

Interview with Midge Lansat “Eating Disorder Help”

MORTY: Thank you Midge for joining us for this interview. Would you mind introducing yourself with your name and what your affiliation is, please, and letting us know about the eating disorder help you can provide our listeners and readers.

MIDGE: Yes. My name is Midge Lansat. I’m a licensed Mental Health Counselor. I live in Florida – Palm Beach Gardens, Florida. I direct the Healing and Creative Arts Center. We have an integrated model of our mission statement which we believe in the Natural Science, nutrition, medical arts, which involves counseling, and creative arts, which produces healing.

I agree with you, Morty. I do believe it’s the belief system, the unconscious belief system that cause people to have eating problems.

MORTY: Okay. The term that I use is emotional eating, and I’ve talked to a bunch of people who say they don’t like that term. They use other terms, defensive eating, or addiction, etc. How would you describe eating disorders? If you want to leave out the extremes of anorexia and bulimia, and we’re just talking about overeating, what is the term you use, and how would you describe what the problem is?

MIDGE: I would call it “compulsive overeating.” The first thing I would do if you were talking to me is I would find out what your issues are. What is it? What’s the why? Can you tell me why you’re doing the overeating?

What is the purpose that it’s serving for you? What need was unmet in your childhood, or what did you learn in your childhood, what habits? Maybe it’s a cultural thing, maybe it’s a lack of knowledge, but what needs did it meet? Was it socialization?

What was their food of choice? I would ask them that. Do they like to overeat with fat, carbohydrates, or sugar? That would just be a curiosity for me because it does something to the body as far as endorphins especially when it’s sugar.

Are they lacking in good nutrition. I talked to one woman who was overweight today. Their family culture was they didn’t eat all day. They’d come home, they’d go out, they’d come back. They’d start eating at 11:30 at night. That was their family... Sometimes, it’s in the family system, things that they learn that they have to unlearn.

Do they know their body type? Do they know their blood type? Do they know how to eat properly? Do they understand low glycemic index, and all about the pancreas? I am in the process, Morty that –

MORTY: Before you get into that, I just have one question. Are most people able to answer those questions? Do most people know why they overeat, or what the stimulus is for them overeating? Do most people answer all those questions? Are they that in touch with what is going on inside them?

MIDGE: I have techniques that I use in terms of, it’s called the Imago Dialogue. I don’t know if you’ve ever heard of Harville Hendrix.

MORTY: I’ve heard of Harville Hendrix. Yes, I have.

MIDGE: Okay, he's one of my trainers and I'm certified in his technique. I utilize those techniques and that's how I find out.

MORTY: Okay.

MIDGE: Yes. I do find out. Whether the person knows or not I have ways of accessing through the dialogue. It's an educational process, but I do find out what the issues are. It could be a mind-body disconnect. Maybe the person's been abused and they have disconnected from their body.

Maybe it's a hormonal issue depending on their age, exercise, food allergies. Do they know their personality style? I give a personality test, but I test the healthy side of the personality. What would you do if-- and you've heard of borderline personality, what is the healthy side? What was the person born with, such as material?

Those kinds of people, they're going to be different than, let's say, a dramatic personality style. What if they're a feeler? What if they're a thinker? That's going to make a big difference. I find with my clients that if they're feelers, they really don't have the languaging. They get stuck in their feelings. They don't know how to ask for what they want.

A lot of times, it's in the communication. I teach them boundaries. I find out what their stress levels are. Are they using food as a substitute for love, or to protect themselves, maybe if they were abused, or to feel good, like I said, with the endorphins? Are they avoiding rejection or perceived rejection? Or, is it like I said, cultural rules, or socialization?

I do a lot of teaching, and I use techniques, and in that process, you can talk to the lady that referred you to me. I did the Imago process with her. She can share with you the experience and how different it is to just ask a person straight on, "What's going on with you?"

I also go over the four stages that all relationships go through, and I teach people how to set boundaries with verbal communication. Especially feelers, I find with my couples. I specialize with couples, and families. That's my specialty. I have my certification in Family Systems, as well as the Imago. I'm a licensed mental health counselor.

I really find that it's the feelers that have a really hard time expressing, cognating or getting into their brains what they're feeling. They don't know how to express. They do things like eat, get angry, blow up, explode, etc, or they'll do drugs.

