



Episode 20: Pessimism, Negative Thinking and Fatigue

Evan H. Hirsch, MD: Hello, and welcome to the Fix Your Fatigue Podcast. Whether you can't get out of bed in the morning, your energy crashes throughout the day, or you're a biohacker looking to optimize your energy, productivity, and focus. This podcast is for you. I am Dr. Evan Hirsch. And I will be your host on your journey to resolving fatigue and optimizing your energy. And we'll be interviewing some of the top leaders in the world on fatigue resolution. Welcome.

Evan H. Hirsch, MD: Hey everybody! Welcome to another episode of the Fix Your Fatigue Podcast. I'm so glad that you're joining us here today, because today I have Dr. Joan Rosenberg. So she is a best-selling author, consultant, media expert, and master clinician and as...as such, she's a cutting-edge psychologist, who is known globally as an innovative thinker, acclaimed speaker, and trainer. As a two time TEDx speaker and member of the association of transformational leaders.

She has been recognized for her thought leadership and global influence and personal development. Along with serving as a blogger for Psychology Today, Dr. Rosenberg has been a featured expert in multiple documentaries and on TV, radio, digital and print media. A California licensed psychologist, Dr. Rosenberg speaks on how to build confidence, emotional strength, and resilience. How to achieve emotional, conversational, and relationship mastery. How to integrate neuroscience and psychotherapy and suicide prevention.

An air force veteran, she is a professor of graduate psychology at Pepperdine University in Los Angeles, California. Her latest book: "90 Seconds to a Life You Love: How to Master Your Difficult Feelings to Cultivate Lasting Confidence, Resilience, and Authenticity" was released February, 2019. Dr. Rosenberg, thanks so much for being with me today.

Dr. Joan Rosenberg: That's a pleasure to be with you. So look forward to our conversation.

Evan H. Hirsch, MD: Yes. Likewise. So as we were discussing before we got on the call, a lot of people who have fatigue have mental health issues, and it sounds like you've seen a lot of this. What do you think is the relationship, or what do you think has been contributing to their fatigue from a mental health standpoint, from what you've seen?

Dr. Joan Rosenberg: No, I would, I would start with two major areas. One is: how both the combination of what and how people think actually I'm going to, I'm going to, I'm going to separate those out a little bit. What and how people think so that, that their thinking style is it's super important. And then it's the experience whether people experience and express feelings. So it's how they experience and express feelings and then their thinking style and both contribute significantly to the experience of either a sense of aliveness and vitality, or believe they contribute to the opposite, the experience of fatigue and kind of feeling worn down.

Evan H. Hirsch, MD: So what are some of those thinking styles or if there's one in particular?

Dr. Joan Rosenberg: Well, think of it from the standpoint, if we just go globally: it's pessimism versus optimism. And, and, I tend to, and what we know in general from the research is that, and there's lots of research that's out there now, spanning decades, is that when somebody thinks in a negative manner, whether it's pessimism or it's the actual things that people are saying to themselves, so negative self-talk or harsh self-criticism that, that compromises immune function. It actually wears the body down.

So, so that kind of thinking is not going to be energizing to somebody it's going to, it's going to compromise the energy source. And so... That's, that's one very significant way to look at it is if I'm, if I'm anticipating bad things to happen. And then, and I, or I'm mean to myself. So like: "I'm such an idiot, God, such a stupid thing for me to do", you know, "I can't believe anybody likes me", what, whatever the language is, or the words we use, anything that starts to attack the self is going to compromise our sense of well-being and consequently the energy that's associated with that.

Evan H. Hirsch, MD: Makes sense. So where does pessimism come from?

Dr. Joan Rosenberg: You know, I, it's very interesting. I look at pessimism as pre-emptive disappointment. So it's, I'm going to be, I'm going to be disappointed in advance before the thing occurs. So that when the thing occurs, I've already sort of handled it 'cause I was, I was already looking at it like it wasn't gonna work out. Yeah. So, so for me, it actually has to do with poor regulation of unpleasant feelings.

Evan H. Hirsch, MD: And so do you think that, that pessimism is coming from parents? Or is it coming from life events? Or a combination? What do you think?

