

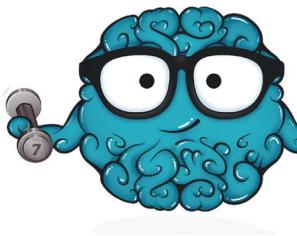
REBOOT YOUR BRAIN

TRANSCRIPTS



2013

WORLDWIDE ONLINE EVENT
OCTOBER 14 - 24, 2013



all things brain

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YOUR HOST



ERIN MATLOCK

www.ErinMatlock.com

Erin Matlock is founder and CEO of Brain Pages Inc, a new media company spreading awareness of ethical brain and mental health professionals, resources and products.

A popular speaker and dedicated mental health advocate, she survived a life crippling battle with clinical depression and uses her story to inspire those fighting their own personal battle.

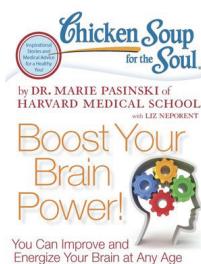
A life long brain junkie, Erin is a member of Mensa and served as an official testing proctor for the organization.

She encourages people to be their own advocate and uses her online reach to bring the best experts and the latest solutions to the people who need them the most.

BOOKS BY OUR SPEAKERS



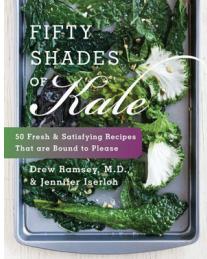
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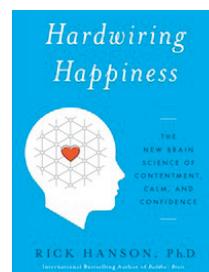
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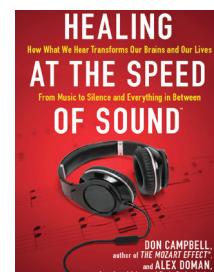
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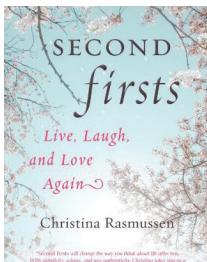
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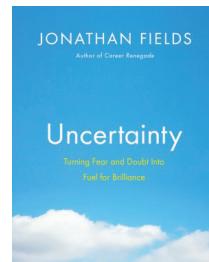
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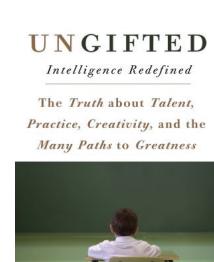
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COLLEEN BAIN



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to Reboot Your Brain. I am your host Erin Matlock. The information provided in this presentation is an information resource only. And should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient clinician relationship and should not be used as a substitute for professional diagnosis and treatment. My guest today is Colleen Bain, best-selling author. Colleen Bain received her master's in special education cross categorical and is the owner and founder of enhanced learning skills for kids where she is focused on helping students become independent, life-long learners using the power of brain training. Her specialty is reading, spelling and comprehension but works with every type of challenge. Colleen is the mother of two lovely children, Shawn 14 and Shannon 15. Shannon struggled with cancer and OMS, which causes brain injury, is what lead her into the world of cognitive rehabilitation. Welcome Colleen. Thank you so much for being here with us today.

Colleen Bain

Hi Erin. It's great to be here and thanks so much for giving me an opportunity to share my story and my expertise to help many people that are listening.

Erin Matlock

You're very welcome. I'm happy to have you here today, and I want to get right into it. Could you tell us a little bit about your story and how you got into this type of work?

Colleen Bain

Sure. I was actually in corporate for like over 20 years and my daughter was born. And shortly after she was born, she ended up with neuroblastoma and then a very rare autoimmune disorder which is opsoclonus myoclonus syndrome or OMS as you had said for the acronym. And it's very rare; it's only one in like 10,000 kids get it. So, there's very little to do as far finding the cure and as far as treatment, you know, it's- there's continually trying to find treatments. So anyway, the important part of that, the takeaway is that the body will attack the brain, and this happened when my daughter was like 11 months old. So when all of this was going on, I'm still in corporate, still trying to like, you know, manage everything and then as luck would have it with downsizing, I was let go. So at that point I had to make a decision if I was going to stay at business and continue for my MBA or, you know, do something else at this point. And that's when I decided to switch masters program, and I went into special Ed. And the reason I did that is because at that time, you know, I was just starting to do research more on learning on the brain. I had done tons of medical stud-

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ies already because the research of the studies that supported that, because of what my daughter was going through and because the doctors themselves didn't have many answers yet. So knowing that the brain injury was going to lend itself to a lot of problems learning down the road, I figured, you know, I really need to get a handle on this and went back to school, to graduate school, did everything, you know, for special education, did the whole student-teaching thing, went and got the licensing, went into the teaching. And at that time I was totally engrossed in teaching and learning how I could support, you know, not only my daughter where she was with the brain injury but other kids. I stumbled across what I'm doing now. It's, you know, we hear about it in the industry as brain training. And I went out looking for similar support, cognitive rehabilitation that a person would get when they had a stroke because my daughter's injury resembled that.

The OMS when it attacks the brain, I mean within days my daughter was stripped of everything, couldn't sit up, couldn't talk, couldn't do anything. So we had to rebuild everything. But, you know, what I recognized when she went through her therapy is she went through, you know, some speech, PT, OT, but nothing like you'd really see, you know, for traumatic brain injury where the person who has the injury is inpatient if you will and then receives really intensive therapy for these everyday tasks where you have to be able to rebuild the brain so the brain can then learn the everyday tasks for survival. So I wanted something like that for my daughter for learning, because studying all of that to help her medically, it overlaps with the education part. And I began to understand and realize even for learning, the brain needs to have certain cognitive abilities, like cognition really needs to be there. Knowing we have this brain injury we can see we have physical issues that are there from the brain being injured. But what does that mean for her learning wise? You know, so I did a lot of research into that, and looking for this real intensive cognitive program, that would give me the results I needed quickly and would not regress if you will.

So I found a program, and I figured, you know, if I'm going to do this and it really works, so I will be amazed. And I think moms that are listening that have kids that have special needs sort of know where I'm coming from. It's, you know, you try everything that's out there and you get to a point where you sort of losing your hope and your belief. So that's the mindset I was at. So I went and I did this. So I went and trained me to become a trainer. And they put me through all of these things. And they actually made changes in me which I wasn't looking for, but I was amazed because at that point too. I'm now, you know, a mom dealing with two younger kids, one with severe issues, medical, educational, and I'm also going for my masters [crosstalk] and, you know, they are trying to work on my memory. And I'm just like well good luck with that. I'm really here for my daughter, you

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know, but they did. They'd made all these changes to me and I was amazed. So then the big thing was is this really going to do anything for my daughter.