MORTY: There are a lot of different things that people can do to deal with their feelings, and obviously eating is just one of them. Once you get the answers, obviously, it sounds like you have a lot of different kinds of treatments, or different treatment combinations depending on the answers you get.

Is there anything you can give us as a general approach as to how you integrate these four different elements?

MIDGE: Yes. What I would do is I work in an hour and a half block for about 90 minutes, and I charge \$1.00 a minute. If they have insurance then, I work within the insurance framework. But otherwise, I coach. I do coaching on Skype, as well.

I would talk to them, sit down with them, take an intake, navigate my process, and then I would go over their history a little bit with them, and then, I would teach them a process of how to mirror validate as it applies with each other, how to communicate, how to set guidelines. We would do that first.

Basically, the couples are sitting across from each other, and I have one do the sending, they get the information, and the other family member does the receiving. They mirror validate and they empathize. I teach them how to do that. It sounds like a simple technique, but it's hard to do when you're emotionally charged.

MORTY: What is the purpose if one partner of the two has an eating problem, and the other one doesn't? What is the purpose of having your partner there for support? How does having your spouse there help you with an eating problem in the long run?

MIDGE: Probably you would learn how to communicate and get your love needs met, and get your intimacy needs met instead of using these... You're actually bonding. Probably, my guess is, so that would depend on the person, stuff can happen early on.

The first stage is the imaginative stage which is the bonding stage of every relationship. The second stage is differentiation, respecting each other's differences. The third stage is they examine it. That is figuring out who you are as an individual within the family structure, or within the community. Having your separate identity without feeling like you're going to get overwhelmed by another person, by being able to set those boundaries, and take a stand for yourself, to find yourself.

MORTY: Yes, I understand that. Except that my own experience is that feeling unlovable, not accepted is clearly one important trigger for eating. But, I've also found that just in general, any negative feelings, feeling bored, feeling anxious, feeling depressed, etc, also which are not necessarily caused by a relationship. For me, I find that some stimuli come from beliefs you have from relationships. But, the majority do not.

I'm just wondering how does your spouse, or how does your partner help you when the trigger is boredom, or anxiety, or feeling left out, or things like that?

MIDGE: That goes to an earlier issue. For example, if I have a couple, I can give you an example where the person is having an issue with the person he's living with. They have to have issues if they're suffering with their feelings.

So, maybe the issue is there was somebody else. Maybe it was a co-worker, or a father, or some other person. But, that person is their support. They are able to express themselves, and that person reflects back to them, what they're saying is that they feel heard and through that process, through my coaching, we get to the root of the issue.

Where is the root of that anxiety? Where did that belief system start? That's what I do, and I use an inner child process, as well. It just depends on how comfortable the couple is, and how quickly they're willing to go deep.

Sometimes, they're so afraid. I don't do the deeper work. We just set goals, and we work on the structure of the environmental safety. Some of them eating and overeating and they don't feel safe at all. They're anxious. They don't feel safe in their relationships. Maybe there's financial issues, whatever, and so, I meet the couple where they're at.

But, let's say I have a couple that's very open and they already trust each other. They've worked through the differentiation but they don't really know who they are. They don't really know who they are in the relationship. We work on that. There are roots of why somebody would be using food. Why are they bored? Well, they're not... Their identity is skewed. Why aren't they productive?

A person doesn't get bored when they're working in their gifted area or they're expressing themselves. Even if it's volunteering, if they have a purpose of why... Boredom triggers, for me, this person doesn't know who they are. That would be something we could explore in the couple process.

MORTY: Got you.

MIDGE: The reason I do that is because I want the person to bond with family members, not me. My philosophy of therapy is I don't want to be the person that they're dependent on, or that they're looking to. I want families to actually work together, and learn how to communicate, so they can use each other as a support system.

If we know anything about Harville Hendrix, one of the things I respect about him, he figured out that many of the great psychologists were fine in the therapy sessions that get them into personal relationships, no, it didn't work. Why? Because of the subconscious.

When I have couples come in, I say to them, there are two adults here, and there are two children. We've got our memories from the past. Sometimes, it's the inner child. I borrowed that from John Bradshaw. That's acting out. I invite, we have different dialogues. I invite the couple to re-parent the other's inner child so they feel safe.

Let's say, the wife has an issue with her father. She's eating because her father abused her when she was young, or rejected her on some level, and so, now, we have a whole conversation about how is she feeling, what is she feeling about the husband?