Dr. Joan Rosenberg: It can be? Certainly all of the above, we know that past history has a very strong influence on how we experience ourselves in the present. So we could have grown up with somebody that says that, you know, nothing ever works out well, or, you know, don't, don't get your hopes up too high. So we could have all those kinds of cliché statements running in our brain from how we were taught. And the other is that we were harmed in some way.

We experienced some measure of trauma or some measure of chaos, and negative life experiences. And, and, and then we from that, we then go up, I'm never going to let myself experience that again, or I'm not going to allow myself to go there. And, and now we've got the combined experience, the combined possibility of the things we were told, as well as the effect of the things we experienced.

Evan H. Hirsch, MD: So how does somebody know if they're pessimistic?

Dr. Joan Rosenberg: They're not looking forward to anything in life. They're, literally it's that I'm, if I'm looking at life, all, most of what I'm doing is I'm anticipating a negative event, so a non-preferred of life event, and I'm also anticipating a negative outcome to that event. So that's, that's how we kind of look at pessimism or general.

Evan H. Hirsch, MD: And so there are people who say, "I'm not pessimistic, I'm realistic". What's the difference?

Dr. Joan Rosenberg: Well, again, the real, if you're realistic, then you'll consider the option that there are positive things that could happen, too. So, realism would be taking both into account. It would be going as... And oftentimes what I'll, what I'll say to clients is that, is it because they, again, we don't know what's going to work out and what's not. So, and so we're gonna like I'll give you an example: a client, I have a client, that's a writer going into a meeting with somebody at Amazon or Netflix or something to pitch

an idea. And, and so she's, you know, this person has been met with countless disappointments across her writing career. So she's going in sort of anticipating that.

Now, if she just stays stuck on the "it's not going to work out", then we have pessimism. But if I can get her to go into that meeting and say, "look yes, we want to acknowledge the possibility that something might not work out, except we also want to acknowledge, there's a possibility that it could go in your favor", then let's, let's realistically acknowledge the possibility for the negative event and put our energy on anticipating the positive of it. That's to me, that's more realistic. It's both possibilities exist, not just one.

Evan H. Hirsch, MD: So how does somebody convert from being a pessimist to an optimist?

Dr. Joan Rosenberg: Well, the first thing has to do with awareness. It's again, it's every, everything starts with awareness and, and then followed by that awareness is an intention to change. In fact, I was just talking about that this morning with somebody and, and the, and the first thing that I talked about is like, he's now he, wasn't curious about his mind before he, wasn't curious about he, he was in a bit like one, one bad event in the morning meant that the whole day was ruined. Right? And a lot of people have that kind of point of view, but that's actually faulty thinking. And it's, there's a pessimistic nature to it. Nothing's going to ever work out for me. And, and so the first thing is to say, I don't want to think this way anymore. And as I said, for me, it's also a reflection of not dealing with unpleasant feelings very well. So the, so it means a combined effort. It's the awareness, but not only what I'm thinking, it's also an awareness of thinking patterns and get into. Plus it's dealing with the unpleasant feelings underneath that, that I'd see myself as more capable in general of being able to handle unpleasant feelings.

Evan H. Hirsch, MD: So how do you, how do you do that reprogramming? It seems like I know that from my own work that I've done for mindset and whatnot, it's hard. What sort of things do you recommend?

Dr. Joan Rosenberg: Well the, again first thing is intentionality. I'm, aware, I want to change. I'm going to spend what I'm going to do my best on a daily basis to be aware of how I'm, what I'm saying and how I'm saying it. I am in fact, one of the things I, I told and it's going to be repeated practice, right? So, there, I make no there's no way for me to diminish or downplay the importance of repeated practice and catching ourselves

because it's repetition, as you very well know, that makes the change in the neural pathways in the brain.

So, we have to do something repeated. And so the, what I told the person I was working with this morning was that it has, I wanted him to work on being aware of when he caught himself saying something that was pessimistic. So it, and, and, you know, he's, he's starting to do that. It's just more curious about how he's thinking now. And I asked him to actually to print out a list of what are called in in cognitive behavioral therapy are called cognitive distortions, or to say it more, more simply faulty thinking patterns, because I want him to start to notice when he engages in a faulty thinking pattern as well, because that creates an experience of constriction, it creates an experience of feeling trapped, and again, it's an energy drain.