So after I got trained and certified, I came back, started doing cognitive rehabilitation with her and it worked great, so happy, but what are we going to do now? Are we going to see changes in the classroom for her because I'm not- I'm not teaching her, the teachers are, the school is. So, I'm more or less looking at this as, you know, we now have a clean slate. It's like a clean, you know, whiteboard if you will. And the teachers should be able to act access and reach her- reach her now. And it's not going to happen. So, low and behold, we did start making changes so much so that, you know, where I wasn't talking with the teacher. So, they didn't know really what was going on, what I was doing, but they could see changes in my daughter. And she had this really big task for- in elementary, so it's really big for her. And they were doing this whole process of water filtration, all the steps. So it's a lot of sequential processing, you know, a lot of memory involved in there and visual processing, and this- she actually got like a 100 percent. She still had help, you know, like people were there, and she got a hundred and she was never able to remember at all before. Like, you know, you have the meetings with the teachers where they are trying to give her the best of the best out of research programs, you know, reading, math, all of these things, but they would just say there's no memory. You know, we'll teach her and then two days later it's gone, so what are we supposed to do? So they were just sort of keep throwing it back on me. So it didn't make sense for them to keep bringing in all of these programs because there was nothing there.

So we went and did cognitive programming where I put her through all of this and she actually remembered and this was on the water filtration test. Now the teachers didn't know, you know, everything I was doing, and they were so shocked by what they saw, they actually waited two weeks, and they weren't really, you know, didn't tell Shannon anything. They waited two weeks and gave her a pop quiz again and she knew everything.

Erin Matlock

Oh my Gosh.

Colleen Bain

And they did, and now, so and, you know, my daughter came home and she said, "This was the first time all year I saw my teacher smile." You know, and I just that- and that was really just because, you know, the frustration that the educators have, right? All they want to do is help these kids

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progress and move forward and most of the time, you know, they are working with children that have low- low and like weak skills, weak learning skills, week cognition. And that's, you know, what I wanted to be able to have an opportunity to really try and spread the message and bring some awareness to parents. And, you know, my daughter and my kids are really how I ended up doing what I'm doing because I started it for my daughter Shannon, but in the process, of course, I put my son through all of these cognitive training because he's there and, you know, I want him to have the edge and going through the training, it actually brought to light a lot of issues that- that he had with some of his cognitive problems that I never knew were there. And that was because, you know, with our younger kids, they do not recognize maybe that they're learning differently or, you know, things are perceived differently. But they don't recognize that because they don't know any better, so the example would be for my son with my daughter's disorder, you know, there are a lot of things that were happening with the brain injury and her eyes, her visual processing was impacted. So we were just going to talk to different doctors and all this kind of stuff. And one of the things I was going after was the fact that the letters were jumping off the page for her. You know, she had depth perception issues from the brain injury. And when I was describing what was going on to my son because he was, you know, had to be dragged with me yet at another doctor's appointment. He made a comment and he said, "Why doesn't everybody read like that?" And I was like, "What?!" I'm like, "No!" So, you know, it really made me stop and think I'm like, these kids don't really recognize that because even when they're getting tested at school for vision, you know, back then anyway, they weren't sitting there and asking the kids if the letters are jumping off the page or the screen or if anything's blurry. They are just saying, "Can you read?" You know, tell what you can read on the eye chart which, you know, they pass. And my son has 20/20 vision. But even with 20/20 vision, he was still having issues that he didn't realize were not correct, that shouldn't be there because everyone told him his eyesight was fine. So, the cognitive programming really helped, and both of my kids benefited from it. So when I saw that happen and then I started to sort of spread the word about what I was doing, that's when like my own children's friends in the neighborhood like the mom's were saying, "Can help with this." "Does the program help with that?" You know that kind of thing.

So it just started out small where I was just working with neighbors, friends and stuff, and then it became more of a personal passion and a quest of mine to really be able to help these kids because when you see your own child struggle and even the, you know, teachers and educators that have been there when they've seen these great kids, you know, all of the kids are great. But they seem- some of these great kids that no matter what they're doing they can't push them forward and it breaks their heart. And then to be able to give them tools that actually open up those learning gates

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again and the teachers can reach them and the kids have a second chance now at learning, that was just, you know, something that I guess sort of hit me, and in my heart I just wanted to be able to make sure that other parents were aware of it. So that other parents, the caretakers, never really had to experience like what I went through with all of the stress and, you know, being so upset. And it's just horrible when you have to sit there and watch your child struggle. I think everybody would agree. And then for the child, for the student, you know, that we could go on and talk forever about what impacts something like not having the ability to keep up with peers, with learning, you know, not getting it, not understanding concepts. What does that for self-esteem and for self-confidence, and then having that lowered self-esteem and self-confidence, how many opportunities are being bypassed by that student because they just don't believe in themselves anymore?

So it was really a quest to get out there and start spreading awareness. And then in trying to follow that passion, you know, that's why I started the business and a lot of it was really putting out a lot of information and people were finding it and really interested in it. So then, you know, what happened from there is that it grew and, you know, now I do most of my work believe it are not online and I work with students all around the world. And we do a lot of intensive programs to get the kids up and running quickly where it doesn't regress. Everything is based off of, you know, research which I'm sure we'll get into all of that to you on the call. But, you know, the important takeaway is that there are- there's hope for families. That's an important message to get across and to teachers now too because a lot schools are taking an interest. It doesn't have to be this big deal where you have to get a big curriculum or certain program approved for your curriculum. It's not like anything has to meet common core, you know, anything like that. It's a matter of learning a little bit more beyond brain-based learning and really getting your hands around these cognitive kind of approaches that integrate into, you know, what you can daily in the classroom. You know what tools can you pick up that are really inexpensive or what can you create yourself that you can integrate that's going to help students in your classroom, you know, for keeping it simple to be able recall, retain, recall, process better, you know, respond faster, have better memory. And then from there, you can build upon it. So, you know, that's how I got started and why I am really doing what I'm doing, and the bigger message is to let teachers and parents know that there is hope for any of the kids whether there's that medical diagnosis that impacts their ability, their cognitive ability or, you know, I work with so many students that have a clean bill of health from neurology, there's nothing wrong ever, but for whatever reason, you know, they just need to have their cognition sort of tuned up, you know.