If he mirrors, validates, empathizes and then, I say, "When else did you feel this way?" We go with the feeling. She'll say, "You know what, I'm really angry at my father, or I'm really anxious about this or that because my daddy did this to me."

Well, then at the end I might say, "Okay, let's do a dialogue where the husband now in a role play is the father." Now I teach and I coach the woman to get the verbal skills to be able to confront her father. When she's done, he, of course is the same person. There's the husband just role playing as the father, it brings up the emotions.

We get to the root issues, and afterwards, then I say, "What would you like to ask for?" I teach people to ask for what they want. If people learn how to communicate and ask for what they want in a safe environment, they're going to get their needs met.

A lot of times people are hungry. They think they're hungry when they're thirsty. They think they're hungry when they need affection, or love, or touch. They think they're hungry when they're not hungry.

Or, maybe something isn't working in their brain. Maybe, it is the physiology. We can find that out...

MORTY: You said there were four different elements, art therapy... Where does this couple fit? Which of the four elements is the couple work?

MIDGE: ...There were four stages that all relationships go through. Ask me the question.

MORTY: You said something about art therapy ... There were four different modalities you work with in order to help somebody.

MIDGE: Three.

MORTY: Three. Are the art therapy and the couple's work, and what was the third one?

MIDGE: I said, I didn't say art therapy. I said there are three modalities we work with-- creative arts, it could be performing arts.

MORTY: Okay, creative arts.

MIDGE: Creative arts. It could be any other. Also it could be medical which means that we get involved with medicine, medical doctors. We check out that to see, and also counseling. The other one is the nutrition.

There's three of them -- creative arts, which involves several things. The nutrition, and we recommend, we have chats with, and we work with doctors on that to find out where a person's status is nutritionally. We look at the whole person in medical.

MORTY: Where is the couple's therapy? Is that under the creative arts?

MIDGE: It's under the medical arts.

MORTY: Under the medical. Okay, so the psychotherapy that's done as part of your couple's work is actually considered part of the medical.

MIDGE: Right.

MORTY: Okay, great. Can you give me a sense of what are the creative arts? How does that fit in after you do the couple's work, what's creative arts could do?

MIDGE: That would be like the Gestalt, or for example, I train counselors. I'm licensed and I also work with counselors to get licensed. I'm a supervisor.

For example, I have a couple come in. They have a child. The couple presents and then, I work with the couple, and then, I would refer the child for performing arts or dramatic arts, therapy and counseling with one of my interns.

I would do the Imago because the intern is not trained to do that, but her specialty in this work, and is working for quite a while in the performing arts. If I had an art therapist, I could do the same thing. If I was trained, I would want to be—

MORTY: You say this is for the child, not for the person with the eating disorder?

MIDGE: The child might have an eating disorder. In fact, the one I'm thinking about did have a problem.

MORTY: What if there are no children or the children don't have an eating disorder, how are creative arts applicable to the man or the woman, the adults who come in, and say, "I have an eating disorder"?

MIDGE: That would be depending, I don't actually do the creative arts piece. I do the medical. I would talk to the performing arts counselor, and I would say, "Okay," or the art therapist counselor and we would come up with a way for them to express themselves. She has got a lot of ideas on how to do that.

I myself couldn't tell you how. I just know that what she does is she accesses the emotions so the person then feels like they can express themselves.

MORTY: I got it. In other words, they get trained to use the creative arts as an outlet instead of eating.

MIDGE: Right.

MORTY: I got it. Okay.

MIDGE: Yes.

MORTY: How many sessions do you normally find for each one of these three areas if somebody comes in? I'm sure that everybody is different. But, if somebody were to call you and say, "I'm interested in your program," can you give me some idea of how many 90-minute sessions is going to be involved? Is there an average or a range?

MIDGE: I never really sat down and thought about it. It depends on what the presenting problem is. Like I said, I've worked \$1.00 a minute so we would contract for these people. It depends how wounded they are and what other issues are going on.

If it's just the eating disorder and they have a pretty stable environment, I would say maybe a month. I would get them on track. If it comes to four then, if we decide we'd do it month to month.

MORTY: That would be four 90-minute sessions you think would make some sort of a noticeable difference.

MIDGE: Yes. They would have a lot of release, absolutely.

MORTY: Okay.