It creates more of a depressed thinking style that comes out of that. So an example, sort of the example I gave earlier about anticipating or one one this bad incident. And during the day, it means my whole day is ruined. There's a, there's a cognitive distortion. There's a faulty thinking pattern attached to that. And it's that one thing equals all things, right? No, it's one thing equals one thing, right?

This difficult incident just means it's a difficult incident, that's it. So, it's helping him start to be aware of the patterns of thinking. And then the next thing we'll be working with him on is helping him be able to experience and move those unpleasant feelings more effectively, and following that to then be able to express them more.

Evan H. Hirsch, MD: Seems like what you mentioned previously around being ready for disappointment. That's a, that's a safety strategy, right?

Dr. Joan Rosenberg: Yeah, absolutely. Absolutely. I'm going to cushion them myself. Yeah, absolutely. So it's, it's a defense, it's a defensive emotional maneuver. It's like, "Hey, Nope, I'm keeping myself safe over here. I'm not gonna get hurt". Yeah.

Evan H. Hirsch, MD: Interesting. And then how fast have you seen these strategies work? You know, is it the kind of thing where if somebody really applies themselves and they're paying attention and they're recognizing these, these negative thought patterns that they can really shift things in a week? Or does it take a couple of months? What do you think?

Dr. Joan Rosenberg: Well, I think that actually, if the research seems to suggest that new neural growth in the brain shows up after about three months. So, I can, I will someone notice changes faster than that? Yes, they will, um but that, in terms of it, then being a shift over from my first default is to think pessimistically to a default, I'm going to be more optimistic or something like that, that there's going to be, it's going to be, we need a little bit of lag time. But you know, the other thing is we can have awareness and insights that in a flash change our life. Right.

And, and so the and I have an example in my mind about it, but the, what I want to say, the idea here is that, and my thinking on this is how fast does it take someone to think a thought, right? And, and at times that's how quickly change can occur.

Evan H. Hirsch, MD: Excellent. And, you know, some people might be listening to this and thinking, gosh, three months in order to get that change. But that's pessimistic thinking, right? I mean, I mean, if you've been alive for 40, 50, 60 years, three months is nothing. Right. Right. I thought that three years of residency was a lot, but you know, then you get to practice medicine for the next 50 years. Right. So it's...it's all relative. So, it's important for people to remember that, right?

Dr. Joan Rosenberg: And put it in a slightly different angle, in addition to what you said. Generally speaking, I'll work with somebody approximately once a week. And, and there's somebody that I started to see that probably September of this year, August, September of this year, but very difficult trauma history and unbelievably harsh and, and mean harsh self-criticism, self-hatred. And if I listen to the kinds of things, I've talked with her about over these intervening weeks now, and we're doing this in February.

We haven't even spent a day's worth of time together, right? So we're maybe at 15 hours, 16 hours, but the, that 16 hours of time is light is taking her light years from where she was when we started in August, September. So, it's also developing that kind of perspective because we're not really talking about three months probably. Right. We're actually talking about a much shorter amount of time for people, but it just, it takes the repetition for the, for the new way of thinking to be your default way of thinking.

Evan H. Hirsch, MD: So why would people, I mean, people are obviously not successful when they, there are some people who are not successful when they try to pay attention and they try to change these negative thoughts into positive thoughts and opportunities and whatnot. Why do you think people aren't successful at doing that?

What is kind of, what are the, what's the thinking that jumps in? Is it just pessimistic thinking where it's like, Oh, this is too much work or, Oh, I'm never going to get there or something, or is there anything else?

Dr. Joan Rosenberg: Well, no, I there's a, probably a couple of things that it doesn't, you know, it doesn't meet with immediate gratification. It doesn't necessarily meet with, Oh, now I feel so much better. It's it? The changes sometimes are subtle and incremental, as I would say that that's one reason. I think that, so we want, we want the immediate gratification of feeling better right away. And the another one is that, when we start to change, change because it's activating new neural pathways, change has different bodily sensations to it.