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Erin Matlock

Right.

Colleen Bain

So they need perhaps stronger ability to process and to remember and recall. And then they're good to go and, you know, what we do from that really is we make sure that there's new pathways in there that work and then we have to go in and so did your remediation because the kids compensated for so long, you know. You know, if you want I can talk about some of the, you know, things that I've ran across with kids today as far as learning goes if you want me to get into that or.

Erin Matlock

I would love that. I want to comment real quick. I think it's so interesting and I'm finding that as I interview for this series is that we all seem to find our path, our career path. What it is our purpose in life based on things that are happening to us personally. And like you said you can go corporate and, you know, get the degree and get out there and do what you think you're going to be doing for the rest of your life. And life just tends not to work that way. We get handed things and have to shift course and all of a sudden we find where we were supposed to be probably all along.

Colleen Bain

Right, now I would agree with that statement. I think we go through a lot of things because it's sort of lessons learned and then from the difficulties we are experiencing what, you know, to run it all around to make it that positive experience is then use your lessons learned and, you know, give back. Like how can you use what you've learned to help other families? So a lot of what do too is, you know, I do talk to families, to caretakers and parents where they are completely overwhelmed, they're in that state of crisis mode and they are going through their journey right now. And it's just to really support them and to let them know again. You know it's not only that there is hope but hope leads to action, right? So it's providing them with the steps that they can take to turn things around and, you know, alter the journey a little bit where they don't see much hope going to forward. Now they know that there, you know, maybe now that they're at the crossroads where before they didn't even have crossroads in front of them and now, right? And now they have some extra choices they can make and they have a lot of resources and support to go down that road.

Erin Matlock

I think so too. When the parents come to you, what would you say are some of their top challenges

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that they need help with?

Colleen Bain

Well the number one- the number one I would say question that I get from parents is because of where I'm really focused in is around reading. So, you know, the whole big introduction that I just gave for bringing awareness is because most parents and teachers aren't out there necessarily searching for cognitive skills. They are searching for improving the academics. And the message and the education that goes back out there is for everyone to understand in order to improve these academics you need to improve cognition. So cognition and learning go hand in hand and you have to be able to provide the students with the ability to do whatever you're trying to improve. So I always get, you know, how can I help my child improve in their reading skills? And then we'll go into this discussion about what symptoms really, you know, what are they seeing, symptoms, behaviors, excuse me, on the reading front that has some concerns. And sometimes I'll get that, you know, my child can't- my child is not reading at their level. They can't read new words. You know, they are reading very choppy or they're- they are just not able to comprehend, you know, so reading and comprehension may go together. And then, you know, we'll break that down further and that's when I start getting into more about discussion around cognitive skills so to help them understand that, you know, in order for a child to read successfully, they have to have memory. And I think everybody would agree, you know, and that's sort of a no brainer, right? We need to have attention and memory. But then we go down a little deeper and we talk about, you know, really with these symptoms around reading. I'll have some parents that may say things like, you know, we can't read new words. So, that may be something where we have to look under the big umbrella of phonological awareness down to phonemic awareness. You know, phonemes, sound code, but even before I can get the children there into that academic world of language and reading, I have to make sure that their auditory- the auditory processing is well and so is visual processing and memory. And, you know, so for parents to really understand that, it's just going into brief overview of how we learn and we learn through our senses, so we learn by what we see and what we hear and then that breaks down a little bit more so they understand not the mechanics of the eye because that's the example like with my son who had 20/20 vision but still had issues reading what, you know, printed word or what was on the screen and not because of what the brain did once the information came and dump it into the brain. You know it's the processing of that data. I usually use an example for the processing piece, visual or auditory. So I use an example of a library when, you know, the kids would walk into the library and they have the library book slot and usually, you know, you go and you throw your books into the slot. So when I'm explaining it to parents, I'll say the book is like the

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data, the slot is like, you know, whatever we're using like the ear. So the data comes in through the ear and it ends up into the big basket that you see behind that wall of that slot and then usually you'll have librarians or assistants come over and they'll do something with those books. Well that's the processing piece and in order for those books to get where they're supposed to be in the correct location, we have to make sure that, you know, visually we can- we can remember where they go, we know in an auditory sense, you know, when someone is saying, "Well that book needs to go here that we can process it correctly." So from- getting it from that basket to its proper location again is sort of the processing of the data and if anything happens along the way, a book falls out and it doesn't make it where it's supposed to go, it's like representatives of the child not necessarily processing everything correctly or missing some words, you know, so audiologists know that, you know, as auditory processing issues, but it could really cause havoc when it comes to learning.

So with learning with the senses, it also has memory cups attached too. So, the brain will process that data in the bucket, but you also need to have the memory where we know short-term and long-term memory. We have an auditory memory and a visual memory. And why that's important is because some kids can have perfect like fantastic adult level auditory processing and visual processing, so that processing piece now is great but their memory cup is way too low. So here comes like, you know, some of these challenges because I usually will tell the parents to think of like a liquid measuring cup and, you know, just say that that's what everyone should have, that's the size, the normal size of an auditory or a visual memory storage bin just for our, you know, purposes here. What the kids that don't have strong enough memory cup, it's not as large as it should be for their age. We say that they have maybe only a quarter cup of that liquid measuring cup. So why that's important to understand is as the data comes into through the ears and it's being processed or the data comes in through the eyes, it's being processed. It wants to go into its, you know, its proper memory cup. So once the teacher is talking now for auditory and is talking in front of your child in the classroom and the teachers will adapt obviously, you know, to the developmental level, right- of the child, so the teacher is talking, talking, talking at the level and speed expected of like a 14-year-old child in his or her classroom, but yeah, that child's memory cup is really representative of like a six year old, so now it overflows, right? It can only take in a little bit and then that child that's 14 functioning with like a 6-year-old memory cup shuts down, it starts to get fidgety, starts, you know, looking like an ADD. And then the other problem is besides that behavior manifestation, that child is now losing bits and pieces as the teacher is continuing to talk until the brain processes that quarter cup and then allows some more to come in. Did that make sense?

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Erin Matlock

Wow! I've never heard it explained that way and I have to tell you just sitting here, your heart goes out to parents who have a child who is maybe not reading or who is struggling at a certain level and I think typically we think, "Oh, they're not a good reader. Oh, they're not so good in school." And it's almost like this multilayer mystery that has to be solved as to what exactly is going on in the brain that's causing this.

