sides of our brain at the same time. This is also, as they are

theorizing, by natural design, because, in the beginning of time, right, the men would go off to hunt. The women were left to sort of protect and maintain the, you know, the caves, the teepees, the families, and the tribes. So, the women were more peripheral. So, controlling the both sides of the brain was very important. It made us more highly intuitive, and highly perceptive. We smell better, see better, and sense better. So, while we could think logically, reasonably, and communicate, that other side of the brain doesn't shut off. So, if we're, you know, chiseling tools and cooking, we also can still have that extrasensory perception, and intuit things around us. That's where the term eyes in the back of the head come from.

This creates stress, because we're not living in a cave in the woods now, where every once in a while, we may be worried about a saber tooth tiger. You think about the world we're living in now. We're just constantly inundated with stimulus, all the time, EMF, and noise, and children, and work, and work all the time, right? Working in our careers, working at home, cleaning, and, you know, all the things. Parent-teacher meetings and relationship work, you know, all the time. So, our brains have tabs open all the time. And then, we are also tapped in to the energy fields of our children, our husbands, our partners, and the people around us, the collective fields. We are tapped into that. And we're sifting through it all the time. So we're very peripheral. So, when you talk about cortisol, our cortisol is always push push push released, and at a high level.

So, when we're, you know, metaphysical issues, being related to stress and emotions, like taking care of a woman's mental and emotional wellness has nothing to do with is she unwell? It has everything to do with supporting a woman on an individual basis, based on who she is, her needs, and her authentic voice, and what she wants to do. And what is her purpose? What is her truth? What's in her heart? It's not just, you know, she's anxious, and she's crazy, or, oh, she's on her period again, or, you know... It's supporting women, and just giving a voice to their human experience as an individual. Because that in itself is going to help ease and balance and harmonize us, because we have a whole lot of shit going on.

Katie: And I have a note here as well about a five by five formula to mitigate fear and stress, and I wonder, does that relate here as well? Like, what are some of the things we can do to, like, start making that shift?

Sara: Yeah. So, stress, you know, because, again, like, that can be so... Like, early on in my work, I found that working on stress is stressful. That causes... Like, it's stressful just to work on your stress. It's like, God, you know, like, we can't even catch a break because it's just so stressful just to work on our stress. So, I try to figure out a way to mitigate this so it isn't stressful to, you know, manage stress. And as a woman, especially if you have children, especially if you have a dream that is outside of being a mom and a wife, right? If you have a dream outside of that, then you have to work even harder to balance yourself, and harmonize your health. And so, I narrowed it down to, okay, we've got five types of stress that we can be aware of. And our body has five control systems in which stress will affect it and knock us off that, our balance.

So, the five types of stress are physical, nutritional...and those are pretty quantitative. Most of us kind of look at those things and be like, "Oh, okay. Yeah." But then there's chemical stress, and that's, like, in a lot of stuff, like detergents, air fresheners, swimming pools, tap water, like, all of that stuff, but also, you know,



prescription medications, bug sprays. So, I think a lot of us are getting to that, like, holistic level, where we're being more mindful of the chemicals that we're being exposed to, but that's a stress. Now, here's another one, electromagnetic stress. We're getting more mindful of that, but now with 5G, it's pretty difficult to mitigate this, because now it's everywhere. So we gotta look at ways to harmonize the home, and our cell phones, and our exposure to that, by balancing those things out with certain products and things like that.

Then we've got psychic and mental stress. Now, that's not something we can get rid of. Like, that's not gonna go away, ever. Just working on our self-development, and our spirituality, and pursuing our dream and all of that is just gonna be psychic and emotional stress. So we just have to learn how to, like, have little buckets of need to, should, and have to. Like, this is something I have to do. It's non...it's not a compromise type of deal. These are the routines, the rituals, things that I have commitments to, and then this bucket is a, "I should do this." This is something I should do because it's good for my health and wellness, but it's not a really, like, urgent kind of thing. These are, like, wishes, right? And then there's the bucket, like, I need to do this, because if I don't, right? There's a "if I don't." There's a consequence to that.