This new way of being in the world is going to bring up other experiences and other ways of feeling. And when we're doing that for the first time, that new set of sensations is unfamiliar and because it's unfamiliar, it feels uncomfortable. So because of the unfamiliarity and the discomfort, I'll just back away and not do it again because of what it feels like.

And again, I'll give you another example here. There's a woman that I've been working with for actually for a long stretch of time, ended up getting a divorce has been single for four years and is now starting to date. But she was in a big date before she got married. And she's describing she's in her forties, but is describing feeling like she's 17. It's like, what is this dating experience and how raw and how uncomfortable it feels, the parts of it feel exciting and parts of it feel like, "Oh my God, what is this?" Because all of the sensations, because she knew the person that she married for a very, very long time. So there was familiarity, it was a known quantity. And, and this time it's not. And, and so there's all this unfamiliarity and it's like, "I don't want to go there". Right. So, but, but that's because so much is being elicited and evoked that she's not ever dealt with.

Evan H. Hirsch, MD: Interesting.

Dr. Joan Rosenberg: The people will back off because of that.

Evan H. Hirsch, MD: Right. So let's talk about that discomfort in the body. So emotions will, well, can you kind of take me through, like, I guess why that happens and then we can talk about how to transform it?

Dr. Joan Rosenberg: Yeah. And I actually talk about this in my book "90 Seconds to a Life You Love". I spent a long time trying to understand what made it so difficult for people to deal with unpleasant feelings. Because as messy and as damaging as our thinking can be, what I found is that people experienced even more problems when they were having a hard time experiencing and expressing unpleasant feeling. So, that's how I started to go through the research and, and really most of this started to come out more significantly in the late 1990s and into the early 2000s.

And, and what the neuroscientists started to talk about there is that the that a couple, I would say kind of think about it in kind of three or four steps. The first thing is that we're one interconnected whole, we're not, we're not a brain and mind and then a body and that they're separate and distinct, and they don't really relate to each other. And we're one interconnected whole. The second part of that is to understand that, that what the research started to talk about is that the most, most of us tend to come to know what we feel emotionally through bodily sensation and the so it's like, okay, well, what does that mean?

Well, that means like if I get embarrassed and you see the redness in my face, cheek and my neck and face, I might be experiencing the heat that comes with that, that redness you'd see the redness. I feel the heat, the heat is my bodily sensation signal that I'm embarrassed. So, and we can, we can talk about through that. We can talk about that through a variety of feelings. And, and, but most of us come to know what we feel emotionally through those bodily sensations. And, and what dawned on me in that is that it's not that we don't want to feel the whole range of what we feel, it's that we don't want to feel the bodily sensation that helps us know the emotion.

That's the thing we want to get away. So if we get into this discomfort of what disappointment feels like because of the heaviness in the chest or anger feels like it's coursing through my body, I'm not sure if you can hear the sound outside. All right. So the, the the, the weak, or the anger coursing through my body, because it feels so intolerable. Then I, then I say to myself, I'm not going to let myself go there again. The unfamiliar, the, just the unfamiliarity and the discomfort of those sensations.

So my, my thinking has been, if I can help somebody understand one that the hard, the hard part about experiencing feelings has to do with bodily sensations and then help them understand it's short, lived bodily sensations, then people will be more likely to lean into them and then get the benefit of having experienced them. And same thing to kind of, if you will, the fatigue part, when we shut down on feelings, just like when we

use negative thinking it totally deplete ourselves. So, so the, the approach that I've taken is, and that's the title tied to the title of the book is to understand that when a feeling gets triggered in the body, then it's there's a rush of biochemicals that create those bodily sensations.

And then they rush into the bloodstream and then flush out of the bloodstream in roughly 90 seconds. So that it's one's ability to lean in and to tolerate those short-lived bodily sensations that help people then lean into the unpleasant feelings.

Evan H. Hirsch, MD: So you just got to hang on for 90 seconds.

Dr. Joan Rosenberg: Well, I, I talk about I've actually. Yes, absolutely. I kinda liken it to surfing waves, like ocean waves. And the key is just think of, just think of riding the wave so you can boogie board it, you can body surf it, you can be in a canoe or kayak. I don't care how you do it. Just ride the bodily sensation waves and that'll make a huge difference.