Colleen Bain

Right and, you know, that's where the awareness needs to come out because there is still-

Erin Matlock

Absolutely.

Colleen Bain

Right, I mean you still have teachers; they're are very frustrated. Yeah they're doing what they are supposed to be doing and they're experts at what they do, but you have some students that look like they are not trying.

Erin Matlock

Right.

Colleen Bain

And, you know, and really they've maybe even given up. And the teachers are now, you know, writing down like so and so, like little Johnny is just too lazy. I talked to little Johnny and I say, you know, don't give up. So it's just an awareness in the education that needs to be done and that it needs to be done properly for teachers so that, you know, it's not where the teachers can't use the information you're giving them either because that's not going to help that much. So, you know, and there are- there are things that the teachers can do in the classroom. There is basic screenings and stuff they can do or there's just observations they can do and an example that they could learn- learn more about is, you know, and a lot of teachers are getting much better at this. But, you know, the old- I guess most parents can relate to the story of when the teacher come at some point or another and says that the child has ADHD and they're justified in saying that. And, you know, they usually have like, you know, they have support in saying that. It's not the teacher just making a comment. They have their data, right. But the other thing that teachers are starting to learn now is to discern

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the differences between a true ADHD and then also what could be part of this issue here with the cognition because this is another thing that I take parents through is, you know, ADHD can be one of two things or a combination and this is from what I've learned and through research that I've read. The ADHD can be true neurological, meaning the child really is low in these neurotransmitters whether it's dopamine or serotonin, a combination of other trans- neurotransmitters. So we have a chemical issue that's really going on and then, you know, the way that we can't focus, were fidgety. We have problems with certain systems in the body, you know, that's supposed to be screening things and telling us what do attend to and not to.

And then the other part, the cognition part. So, you know, the example I gave you with just a memory. If the memory isn't adequate enough for where the child should be at that age group, you know, compared to peers, they're going to be fidgety, they're going to be shut down, turned off so they look ADHD. It could be a memory thing. It can be with auditory. An audiologist and speech folks know this as well that the ear is very complex. You know, the ear and the brain are connected as is everything else, but the ear and the brain pretty complex. They could go into so many different things. Auditory processing is very broad with so many different piece parts to it. But my point is there is an auditory attention piece in there. So that itself, you know, has its own play as far as issues and it looks like an ADHD. So, I always go back and forth to both, you know, it could be a true ADHD with the chemical problem or we can have a combination of both. So, you know, educators can start to learn how to discern from both of these that you can use different- different like ways to observe. You can do is subjective or you can do an objective way to look at some of these things. And, you know, basic things for the ADHD the teachers look for is no matter what you do to help the child were just not able to focus, so that's going to be across the board. And the other thing that you could do to sort discern between both is when they start to do their like response to intervention. So that's when the teachers are trying to intervene when they suspect that the child may have some weaknesses, and before the child may have to even be classified, they want to try and, you know, let's try and change some things around and make it a little easier for the child so the child will be successful.

So even at that stage, they can, you know, take a look and do -some- some different things that they know for like auditory processing. They can isolate the child to say they want to discern if the attention is coming from the child being distracted by background noises, you know, that's an auditory thing and a lot of teachers are starting to learn these kinds of things with auditory pieces. So if the child- it can go into like their own little office space if you will that the teacher creates for them or

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puts headphones on and they are able to attend, right? We know we don't have a true ADHD there. And we can start, you know, doing things for the child if there is difficulty with following like instructions. Now in ADHD, he is going to be a distracted no matter what you do. You know we're going to have a very short time on task, but again an auditory- auditory attention kind of views, if we can't follow these oral instructions like coming out where the teacher is telling like sequential processing, but it's all coming, talking to the students, well, make out the pictures or write it down in print. If the student can follow that and is not distracted, right? You are able to discern. So at certain things like that where, you know, a lot of teachers are starting to do this already but those that don't know how to do that, it's very easy, just to give them that information and, you know, break it down into some charts so they can start figuring out. And the reason why it's important, it's just for the educator to know. Obviously you don't want to classify the child if the child doesn't need that medication, right? You don't want to push that way. But the educator wants to know that they could be successful too. And then once the educator can sort of understand where the child is, what their abilities are, weaknesses and strengths, they know how to teach to that. You know, if you have the ADHD, the teacher just knows that we're distracted, you know, we have impulsivity issues, we interrupt a lot, we're inattentive and it's usually across the board, so it's going to be home and it's going to be school. So there, they're looking at a real tough situation. And parents too, you know, the parents can look at their kids if they're fidgety and they can feel that their child maybe ADHD and they get real worried. But then they can also do some of these things with them and just try different ways of teaching to the child in order to make it easier for the child to be successful and then you can sort of wean out just from a very subjective kind of assessment of whether or not it's an ADHD. You know, so there's a lot of a thing that they can do in order to help their child with learning, again, subjectively at that point.

Erin Matlock

I think this is amazing what you're saying and I am kind of shocked in silence over here. So I'm glad you're taking the lead. I just- my heart goes out to parents and children who- who have been labeled, right? Hyperactive or ADHD or like you mentioned earlier, maybe Johnny misbehaved or Johnny can't sit still or he's lazy, you know, XYZ. And to think that there are some undiagnosed or I don't know the word I'm looking for, but there are some issues, some underlying issues that the parent just doesn't know about yet and with a correct evaluation and then proper training, little Johnny can actually attend school in a way that is more normalized where they feel great and confident about their skills or they can focus and take in what the teacher is saying. And to think that you can catch that when they're younger so that they don't have to go through life feeling bad about themselves or

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saying I'm not good at school or I'm dumb or I'm not ever going to be any more than a C student.