Like, I need, for my psychic, mental, emotional wellness, I need to eat three meals a day, or I need to eat five small meals a day. You'll know by being in awareness of yourself. I need to drink more water for my emotional and psychic wellness, because when I get dehydrated, like, all these things happen. I need to sleep. I need to take a break at this time of the day. I need, like, that's the "I need" bucket for your psychic wellness. And then there's the have-tos, which is, like, this is the, like, time management thing. Like, these are the things that I am committed to, such as the soccer practices, and the eating dinner with my family, da, da, da, da, da. So, you know that anything within those timeframes, that's you're not compromising those things. So, outside of that, you can be flexible. So, have-tos, need-tos, and "I should." So, if I accomplish my have-tos and needs, then I'm gonna get to some shoulds, for my own sake. Right?

So, we got to all the stresses, you know, nutritional and physical. I forgot to mention the physical stress. There's good and bad. You're either working out too much or you're not working out enough. So, if you're not moving enough, that is stressful. If you're working out too much, that is stressful. And so, you have to gauge, with your own physical awareness of your body, whether you're doing too much or not enough. And so, if you're having a hard time recovering after workouts, you're doing too much. And, you know, if you're sore and achy in the mornings, or by the end of the day, you're not moving enough.

Nutritional stress is, you know, are you eating the right foods? It's like, when you're eating, what you're eating, how you're eating, too. You're eating in the car, in a rush, you're probably experiencing nutritional stress, because your digestion can't work like that.

So, then there are the five main stress control systems. So, once we have those kind of like marked up, the five stresses, that's for us to be aware of. Be aware of these things, let's be mindful of these things, however way is good for you. You can draw a picture of the five stresses, and have them somewhere that, like, you're gonna see them all the time, whether it's a refrigerator, or, like, in your office or whatever, and like, "Okay, I'm being

aware of these things," or whatever. Now, we have the five stress control systems. Number one, for me, is the limbic system, which is what we were just talking about before this. So, your nervous system isn't gonna get activated unless you're thinking, perceiving, something. Unless something is stimulating, a thought, or an emotion, that incites this neurological feedback loop, that then begins to govern all of your thoughts and your behavior in certain ways. So, that's the limbic system. And this is part of the brain that involves our, you know, behavioral, emotional responses, especially in parts of things, like, related to survival, like feeding, caring for others, fight or flight.

Then there's the hormonal. That's the second stress control system. And we can usually attend to when this is a bit off, for us women, especially. This is part of the endocrine system, and this is all of our glands that produce hormones that regulate metabolism, growth, development, sexual function, reproduction, sleep, mood, as well as many other things, but you're gonna be able to tell when your hormones are off just based on, you know, body temperature, sleep rhythms, your mood throughout the day. Is your mood, like, erratic throughout the day? Is your energy, you know, up and down throughout the day? And how's your body temperature being regulated throughout the day? Can you self-regulate your temperature? And metabolism has a lot to do with all of those things too, but are you needing to drink coffee in the morning, and do you need something at night to get you to sleep? That's a big indicator your hormones and your endocrine system is way off, and you need to do something very quickly, because that's a slippery slope.

Your visceral system is the third. That's, you know, all your organs, working very unconsciously, but intelligently together, to maintain homeostasis. So, this is the autonomic nervous system, so this is the nervous system that's, like, basically communicating with all of your organs. And it regulates all of your organs without any conscious thought or effort. So, this system just sends signals to each other. So, you're gonna notice, like, digestive issues, mostly, right? Ability to concentrate, memory, things like that. The most notable in this system is digestive, and elimination. Are you pooping regularly? Is it healthy poop? When you eat, are you feeling gas, bloating, things like that? And so, this is the switchboard, the autonomic system, you know, and for most women, the side of the switchboard that's on is always the fight or flight.

The fourth is the nervous system, central nervous system, peripheral. And as women are very peripheral, that means these are always lit up. And so, these are the ones that carry all the messages to all the other systems of the body. But what governs the nervous system is our perception, our subjective perception of the world. So, so much work can be done with all of the ones that I just listed, limbic, hormonal, visceral, and nervous system, if we work on our perception of the world. Because usually, this is all conditioned, subjective to how we were raised, influenced, conditioned within our family, within our educational organizations, by the movies we watched, and the churches we went to, all of those things, and that don't necessarily serve us now.