Evan H. Hirsch, MD: That's great. And so, well, I guess I know my answer to my next question. I was going to say, well, how do we convert these uncomfortable emotions? But actually that's not the goal.

Dr. Joan Rosenberg: No, I don't want, I don't want them converted. I don't, I'm not going to, I'm not asking somebody to languish in them either. It's simply acknowledge, accept, and trust whatever it is that one's experiencing in the moment. They're spontaneous reactions to life. Right? So it's not that we cut. We want to, sometimes we want to cut those out and not have it, but we can't. And so when we shut down on feelings, we shut down on a liveness.

And so whether, and again, most people do pleasant feelings well but when you're shutting down on unpleasant feelings, you're literally, you're taking yourself, you're taking yourself down and you're compromising your energy deplete itself, less vitality.

Evan H. Hirsch, MD: Yeah. That makes sense. And so is it 90 seconds regardless of the emotion?

Dr. Joan Rosenberg: No. I mean, I would say that there's nuances when there's trauma, trauma encodes in the body differently. Right. So it's, so it's not, it's not going to be the same thing as a, as a common, everyday reaction to something. So the, so if some

stuff might feel like it lasts longer because it's tied into an adrenaline response and like panic isn't as tied into adrenaline. Right. So, so that there's going to be, there's going to be a long, what, it feels like a longer lasting experience of something.

So trauma or panic, where we have adrenaline or cortisol kind of kicking in then, then stuff is going to feel like it lasts longer. The other situation where it seems to last longer is when people get into certain ways of, again, thinking that then keep it running. So instead of it feeling like the feeling is short-lived, it's like, because many times I've had people look at me and go, what are you talking about? 90 seconds? Like, that's, that's like, Colome right. If it's not 90 seconds, I've been dealing with this for months. Right. Or, or perhaps even years.

But so, but it feels like feelings linger because either we're trying not to think of what we're thinking of. Right? Or, or we're recycling over the same thought in the same memory. And as a result, every time we think of that, that same thought and same memory, it activates everything that was tied to that thought or memory. So all the feelings that if keep on, they keep on coming back. So it feels like they never get resolved.

And then the last thing that I think happens is that harsh self-criticism also keeps it feeling like unpleasant feelings just continue that just linger. So those are kind of three main reasons that I think that we, we live with the experience of that something's... Something's not short-lived, it's long-lived.

Evan H. Hirsch, MD: Got you. Yeah. That makes sense. And so if you have to hold on for 90 seconds and you're having a hard time holding on, I feel like there's a mantra. Yeah, I don't, I don't do this very well. I haven't, you know, the last couple of years I've gotten better at having some insight into my emotions. And when I feel that discomfort being able to stop, but it's taken me a lot of years and a lot of work, and I feel like if there was a particular mantra, when that starts happening, you can just be like: "all right, just hold on for 90 seconds". Have you found anything that's particularly helpful?

Dr. Joan Rosenberg: You know what? I have some people that'll tell me that they just keep, it's not a sentence. And it typically doesn't even last that long. Frankly, but other than my main suggestion for people is take deep, slow breaths. Just breathe, breathe into the experience. Let it hit its intensity and subside. And I guess the other point that I would make here is that it's not necessarily one wave of sensations, one bodily wave it's one or more short-lived bodily waves. But if you breathe into it and stay present to it by

breathing slowly, you'll move through it very quickly. And people are really surprised about it. They, they, I mean, I get, I get emails that say, I didn't believe you. And I tested it out. And it's like, they found that they actually moved through something far more easily.

Evan H. Hirsch, MD: Yeah. I could see myself being like: "Whoa, check out that wave".

Dr. Joan Rosenberg: Go for it.

Evan H. Hirsch, MD: That's excellent. And I know that, you know, a lot of our listeners are professionals and entrepreneurs and, you know, people who are just trying to do their best in life. And I have learned that the more comfortable you are with discomfort the more successful you are, would you agree with that?

Dr. Joan Rosenberg: A hundred percent? Yes. Yeah. Yeah.

Evan H. Hirsch, MD: Why do you think that is?