Colleen Bain

Yeah, so there is- just like as the children annually will get eyes and ears, you know, hearing and vision check, you can get cognition check too. And it doesn't have to be, you know, when we talk about the cognition, cognitive subtest and stuff the folks always think of this really long standardized like, you know, Woodcock-Johnson and you don't have to do that. You can do a basic cognitive assessment because that's all it is. It's like a cognitive screening. So it's not there to diagnose and nobody needs to do it with your child. Your child can do it independently and you can get a great summary, a lot of answers to questions you've had about why your child behaves this way, you know, like why is your child struggling in reading, you know, and it's sort of like tells a story and you can figure out what's going on with that. And- and it really is a good idea to try and help your child, you know, obviously avoid low self-esteem and low self-confidence because you don't want to get the point where they shut down and they feel that their only option is to like drop out of high school. We don't want to do that when it's too late, right? And then when they're young enough, you know, anything like age six and up, they can do this assessment pretty easily and get that done. But, you know, I can tell you just from working with all different types of students I've had, you know, kids that were on the verge of dropping out where, you know, they just weren't showing up. They were handing in thing anymore like they were done. And then they went through this program and, you know, their life was turned around. And then other students who were this type of students that sort of went through class, like maybe if they were having struggles with math, so they just went through the whole thing, all these routines and they sat after class and that's what the teacher did, what they had to do to try and get through, you know, a math exam or something. So, they used their strength to sort of get through and progress as needed, but not until they went through like brain training, did they truly get it. So students would tell me, "oh my goodness, you know, my parents are so thrilled, I'm finally getting A's, but you know what, I'm more thrilled that for once in my life I actually get it.

And that's what brought the self-esteem up truly is because they can get it. You know, they can connect to what's being said to them. A lot of times it's, you know, they may not really know the concept and, you know, learning itself is associative, so we want to make sure that's right at the foundation that they have that- that's a big struggle for a lot of kids too that are complex and like multiplely-multiple disabled, you know, those that goes across different things. We have language issues going on with the auditory pieces, with speech and so to create that foundational, you know, first create

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the ability to be able to learn, but then you have to go in and create that foundation piece where they can start to build up their own internal filing cabinet, you know, so that they have something to associate with. So when you go in to learn like an example that I can use even for my daughter when she had the brain injury when she was in elementary and we would go through science and, you know, most parents think of, "How am I going to get my child to remember this?" You know, memory is such a big thing. But like for me I knew my daughter wasn't getting it because we had the brain injury, so that was really big for me. I could figure all these different strategies and how to remember it but what good is that going to do because we're in elementary school, right. We have to have this curriculum eventually repeated. So they were talking about compounds and I know she just sort of looked me at like I have no idea what you're talking about. And it just has to be associative again. So the only way I could associate for her at the moment because we were going through an intensive Orton Gillingham for she had dyslexia or she still has dyslexia, so we were doing Orton Gillingham, so they're at the point where were going through like compound words in school. So the only way I could associate it was well, you know, how compound words when they come together they create a brand new world- a brand new word. You know, it's like totally different from where the two words separate. And she could get that, you know, like I could draw that out and say like if you have pan, you have cake, bring them together, pancake. It's totally different. And she would say, yeah, and I say well that's what they're talking about with compound for science. You know, you bring it together different qualities, you know, different properties, it comes into something brand new when they come together, and she's like I get it now. You know, so it's that associative piece. So the challenge is give the kids the ability to learn and then you have to make sure that they have what they need to associate it with. So you'll see a lot of with special educators, but general educators are getting it now too. A lot of kids that have been compensating for so long, they don't have that- that foundational learning in place because they've compensated through it, so there's like gaps, you know, missing pieces and they've realized that they have to associate to maybe what is something of the student's interest at the moment. You know, what are they really into?

Erin Matlock

Right.

Colleen Bain

And then they can bring that out, you know, whether its music, you know, something they love with music. They relate the learning to the music and they find some kind of common element, you know, that both share whether it's conceptual or something in there and then the child is like, "I get

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it." And then when it clicks, then they are able to move on. So it's sort of a, you know, it's a step- I don't want to say it's linear because a lot of it isn't linear anymore, but you have to get like that foundation piece, give the child the ability to learn and then make sure they can associate for their learning and then you can go from there and keep building on from there. So a lot of what I do is not linear in nature, it's really, you know, you're taking all these- we have all these different kind of piece parts and you're going to find out how to put them all together and make it work for that individual because, you know, no two individuals have the same brain or make up for anything, right? So every child that comes through is totally different. They may have the same issues like reading, but, you know, specific issues are going to be all be different, how do you approach is different. So I do a lot of that kind of dynamic- kind of dynamic work that changes as we go through. It's like, you know, day by day as to what is happening with the students, the reactions I'm getting and using subjective and objective assessments to sort of guide my way through it. So it doesn't matter what's the latest and the greatest and the best kind of brain training program because I use all of those. It's not really picking up one of those kits and following it step by step by step. It's really being able to be dynamic with the student that's in front of you and sort of that like even flow or the back and forth and figuring out where they to go next and what's going to help and where are we and assessing along the way.

Erin Matlock

That makes sense. Kids are going to be different. You're going to have a- so definitely a challenge though because it's not one size fits all, but I don't know one kid who was one size fits all. They're just not that way and neither are you and I. I want to ask you real quick just your opinion about children who have test anxiety. I hear from parents, I also hear from students and they always want to know what are your tips, what are strategies for combating the dreaded test anxiety that happens?

Colleen Bain

Well, with the test anxiety for me, when I talk to kids, it's making sure that, you know, they're prepared beforehand. So, most of the kids that have the test anxiety that I worked with it's because they are not necessarily aware like they don't understand why they can't remember at the test. So that's the- you know, their fear is if they are going to be successful in taking the test, you know, anticipatory anxiety. What's the test going to look like and then how do I get through that and will I have enough time. So I have to make sure that they understand how to take tests, you know, which then I bring them back again, set up before that to go over basic organization, but then, you know, what is your approach? Do you even study? And a lot of my children that I worked with will all say,

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"Yes" and the parents will say that too, like they'll come to me and say, "We studied for hours." And then, I think, you know, the test anxiety just got to him because he went blank at the test. So, I have to review on, "How did you study", and, you know, "What was your approach?" And that usually with the little assessment I do or just learning more about it I'll find out, you know, they went back and forth and talked. They did all these talking back and forth and, you know, the student had to recite all these answers. Well, you know, you find out that the auditory isn't that strong. So, they went and rehearsed in an auditory manner and there's not enough memory there to hold it off. So when they got in for the test, there was nothing to recall, you know, very little came out or there were missing things and that tied in with the anxiety just didn't work.

Erin Matlock

Wow.