MIDGE: Yes, if we needed more than we would contract for more, but I would say that this per session, that the 90-minute session, with their partner, their family members, yes.

MORTY: What if you have a single person? How would you deal with a single woman who's either not married at all, who's widowed, or divorced or whatever, but there's no man in her life, or the same with the man? There are a lot of men with eating disorders, too. I've worked with many myself. What would you say to somebody who called and said, "I'm interested in your

approach, but there's no partner in my life," what do you do then?

MIDGE: Yes, I would talk to them and see. I would encourage them to bring a friend, or somebody they trust in, or another family member. It doesn't really have to be a partner.

I like to work with more than one-on-one if I can. It's not that I'm not willing to work one-on-one. I do it sometimes. But, then, I usually will bring in another therapist just because there needs to be a dynamic going on of an interaction, for what I do. The client needs to be coached.

Yes, and I can be the receiver and that works, but all in all, it's going to work a lot faster and better for them. It goes much quicker if I have more than one person.

MORTY: Basically, you're just saying anybody that you feel you can trust or you feel comfortable with who can participate in this with you, be it a close friend, or a family member, or just anybody you'd like to bring, and you'd find that usually they are able to find somebody else to bring.

MIDGE: Yes.

MORTY: Okay.

MIDGE: If they can't, I can provide another...

MORTY: Okay, so you're talking about four 90-minute sessions with you, how much more time is devoted to nutrition or any other medical aspects in the creative arts? If somebody came and said, "I need help." You say, "I cover all three areas after four 90-minute sessions with you. "

In a couple situation, how much time do you recommend that they would need for nutrition, or the creative arts aspect? How long do the creative arts people usually take?

MIDGE: They don't have to involve themselves in the creative arts. It's something we offer. They may not need that.

MORTY: Okay.

MIDGE: That would be something we would tailor to the person. If they need education, it's going to take a little while for us to educate them, probably a good couple of hours for them. We have a website. It's called TLSslim.com, and it has a lot of information on it. It has apps on it for their phones, so they can actually download recipes, and tell them what to eat that's healthy if they're going to restaurants. Everything is very informative.

It depends how much education they want, and how they want to use the program. It is... each individual. I can't really say how long.

MORTY: I got it.

MIDGE: It may take a couple of hours.

MORTY: The couple's work is the essence or the essential part of the program, and that generally averages four 90-minute sessions. Then, the creative arts, and the nutrition are optional if the client thinks that that would be useful.

MIDGE: Yes. And, there's nutritional, we have a checklist. We have doctors that evaluate and tell them, what we've been doing to change them, that they can do online, and that they can send it away themselves, and there will be a printout.

I would go over that with them if they wanted me to, and do some medical, and they can incorporate in one of our sessions, and I would then set a plan with them, so that they would know, "Well, here is my blood type. Here is what my blood shows. This is about the best exercises for me, and these are my genetics. If I don't take this prevention, then, this is what could happen to based on my genetics. "

That would take them about half an hour to do online. If they do a gene... it will take a little bit longer. If there's a checklist, they could just... They could just have a physical.

MORTY: I got it.

MIDGE: It's free. Then, I would go over the program with them, show them the website, and then, just periodically talk to them about that, maybe 15 minutes a week, just to see how they're doing.

MORTY: Got it. Okay. What percentage of your people, your clients, would you say do you work with on Skype or the phone versus those who actually come into your Palm Beach facilities?

MIDGE: I would say right now, I'm on the radio, so I get out the marketing that way, through the Midge Show program.

But, as far as with Skype, that's something that I would like to do more of. If it's therapy, it needs to be in my office because there are the HIPAA laws and rules, etc, etc. But, the coaching, I can do online.

MORTY: How do you distinguish between coaching and therapy? If somebody calls and says, "I have an eating problem, and I can't stop myself from eating," how do you know whether they need coaching or therapy?

MIDGE: After I talk to them, I have to talk to them and see. If I felt that it was a therapy situation, then I would have to call it therapy, and they would have to sign the HIPAA form. I would have to be licensed in that state, if it was out of state and maybe they're not for me. The other thing is we could get into the coaching, which is the Imago dialogue, and I would structure it so that then, I could definitely, it would definitely have to be more than one person on Skype. I don't want to get into therapy on Skype, unless they're in the state of Florida.