Dr. Joan Rosenberg: Well, for me, it's entirely tied to because it's entirely tied to risk-taking, perseverance, and resilience. So it's like if I'm I, what I, what I often like to say is that it's not the risk that someone is afraid of. So if we think of somebody who's a high performer or an entrepreneur, it's not the risk people are afraid of. It's the emotional outcome that they anticipate from the risk that they want to back off from. So if I'm going to go into this, so if I let's say I'm going to go do public speaking, right?

It's a different crowd or it's a, it's a, I'm placing more value and more importance on this particular group of people to speak in front of. Then I'm going to feel more vulnerable. And, and if it doesn't turn out the way I want, I'm likely to feel more disappointed and more embarrassed or something like that, that it, that whatever occurred occurred.

Again, that's just focusing on the negative outcome. Right? But if I, so if I'm landing there for now and I'm focused in that way, it's not what I'm actually doing in front of the group, in terms of the speaking that I'm concerned about.

The thing I'm really concerned about is the emotional outcome, the embarrassment and the disappointment. So tho...those who are willing to live with that discomfort and keep going, no matter what, that makes the difference. So that's why to me being able to

experience and move through unpleasant feelings is crucial to success and resilience and emotional strength and confidence

Evan H. Hirsch, MD: That reminds me of, I can't remember. I kind of want to say it was on the Brady bunch or something. When I was growing up where somebody had to give a speech and somebody coached them, you know, just pretend that everybody's wearing underwear in the audience. Like if you're feeling vulnerable and you're feeling intimidated, just put them all on the same plane or, you know, they're all humans or they're all, you know they're all vulnerable as well. Right? You ever used any mind tricks like that?

Dr. Joan Rosenberg: No. Well, people... People do use that. I mean, I, and I've heard that sort of thing as well, but for me, it's, if I can acknowledge the vulnerability, which is really what we're talking about, it's not, it's not anxiety, it's vulnerability. It's a sense I could get hurt. What's the hurt? The embarrassment and disappointment, right? So, but if I can go into a situation going: 'look, if, if I, if embarrassment and disappointment are the worst outcomes, I think I can, I know I can handle that. I'm going to go take the risk". I'll let myself be vulnerable, but then vulnerability becomes a strength. So I'm more inclined to use that kind of thinking than to see people in their underwear, I'd get too distracted.

Evan H. Hirsch, MD: It's like: "Wait a second. Why are they wearing pink underwear?" That's great. Well, and that makes, that makes a lot of sense. So let's pivot to anxiety. How does anxiety play into all this? What are some of the I guess what's, let's start with the what's the cause of anxiety?

Dr. Joan Rosenberg: Well, again, if we look at the way psychology defines anxiety, anxiety is this diffuse apprehension or this broad-based concern that something bad is going to happen in the future. And I mean, does the word fit with life circumstances? Absolutely offense. Except if I were to chat with 10 people, then invariably, what I would get is almost 10 different answers for what anxiety meant to them. Some would say frustrations, somebody else would say anger or somebody, I would just get almost 10 different answers. So there's no consistency.

And as a result, that word has no value to me other than to point to something happening underneath that. And the thing it points to for me is that someone has a hard time potentially both experiencing and expressing unpleasant feelings. And, and my work, the body of work that's in the 90 seconds to a life you love book is all centered on

one's capacity to experience and move through and express eight unpleasant feelings. And that, and that when you can do that, it's a life changer.

And, and that, and so for me, what's underneath the anxiety first tends to be an experience of vulnerability and vulnerability for me is one of the eight that I talk about. And, and so is someone feeling having that sense that they could get hurt. So if we look at the whole COVID-19 experience, for example, or everything else, that was from all the different other confluences of things happening during this period, then it's really been a heightened, heightened people's sense of vulnerability.

People have talked about an anxiety pandemic. That's really a vulnerable vulnerability pandemic. All of a sudden people are way more aware of their own vulnerability. So, so for me, the first thing to do with anxiety is to go, all right, if I take the word anxiety away. So I stopped people from using the word anxiety and or anything like it, apprehension where's like that gone what's underneath that?

Okay. Vulnerability. So are you feeling vulnerable? Are you having a sense you need to get hurt and many cases that's enough that, and the change in words, interestingly for me, tends to calm people down. It's like, and so if you noticed even you're mentally, if you noticed what it feels like internally to think I'm anxious, or I feel anxiety, or I have anxiety as opposed to, Oh, I'm feeling vulnerable, there's a shift and it's more calming.