Colleen Bain

So, we go back into you know, give me your strategy, how you study and then I help them with, you know, the basics nowadays with everything being digital or whatever. When you're online looking at your online digital textbooks, really look a lot of the visuals. A lot of visuals will help you and then also use your auditory piece where you're going to ask yourself question and the questions can come from like the paragraph headings, you know, the bolded question in there, turn that into a question. I should say it's a bolded title then and then switch that into a question. So if there's like a title that says, you know, the, I'm just making this up, like the seven steps of photosynthesis. Then you split that around and you say, "What are the seven steps of photosynthesis?" And then, you want to look at visuals that probably are in there that are talking about and introducing photosynthesis so that you're using both. You have an auditory and then you have a visual. And then you can, you know, go back and forth and practice with that. The other thing I like to work with is I would take, if the kids are still young enough that they're getting their own study guide, I like to take the study guide and show them how to turn those, all of that contents because that's almost like their notes from you would see in a textbook. So you take all of that content and turn that appropriately into the questions with their answers but put them into like a Q and A kind of program, whether it's- I'm trying to think of some of the ones online, like, you know, those quiz programs you can find online.

Erin Matlock

Yeah, yeah.

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Colleen Bain

Right? So something like that or if you have an app on your iPad or on your iPhone that helps you with studying for homework like, I'm trying to think of the one, the one that I use all the time I think was like Study Minder, I think it was called. I don't know if it's still around, but it's one of those programs where you put all your questions in and it turns around and it will quiz you and what I liked about the program that I had used was that I can do multiple types of test. So I can put in all the kid's stuff and I show them how to put it into the program and then I can choose from multiple choice, true and false, fill in the blank, and it will come back, and I will let them see 80%, you know, or a 90%, or a 40%, and it will show them what they don't know. There is a new one too that just came out that I probably have to get back to you. I think it's brain something. Let me see if I can find it real quick as we're chatting. But it's a new flashcard program that came out that actually teaches the kids-

Erin Matlock

I love-

Colleen Bain

-How to remember. Yeah.

Erin Matlock

Isn't technology the coolest thing too because there's so much at our fingertips, whether it's iPad, iPhone, computer programs, free scripts that- I mean sometimes is overwhelming and it's too much, but there are so many cool tools out there that can help kids and parents prepare for school, prepare for testing.

Colleen Bain

Yeah, which is great because we didn't have that years ago, so now I think that helps in lessening some of the anxiety too because they do have all these tools at their fingertips, you know, everything from electronic agendas.

Erin Matlock

Right.

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Colleen Bain

To giving-right, that will remind them. So there goes that issue for the student that is forgetful. They can set alarms because nowadays schools are doing that “Bring your own device” and they allow that to happen in the classroom so it’s great.

Erin Matlock

It is. I’m glad they’re getting onboard with that, because this is the world we live in. We live in the digital age and we can’t deny our children all of this technology because they’ve got to get out and learn how to travel through life and have a career-

Colleen Bain

Right.

Erin Matlock

-By being on top of all this technology. It is different from when you and I were in school. I had the- those little post, those white, what is it, 3 by 5 or 4 by 6 blank index cards and you make your own flashcards.

Colleen Bain

Exactly. You know, the schools we’re still using that only a couple of years ago where they’d have the kids come home with the little cards and they go through that for themselves and they had a little baggy and then they come home to study all of that, but now they can do it all online and I think that’s great because like you said, that’s what the kids are used to and even with the work that I do, you know, I let my kids know like who I’m working with and I explain to them, you know, now when you come out for a career, you’re not necessarily just being competitive against people in your town or your state, you’re global.

Erin Matlock

Oh, really global.

Colleen Bain

Right?

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Erin Matlock

That's right.

Colleen Bain

Really global, so they'll be shocked that I'm working with students from like Ireland or Australia or West Indies and 'm like, yeah, you know, that's why 21st century schools like this technology movements that are going on are so very important because, you know, your teammate for work or your project team could be around the world and you're here.

Erin Matlock

That's the reality we live in.

Colleen Bain

Yeah. So, the strong cognition plays a big important part in being able to follow and take advantage of all of these new learnings do coming their way.

Erin Matlock

I'm telling you, it's a lot. It's good stuff because there is so much at your fingertips, but I also think it must be overwhelming to be a parent these days. My hat is off to all of you. Colleen, can you tell me a little bit. You've talked about your work at the beginning, but I want to know little bit more, for the parents who are listening and saying, "Wow, you know what? My child sounds like this. She was talking about what is going on with my kid in school." What kind of help do you offer them like what can they do to work with you further?

Colleen Bain

They can come to my website or you can go even to my Facebook. I don't know which one is easier, but Facebook is Facebook.com Brain Training For Kids, all spelled out and the website is ELS, like Ed, Larry, Sam, it's supposed to be the acronym for Enhance Learning Skills, ELS, and then put the numeral 4, kids.com. So, L is for kids.com and then you can find tons of information there. If you go to my website, it'll say start here like where do I start, start here. And the first step will be to just try and get your child assessed and then from there, I offer the free 30-minute consultation or, you know, they can go for a full hour with me and then what I do is I just, you know, the investment they put in for the full hours, most of it just goes back in towards purchase of a program and then we go through everything and then- and we understand the story, the reasons behind their challenges

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and giving them some options to help their child progress while they are working to brain train their child and strengthen cognition. So I offer program do it yourself, you know, and then I do programs where I work with the kids one-on-one and then I also offer programs for, you know, the moms that, where the parents are very involved with their kids' education and they're fine working with their kids. They just need to know what to do.

Erin Matlock

Right.

Colleen Bain

You know, like they're ready to go.

Erin Matlock

Absolutely.

Colleen Bain

So for that, for them it's just creating the program based upon their child's needs and then giving them the tools and then we just like we will talk. We have consults to make sure they're staying on track, but those are the folks that can just do it all on their own. So, there's variation, so and it meets everybody's budget, you know, because it's there to help them. It's really to try and empower everybody to help their child.

Erin Matlock

In what ages do you work with?

Colleen Bain

I specifically work with usually around third grade up to high school. However, it depends, you know, I have worked with kids that are older than high school only because of developmental level kind of thing, you know.

Erin Matlock

Sure.

COLLEEN BAIN TRANSCRIPT

Colleen Bain

But if I don't have- I have like resources like referrals so there is colleagues that I really respect that I work with and I have contacts for the real little ones like Pre-K through the second grade.

Erin Matlock

Okay.

Colleen Bain

I have contacts for adults. So, you know, I can help everybody sort of funnel through me and then send them out to where they need to go.

Erin Matlock

Yeah, I think that's important. I know sometimes I get questions across my desk and it's not my specialty, young children and school age children and so I like to pass them on to you because I always know if they're going to you, you can help a certain number of them and who you can't help you know, exactly you know, what kind of information to get them. This is just, this is your specialty. This is what you do.