And if we work on these things, it can very much change everything about the way our nervous system works, because all of that stuff, in terms of how we perceive the world and look at the world, doesn't...and very unconsciously, by the way, doesn't match our conscious waking world anymore. It doesn't match our conscious waking thoughts and beliefs anymore. And it creates this, like, inner conflict. And so, when we explore that, and individuate from that, then we literally can just eliminate that stimulus from our nervous

system, just right there, and eliminate all those biological and physiological responses that impact our endocrine system all the time. And it's such a subtle thing happening all the time. So, simply working on all those belief systems is so, so important. Very, very important to the nervous system.

The last one is musculoskeletal, because as I said, you know, as we pump out such higher rates of cortisol, that affects our metabolism, and it affects our mineral absorption, which in turn will affect our bones and our soft tissues and our ligaments. And we're already at a disadvantage there. So, we will see higher rates of injury and bone loss, and arthritis, and pain, and postural dysfunction. And if we, you know, have surgery, slow wound recovery and repair, things like that. So it's so important for us to work on all of the things above there. So, just even having a mindful understanding of these five by fives, just very, very simple little categories of the five by five, and having them in a conscious awareness, not even being an expert about them, just having a conscious awareness of these day to day, and just checking in with yourself, you know, can just go a long way, such a long way for women.

Katie: Made a lot of notes on that one, too. Those will be at [wellnessmama.fm](https://wellnessmama.fm).

This podcast is sponsored by Olipop, a company reinventing the idea of soda! It's no secret that most things we think of as soda aren't great for your body with the massive amounts of sugar and added artificial ingredients. But Olipop is a new kind of soda that tastes just like the sodas we grew up with, but unlike other sodas, it is packed with natural ingredients that are good for you and that help keep your gut happy too! They have delicious nostalgic flavors like Vintage Cola, Classic Root Beer, Orange Squeeze, Cherry Vanilla and Strawberry Vanilla. Strawberry is my current favorite but I really enjoy all of their flavors. They use functional ingredients that combine the benefits of prebiotics, plant fiber and botanicals to support your microbiome and benefit digestive health. There is also a massive difference in their sugar content. Their Vintage Cola has just two grams of sugar as compared to a regular Coca-Cola which has 39g of sugar. Their Orange Squeeze has 5g of sugar compared to Orange Fanta which has 44g of sugar. All of their products are Non-GMO, Vegan, Paleo and Keto-friendly with less than 8g net carbs per can. They are so confident that you will LOVE their products that they offer a 100% money back guarantee for orders placed through their website. We've worked out a special deal for Wellness Mama listeners. Save 15% off your purchase. I recommend trying their variety pack as it is a great way to try all of their delicious flavors. Go to [drinkolipop.com/wellnessmama](https://drinkolipop.com/wellnessmama) or use code WELLNESSMAMA at checkout to claim this deal. Olipop can also be found in over 5,000 stores across the country, including Kroger, Whole Foods, Sprouts, and Wegmans.

This episode is sponsored by Levels Continuous Glucose Monitors. I have been experimenting with this continuous glucose monitoring system for the past few months, and I've learned so much personalized data about my body's own response to different foods, even to workouts, to sauna, and to when I don't get enough sleep. I've been using Levels, and this has made a significant difference in the way I track my glucose data, and especially as it relates to diet and fitness. Levels is cool, because in addition to providing you with the continuous glucose monitor sensors, their app interprets your data, scores your individual meal, and allows you to run experiments across different inputs like diet, exercise, or even fasting protocols.

They're backed by a world-class team, including Stanford-trained MD, top engineers from SpaceX and Google, and a research team that includes legends in the space like Dr. Dominic D'Agostino and Dr. David Perlmutter, both who have been guests on this podcast before. Health is so personalized, and this has given me a way to know the best foods for my own body, and it's helping me get enough protein and carbs while still maintaining weight loss. Levels is currently running a closed beta program with a waitlist of 100,000 people, but, as a listener, you can skip that line and join Levels today by going to, [levels.link/wellnessmama](https://levels.link/wellnessmama).