The, and if it's not vulnerability, then it's one or more of the other seven feelings. So it's, if we have vulnerability or we have sadness or shame or helplessness or anger or embarrassment, disappointment, and frustration. So if, if it's not vulnerability, then it's one or more of the other seven. And when, again, when you name things accurately, it brings a sense of calm. It doesn't keep that anxious state going.

Evan H. Hirsch, MD: Why do you think that is?

Dr. Joan Rosenberg: If there's something? Well, it, it, I think it there's when we name things, we're, we're sort of taking language to interact with our experience. So I think it was kind of a hemis... From a hemispheric standpoint in the brain that we have a right left crossover in the brain. And when we, when we can organize an experience, I think that we feel better about it. So instead of being this global vague indiscernible cloud of anxiety, I go, Oh, I'm actually disappointed. Then it feels way more manageable. I've already, I've organized the experience within me. And now, now it feels way more manageable to me.

Evan H. Hirsch, MD: Yeah. And it seems like there's a congruence between what you're feeling and those words it's just more accurate so that you can better pay attention.

Dr. Joan Rosenberg: Right. Yeah, absolutely. Yeah.

Evan H. Hirsch, MD: Very interesting. So let's talk about confidence.

Dr. Joan Rosenberg: Okay.

Evan H. Hirsch, MD: Where does, where does lack of confidence come from?

Dr. Joan Rosenberg: Well, lack of confidence. Lack of confidence for me comes with, comes from not being able to experience and move through those eight unpleasant feelings. So my, my definition of confidence is that it's the deep sense that you can handle the emotional outcome of whatever you face or whatever you pursue. So what does that mean? It's handling the eight unpleasant feelings. And my experience has been when somebody doesn't handle those feelings well, they don't feel like they're very capable in handling life.

When they see themselves, as I got this, this is the worst emotional outcome that's going to happen, one or more of those eight. Let me think, think about everyday experiences and what we go through. There's not much more than those eight. Really. Uh, and, and so when they feel like they can handle it, then that it's like, I got life. I can go do life. So, and, and what's interesting to me about this is that we have the idea that we're confident, and then we go do something. So like, take an action.

Like, let's say, I want to go learn how to play tennis, but I'm not, I don't even know how to hold a racket. Right. Well, my backhand is really sloppy. Whatever it is, then I might I might see myself as well I should be more confident and then I'll go out and I'll play. But that's not the way it works. It's you take the action and then you gain the confidence. And what's similar to this is speaking. We have this idea that "I, when I'm confident that I'll speak up in public, I'll speak up at the meeting".

It's not the way it works. It's as you speak in, through speaking, you gain the confidence. And, and for me that the two, probably the two most important things for people to do is to be able to see themselves or make it so that they're, they have the capacity to

experience the eight unpleasant feelings and that they are willing to express themselves. And that, that speaking up singularly is one of the, those two things are crucial to somebody developing confidence.

Evan H. Hirsch, MD: Interesting. And that makes a lot of sense. So I could see, you know, maybe you know, I do some incantations in the morning and some positive affirmations, and I could see adding in, you know, no matter what emotion I experienced today, I got it. No matter what I feel in my body today, I got it. And I'm going to be fine.

Dr. Joan Rosenberg: Yeah. How would that, how would that change things, right? Yeah. Then you're going to, we are willing to go take risks. You wouldn't be willing to take otherwise. And, and I really believe that, and I'm sure there's ways to prove it, but I think speaking up changes on molecules. I really do. So that there's, there's something that happens internally, that, that when you start to speak, you go from a person who hasn't spoken up to now being a person who speaks up in a wide variety of situations and feels like you can do that whenever you need to, again, caveat positive, kind, well-intended, not malicious. So, but when you, when you feel like you can approach life in that way, game changer.

Evan H. Hirsch, MD: That's brilliant. So let's talk a little bit about some of your programs. So I know you've got emotional mastery. I'm curious what that is.