Colleen Bain

Right.

Erin Matlock

Yeah.

Colleen Bain

Yup, yup. It all comes down to cognitions. So, it's easy to give them why it's happening and resources.

Erin Matlock

Well, let me say the website one more time. It's E as in echo, L as in lollipop, S as in Sam, the number 4, kids.com and will you say the Facebook community one more time?

Colleen Bain

Sure. It's Facebook.com and then it's brain training for kids.

COLLEEN BAIN TRANSCRIPT

Erin Matlock

Okay.

Colleen Bain

And it's all one word.

Erin Matlock

That is super easy. So that's the end of my questions. I just want to thank you so much for being here. I could go on and just keep listening to you. I think it's fascinating and it's always a puzzle to get into the brains of our children and figure out what they need from us because that's what it is, isn't it? They need the answers from us and we owe it to them to get them those answers.

Colleen Bain

Right it is because they, like I said, they don't know.

Erin Matlock

No.

Colleen Bain

They think what they're doing is fine and they're fine except those that are struggling and they don't even know that there's hope that they can change. They just think that's the way they were born, so they never really going to be competitive with their peers and that's not either. So, you know, it is. It's just takes a little bit for the parents to get educated and then it doesn't have to be this big overwhelming project for the parents to take on and it doesn't require, you know, a second loan.
[LAUGHING]

Erin Matlock

Right.

Colleen Bain

You know to help your child, I mean it really does and it's just a matter of fitting it into your already busy schedule where you can educate yourself and I always encourage my parents that come to the site, you know, take your time, look around, read, do what you need to do, get a consult going and then, you know, you work it in So a lot of parents will, you know, have to do it immediately because

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that's where they're at with their student. I understand that and those that want to get the edge for their kids and want to get a jump on it, you know, we work together and we plan for summer so that they know either spring break summer they're going to get going. And they are all ready to go and they know what they need to do and it's not stressed. So it doesn't add to their already crazy schedules.

Erin Matlock

Right. Who needs that? Well Colleen Bain, thank you so much for spending this time with us today. I really appreciate it.

Colleen Bain

Thanks again for the opportunity to spread some awareness and to help some people.

Erin Matlock

Everyone, this is Reboot Your Brain. I am Erin Matlock. Goodbye.

GINGER CAMPBELL MD



www.BrainSciencePodcast.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

GINGER CAMPBELL TRANSCRIPT

Erin Matlock

Welcome to Reboot Your Brain. I'm your host, Erin Matlock.

As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Dr. Ginger Campbell. Dr. Campbell is the creator and host of the Brain Science Podcast, the show for everyone who has a brain. She has worked as an emergency physician in rural Alabama since 1992, but she launched her podcast in 2006 because she enjoys sharing her passions with listeners around the world. We're not working in the ER or doing research for her shows. Dr. Campbell enjoys playing tennis, video games and training her dogs Greta and Jake. Her husband Dennis Smith is retired from the University of Alabama in Birmingham.

Welcome Dr. Campbell. Thank you so much for being here today.

Dr. Ginger Campbell

Hi Erin. It's great to be here.

Erin Matlock

Can you give us a little insight into your background and how you came to host one of the most popular science podcast on iTunes?

Dr. Ginger Campbell

Okay, well as you mentioned in that introduction. I am an ER doctor but I have enjoyed- I would say I'm a voracious reader and I read about a lot of different things. About ten years ago, I started reading western philosophy and this was after having spent many years exploring eastern philosophy especially Buddhism.

Erin Matlock

Hmm...

DR. GINGER CAMPBELL TRANSCRIPT

Dr. Ginger Campbell

And that's how I discovered the area called philosophy of mind which was beginning to overlap with some of the- some areas of neuroscience. So, even though I had been exposed to neuroscience as a graduate student in biomedical engineering, it was before I went to medical school and I hadn't really kept up with the field. So it was really exciting to learn about all the new discoveries. So then, when podcasting hit iTunes in the summer of 2005, that's what I was deeply involved in reading was neuroscience. But it was a few- it was another year before I really decided to start the Brain Science podcast. I have to say that the minute I heard podcast, you know, I wanted to do it. But didn't really want to do a medical show per se and it took me awhile also to get past that, I hate my voice stage and- and whatnot.

Erin Matlock

Sure.

Dr. Ginger Campbell

About once I got started, I was hooked because it's really a lot of fun. And I get to hear from people from all over the world which is one of the most rewarding things about it.

Erin Matlock

You know, what's funny is I travel a lot, I do a lot of conferences and when people find out what I do and that my business revolves all around the brain, one of the first things they say is, "Do you know Dr. Ginger Campbell?" You have fans everywhere I go. They all know who you are. They all listen to your podcast.

Dr. Ginger Campbell

Yeah, I wish I could just figure out how to turn that into an actual career where I got paid.

Erin Matlock

Well, you and I should talk. [LAUGHING] I can show you that.

Dr. Ginger Campbell

But that's not what we're here for today.

DR. GINGER CAMPBELL TRANSCRIPT

Erin Matlock

Absolutely. Well, you know, I have a quick follow-up question for you. If someone is listening, we have a lot of experts, providers and survivors of different conditions and illnesses. And if they wanted to get started in a podcast, what would just be one piece of advice you'd give someone starting out?

Dr. Ginger Campbell

Well, there are a lot of good websites where people can teach you the basics. But I think one of my favorite places to start is just the book Podcasting for Dummies. [LAUGHING]

Erin Matlock

Nice.

Dr. Ginger Campbell

I mean it's real down to earth. I know both of the authors personally. Some of the staff may need to be updated. But- and also there's a lot of great information at libsyn.com which is the place where I host my show and have forever. In fact, I'll just brag and say that I was recently featured on their blog. And on there, I put- give out a lot of information about, you know, what my sound set up is and all that kind of stuff that people like to know. So, that's libsyn.com, I think it's blog.libsyn.com. But they have been in the field from the beginning and there are some other good choices. But they have given me such great customer support. And there's a guy there named Robb Walsh who I have known since before he went to work for them, who does a show called Podcast 411 which was one of the original podcasts and he has just recently started doing it again. And Libsyn just recently started a podcast just for podcasters. It's called "The Feed."

Erin Matlock

The Feed.

Dr. Ginger Campbell

Yes.

Erin Matlock

Well, that's great. How do you spell Libsyn just to make sure?

DR. GINGER CAMPBELL TRANSCRIPT

Dr. Ginger Campbell

Oh, it's L I B S Y N.