MORTY: I'm not clear what distinction you're making between... It sounds like you've got a couple, and you're teaching them how to communicate, and how to get their needs met. Where does therapy get distinguished from coaching?

MIDGE: Coming from, I really don't know how to explain it except this way. I look at it like this and this is what I train my therapists on. Under the structure of teaching that we're teaching, there's five things – there is facilitating, there is teaching, there is coaching, there is therapy, and there is counseling. I teach the differences in all of that. I guess, therapy to me, would be more if I was working one-on-one with a person and they transfer onto me their issue.

Actually, as you're dissecting this, what I have done in my private practice is yes, it's counseling, and under the... of the license, but what I do most of the time in my practice is both, even though I'm a licensed therapist under my definition.

MORTY: The definition that you've just given is true I think of some types of therapy, but I don't think cognitive-behavioral therapists would say that there is transference, or that, if there is, then it has nothing to do with the effectiveness of the approach. Freudian psychiatry is based almost totally on transference. Other than that, the others either are not part of it, or it's a very small part of it.

If that's your definition of therapy, that would exclude what most psychotherapists do, which is fine. You can have your own, whatever definition you want. I'm just saying that that definition excludes most psychotherapy. You then would actually be calling most psychotherapy coaching as long as there is no transference.

MIDGE: Right. That's how I define it. That's my definition.

MORTY: Okay. Based on that, if there's no transference, then it's coaching, and you can work with anybody?

MIDGE: Yes, what I do is I have the couple transfer onto each other. I use that process for their feelings, so that they can then help each other get through the transfer.

MORTY: Got it.

MIDGE: That's the meaning of the therapist.

MORTY: Okay. Before I forget, if people want to contact you, what is the website where they can get more details or else get some contact information?

MIDGE: Okay. My website is Midge@healingandcreativearts.org. Oh, that's my email.

MORTY: That's okay. I'll get that. Creativearts, A-R-T-S.com or .org, you said?

MIDGE: .org.

MORTY: And you spell that A-N-D?

MIDGE: Right.

MORTY: Okay, so., if you're trying to contact Midge, you can reach her at Midge@healingandcreativearts.org. If you want to go to Midge's website, what's the website?

MIDGE: The same without the "Midge" added.

MORTY: Okay so, and the website is HealingandCreativeArts.org.

MIDGE: Yes.

MORTY: Okay, so that's where people can get more details, more information, and more contact information. Okay.

You said at the very beginning that you think that what I had said we do, we focus in on two things for emotional eating. One is deconditioning triggers, and beliefs. You said, yes, you think beliefs are underneath all of it. You didn't mention beliefs in your discussion. What role do you think beliefs actually play in somebody's emotional eating problem?

MIDGE: The belief is at the core. Core belief is the reason why they're acting in the manner that they're acting. We can get to the core belief. We would just need to go to follow up the emotion, and get to the why. As the conversation is going, we're going to get to the reason as their dialogue, as they communicate. It comes out.

MORTY: What are a couple of examples of what you would call core beliefs?

MIDGE: All or nothing thinking.

MORTY: That's not belief. That's a type of thinking, yes. What is a belief that you would say, "This is a core belief that's got to be eliminated"?

MIDGE: Okay, core belief that would have to be eliminated, let's see. If I stop having big meals with my husband, I'm thinking of a client. That's how we get together. That's how we have connection times. We eat a lot of fat together. We have meals together. If we don't do that, what is it going to be?

I believe that our relationship is based on the food that we're eating together. That's a core belief. That's how we share, that's how we have time together.

MORTY: I got it. The beliefs are not necessarily self-beliefs of not being good enough, or important or worthwhile or deserving, they're more about the beliefs about your relationship and how food fits into your relationship?

MIDGE: Can I give an example?

MORTY: Mm-hmm.

MIDGE: That's an example. It could be that I hate myself, and I want to feel better with my friends. That could be it too. I feel out of control, and so I eat a lot. I stuff myself because I want to feel good. I want to feel like I'm in control and not lose my friends.

But, I have control now. I didn't have control when I was growing up, my parents were screaming at me.

MORTY: And what is your technique for eliminating the belief? That's just part of the dialogue you had during those 90-minute sessions?

MIDGE: What I feel is, I say, okay, in that situation, I would say, "Imagine that your partner is your father. Tell your father how you feel right now about the way that he behaved with your mother. Tell him why you're angry. Why are you angry?"