And time-wise, I feel like there's still so much more I wanna go into with you, especially, like, the shadow work and the inner child side. And I feel like if you're willing, that could be its whole own second episode.

Sara: Sure.

Katie: That deserves plenty of time. But I wanna respect your time and the audience time today. So, a couple quicker questions I love to ask toward the end, is... I think we've already kind of delved into the misunderstandings when it comes to your area of expertise, but any particular advice that you wanna make sure you leave with the women listening today?

Sara: Yeah. Yeah. So, one of my biggest things that I give advice for, and we touched a little bit on it, so I will leave you with this, is any time you have a thought, ask yourself, "Is it true?" Even if it seems true, I always say question yourself. I do it to myself all the time. I do it every day. I always question myself. The biggest challenger you should have is yourself. Compete with yourself. Always try to outgrow yourself, outgrow your thoughts, outgrow your beliefs, outgrow your feelings. Because it's so easy for us to be objective observers of others and how they're kind of misaligned, doing it wrong, and how they are, because we're detached from their outcome. We're detached from their emotions. However, that's easy. It's easy. What that is showing us is what we are often missing in ourselves. So, always outgrow yourself, challenge your thoughts, challenge your feelings, question yourself, always, constantly, and write down your dreams, if you can. Because if you do that and really explore those, that is truly in terms of universal symbolism. Read Carl Jung. You'll never need a therapist ever in your life. I know that's bad for my job security, but if you study Carl Jung, write your dreams down, free therapy, right there. And read books, but written before 1989. You'll get so much more. That's it. That's my advice.

Katie: I love that advice. And speaking of books, I think you're gonna have an unconventional answer to this question as well, but I always love to ask if there's a book or a number of books that had a profound impact on your life, and if so, what they are and why.

Sara: Yeah. Definitely do. I'm asked this a lot, because I do read a lot. And so, people do always wanna know what my one book is, or author, etc. And knowing that I am a researcher and I read a lot, I mean, I have so many books, but my answer is that there is no book. And I came to this realization because I am obsessed with

books. I am obsessed with reading. I'm obsessed with learning, and I'm obsessed with knowing, and that's the problem. That is my problem. My problem is this obsession of knowing, and having more information, and that is a big problem in the world today. And so, my answer to this question usually is in the form of a person, which would be Paul Chek. And so, I like to think of him also as a human book anyway, because he's just...you know, you could ask him a question and he would reference a book, tell you what page it's on, and which paragraph. He is a phenomenon. But he is the man who taught me to find the wisdom within myself.

Now, that doesn't mean that I don't read anymore. I love reading. I love researching. Researching is my jam. But he was the one who, because I am so serious about questioning everything and not trying to land on one answer, and being so firm in this answer and opinion or theory, that took me down the rabbit hole, like "Alice in Wonderland," is he taught me that books are really truly other people's ideas. They're other people's thoughts, it's other people's work, and usually, that comes from other people's thoughts and other people's work. There are really no original thoughts and ideas when you're reading a book, or a program, or whatever. The real true wisdom comes from you, your heart. And so, if you're seeking something, especially if you're trying to explore growing, learning about you, yourself, you need to be inspired, you have to look within yourself. You have to turn this off, and meet yourself somewhere here, because this is where the true wisdom is. And he even made me go on a learning fast. I wasn't allowed to read, learn, study, take a course, nothing, for four months. It was the most difficult thing I ever did. And that is when I wrote my course. And so, real wisdom is here. And so, no real books. If you really wanna grow yourself and be inspired, right here. This is your book, your heart. Open it.

Katie: I think that's a perfect place to wrap up for today, with a promise of a round two, to go into a lot more deeper topics beyond this. But, Sara, thank you so much your time. Like I said in the beginning, this is such an important topic, and I love voices like yours that are helping illuminate it.

Sara: Absolutely. Thank you.

Katie: And thanks as always to all of you for listening and sharing your most valuable resources, your time and your energy and attention with us today. We're so grateful that you did, and I hope that you will join me again on the next episode of the "Wellness Mama" podcast.

If you're enjoying these interviews, would you please take two minutes to leave a rating or review on iTunes for me? Doing this helps more people to find the podcast, which means even more moms and families could benefit from the information. I really appreciate your time, and thanks as always for listening.