Dr. Joan Rosenberg: Well, it's, you know, it's, it's coming under the rubric of my confidence course. So it's the, again, the emotional mastery is helping people really be able to, to do what we've been talking about. It's being able to handle the way they think about things. So again, not just what they're thinking, but how they're thinking it. And it's also helping them be able to experience and express feeling, thoughts and feelings ultimately, but feeling it is super part of it. And it's also helping them be able to make sense of and move their way through difficult life experiences in the past. So it really combines kind of those five or six different elements.

Evan H. Hirsch, MD: And is that the confidence course that's coming?

Dr. Joan Rosenberg: Yeah. That is the confidence course is coming up. So I just, I, the, the branding part of this, the naming part of this has never been easy for me. So they, I mean, what was I doing? I was helping people develop some mastery emotionally, but for, for the time being, it's being called the confidence course.

Evan H. Hirsch, MD: Nice. I actually really like it. I saw it on your website and then I saw it something for the trainers or train the trainer or something like that. I thought that that was a great way of saying, you know, that you have a practitioner program as well.

Dr. Joan Rosenberg: Yes, I, that that'll be coming up. And again, I'm many clinicians who find the practicality and the utility of this approach is super effective. I mean, it's, I've, frankly I've been working on it for twenty-five or more years. It just didn't, it didn't make it into the public space. I was using it teaching graduate students and working with my clients, but it just hadn't made it to the public. But I felt like I was sitting on a goldmine and, and, but the approach is really effective and it makes a big difference in people's lives. So whether you, whether one does it alone, or they, they do the, if you will, the consumer facing program or they do the practitioner program that will follow

Evan H. Hirsch, MD: Nice. And what's the setup of that program, the consumer program? How much time do they get with you? Is it like, what are the different features? Is that all laid out yet?

Dr. Joan Rosenberg: Yeah, no, it is, that's fi...five basic modules. So, again, the first being helping people understand what emotional strength is and outlining everything around those eight feelings I'll end up talking about, again, resolving this faulty thinking. It's strong, it's strong, the content is drawn largely from the book, but I'm doing a deep dive. There's a difference between reading something and hearing something and, and the explanation makes a big difference.

And I'll then also help people understand the importance of things like really ending our self-criticism because of what it does to us. And I think it's the single most damaging thing we can do to ourselves is, is engaged in our self-criticism. So I'll talk extensively about that. I'll talk extensively about the importance of taking in compliments. And I will also then talk about the importance of speaking up and, and a little bit on the, on the, on what I call disguised grief as well.

It's, it's think leftover resentments and grudges as leftover grief. And so that'll all be part of it. The first hour it's eight weeks, the first hour of every week is me teaching and approaching these concepts. And then I'll put a hard stop to that and then engage in Q and A and laser coaching. So it's actually 16 hours with me over an eight-week period.

Evan H. Hirsch, MD: Sounds excellent.

Dr. Joan Rosenberg: Good. Thanks.

Evan H. Hirsch, MD: We'll put the link below and then you also have a free gift for our audience. Looks like it's going to be at drjoanrosenberg.com/gift. And we'll put that link below as well. Right. And what is included? What is that again?

Dr. Joan Rosenberg: Yeah. I'm going to be embarrassed to say that I have not recalled what that is. I'll do with my embarrassment and say, I believe it's the part of chapter one of my book, it's also an outline of the eight unpleasant feelings. And then there's, I believe there's a third element, a third piece there. So...

Evan H. Hirsch, MD: Yes. So the printable PDF guide of the 92nd reset with the feelings and then confrontation, prep checklist, and then audio excerpt from the 90 seconds to a life you love.

Dr. Joan Rosenberg: That's pretty close.

Evan H. Hirsch, MD: Yeah, you did great. I'm the same way. It's like which one was that?

Dr. Joan Rosenberg: There's a few that are up there. So, yeah.

Evan H. Hirsch, MD: Yeah. So for anybody, if you want to find more information about Dr. Joan, we'll put all those links below. Dr. Joan, thanks so much for joining me today. It was wonderful having you on.

Dr. Joan Rosenberg: Thank you so much.

Evan H. Hirsch, MD: If you'd like more information, please sign up for my newsletter, where I share all important facts and information about fatigue from the foods and supplements to the programs and products that I use personally and recommend to others so that they can live their best lives.

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