The person gets into it, sometimes they sob. Then, the grieving comes out and they release a lot of emotion and anger, and they get scared. "Wait a second. I'm stocking a lot of rage. That's why I'm..."

Each person is different, but through the interaction, through the Imago process and the Gestalt process, the person then feels safe, and they actually become aware of their anger and put it into words.

They become conscious of believing, yes, I do. They're furious. They're eating, there's something they're feeling. They're trying to feel good, so they eat. Now, they know that all they need to do is talk about why they're so angry and keep processing. Maybe they're stuck in the grieving process.

I understand what you do and I respect it. I just come at it from a different angle. I help the person work through the emotions and then get to the other side and find another way. She might say to her husband, well, he might say to her, "What do you need from me?" She might say, "Well, I need you to listen to me. I just need to be able to feel safe with you." Or, whatever her need is that she has, that she was eating and stuff. "I need to be able to express my anger. I need you to stop yelling." Whatever it is that she needs, she asks for that. She gets that and then she goes on and she changes the way her thinking.

MORTY: Got it. To what extent, have you ever done any research or kept any statistics on what your success rate actually is, people who come in and said, "I have an emotional eating problem. I cannot stop myself. I keep eating and eating when I'm not hungry, and I can't do anything about it. I can diet for a few days or weeks but then I go back and eat worse than ever."

How many of the people that you actually work with end up saying, "It's gone. It's been years. I haven't had the problem of eating emotionally at all." Have you ever done any even informal research to know how many people, what percentage of the people feel that the problem is solved?

MIDGE: No, I haven't. I haven't done research on it. I haven't had specific...

MORTY: When they leave you, you're not really sure whether they've gotten better or not, or if they have gotten better whether it will last or not for the most part?

MIDGE: Right. It's not just the eating. I've worked with people and their whole family relationship situations. They are more satisfied in their relationships and there are many life cycle tests that people need to master in their lifetime.

I may help the transition, that would be a piece of the relationship. It may be they have young children. They need to master that. I look at it more broad than just eating. Eating is just...

MORTY: What percentage of your people would you say come in and say, "I'm having relationship problems, or life problems, etc," as compared to, "I have an eating problem that I want." Is eating your specialty? Is eating a majority? Or, is that just one of many problems that you help people with?

MIDGE: ... I look at it more from a family dynamic and a relational dynamic. I don't just deal with the eating. We deal with the whole person.

MORTY: I understand that in order to deal with eating, you deal with something broader. I'm just asking when people come to you, is the presented problem generally an eating problem, or can it be any kind of problem?

MIDGE: What I would do, I'm a Marriage and Family Specialist.

MORTY: Okay.

MIDGE: ...Marital problems, or family problems. That's what I specialize in.

MORTY: I got it.

MIDGE: ... encompasses, so to speak, but I would say that's my specialty.

MORTY: Okay, if people have eating as part of their relationship problem, then, that gets covered, but, you actually don't have most of your people come and say, "I have an eating problem. Can you help me?" They come and say, "I have a relationship problem, or an unhappiness problem, or a family problem." That's what you deal with. Some of those people have eating problems, and some of them don't.

MIDGE: Yes.

MORTY: I got it. Well, it's wonderful to get a whole different approach. This is a very unique approach to helping people with emotional eating issues. I think that the people on my list who have such problems, and are looking for some other possible way of looking at it might find this of interest.

If you want to get a hold of Midge, you can email her at Midge@healingandcreativearts.org, or if you want to go to her website, just go to healingandcreativearts.org for more information, and to contact her for specific questions, if you have additional questions, or to find out about getting started with her.

Anything else you'd like to say just in general about the emotional eating problems that exist with so many millions of people today, and the possibilities of helping such people?

MIDGE: I just want to say that, if you contact me, I will be happy to help you in trying to figure out the root of your problem, and also to look at those three areas that are especially, psychological, nutritional, and medical issues. I have techniques, which are different than you've heard before on how to help you heal, if the root of that is a wound from childhood.

MORTY: Thank you so much for your time today, Midge. I'm looking forward to getting these transcripts, putting both the interview and the transcript up on the website and sending it out to everybody on my list. I think many people will find this very useful and hopefully a number of them will actually get in touch with you.

Have a great day and thank you so much.

MIDGE: Okay, bye!