Erin Matlock

Oh, L I B S Y N, okay.

Dr. Ginger Campbell

Yeah.

Erin Matlock

Thank you for that. Now, I want to go into kind of some rapid fire questions that I get through my inbox and don't know the answer to. So, I was wondering if we can get your thoughts on them. And my first one is, is it true that we only use 10% of our brain?

Dr. Ginger Campbell

Well, the short answer is no. But it seems to be one of those myths that we just can't get rid off. In fact, a few months ago, National Geographic of all people did a special issue on the brain and they had- one of the features in it was 10 Things About Your Brain that You Don't Know and they actually used that as one of the -I mean, sorry, Hundred Secrets You Don't Know and they actually had that in there, I couldn't believe it.

Erin Matlock

Oh no.

Dr. Ginger Campbell

But I think that part of the reason why this myth persists is that- well, first of all, it actually turns out that we use almost all of our brain in almost everything we do. But I think that the reason that this myth persists is that people see these, you know, FMRI images in magazines and whatnot and they'll show this little areas and they'll say, this red spot is what is active when you do some certain thing. And what they don't understand is the way they make those pictures is that they're usually trying to figure out what place in the brain is "The Most Active." And so what they'll do is they'll do- it's all in software and they're basically doing a subtraction. So, they'll go and they'll compare the activity for one thing and another and they'll make some, you know, level that above which it won't show. And so, they are basically showing you a place that might be slightly more active than the rest of the

DR. GINGER CAMPBELL TRANSCRIPT

brain, but it gives you the impression that that's the whole story. But the simple answer is "No." We pretty much use all of our brain. Now, some of us might use our brains better and more efficiently than others, but I think that probably everyone is still using all of their brain.

Erin Matlock

All right, so there you have it. You know, I do- I hear that also on TV shows and movies and sometimes I'm out in what you call motivational speeches and you'll-

Erin Matlock

And you'll hear that fact, it keeps coming up over and over again.

Dr. Ginger Campbell

Somehow bad ideas are just- they just have lives.

Erin Matlock

Yes.

Dr. Ginger Campbell

And good ideas are hard to spread. I don't know why that is.

Erin Matlock

That's a- you know what? You're right. And I don't know why that is either. I wish it wasn't so. Your next question, all you men and women listening, are men's brains bigger than women's brains?

Dr. Ginger Campbell

Well, I have to admit that this is an issue that I really don't follow particularly closely. But I think that the size difference that exists is pretty much proportional to the difference in body size. So, it's true that men's, on average, are going to be slightly larger than women's, but then that's because men's bodies are bigger. Now, you might hear that a certain part of- a certain part of the brain is bigger in one sex than in other. And they really have to take that with the grain of salt. And the reason you have to take it with the grain of salt is that even if it's true that men are better at certain things on the average than women and that you could see a larger area. There's, at this point in time, it's really hard to separate the so-called "Nature versus Nurture." In other words, they- they'd probably start at pretty even and the truth of the matter is that we don't get raised the same.

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Dr. Ginger Campbell

I mean even parents that try to do it. There's subconscious, you know, differences in the way that that we experience life and there's a lot of evidence that, you know, from the very beginning your experience is giving you the brain you come up with. So, you'd expect our brain to be different, but it doesn't necessarily mean that's a, you know, preordained thing. And I think the difference is due to sex, I mean hormones. Again, it gets really hard to sort out how much of that is nature i.e. the hormones versus nurture, i.e. How you get your experience as you're growing up. I think the whole issue is highly blown out of proportion, like I said, I don't take much interest in it because I really don't think it's- you know, other than the political, very- it's not a very important scientific question.

Erin Matlock

Right.

Dr. Ginger Campbell

From my opinion.

Erin Matlock

Absolutely. And, you know, as a woman, I can appreciate that. Now, if men have bigger brains than most women you know, for the men who are bigger than women, does that mean a bigger brain is a smarter brain?

Dr. Ginger Campbell

Well, no. I mean-

Erin Matlock

Okay.

Dr. Ginger Campbell

That's another thing is that, you know, they were sort of disappointed when they finally got a hold of Einstein's brain and it wasn't particularly larger. So, yeah, and I think not positive, but I think whales probably have bigger brains than us and they may be smarter but it's kind of hard to tell. [LAUGHING] I mean, there's a certain relationship between body size and brain size, and although they say that we have large brains for our size, you know, that still- that doesn't mean that the body size, brain size, part of the equation, it doesn't still exist.

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Erin Matlock

Hmm...

Dr. Ginger Campbell

Yeah. That's an ongoing debate how smart- how important the size of our brains really is.

Erin Matlock

Yeah, I find that fascinating and-

Dr. Ginger Campbell

I mean when you find out that there are people who manage to live fairly normal brain- very normal- fairly normal lives with only half of a brain, it kind of makes you question that whole way of looking at things.

Erin Matlock

That's true. That's a really good point. The more we know. Now, here's another one I hear a lot. So, it's been said that right brain people are generally more creative or artsy and left brain people maybe are perhaps more logical, good with numbers. Is in your opinion our personality either right brain or left brain dominant?

Dr. Ginger Campbell

Well, this right brain-left brain thing is something that neuroscientist I think as a whole consider to be pretty much an obsolete idea. Because, as I mentioned at the beginning, we're learning that we use most of our brains in most of what we do. The connections turn out to be really important. Several years ago, I interviewed Dr. Brenda Milner who is the pioneering neuroscientist who is best known for the decades she spent studying the patient HM, the guy who-

Erin Matlock

Yes.

Dr. Ginger Campbell

Had his hippocampus destroyed. But she also spent many years doing psychological testing on split brain patients. Those are people, who've had the corpus callosum which is the main, you might say highway between the right and left hemisphere. They used to cut that to try to control seizures. This

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was like back in the 50s. And they, that's where some of these ideas come from is what they discovered when they tested these people who, you know, were- had the disconnection between the sides. And she emphasized, when Brenda- when I talked to her, she said, you know, you really need to have normal function on both sides. You really use both sides. And the other thing is that normally both sides are in constant communication. Even in the split brain patient, the experiments have to be really carefully designed just to keep the hemispheres from- you might say cheating and telling each other what's going on, okay? So, that means that- and then the other issue is that if you're going to make conclusions by studying people that have brain damage. Let's say, okay, this person only has a right brain and they are more are art or spatially oriented. And this person only has left brain and he's really logical and you would say, "Okay, this proves that this side only does this." Again, you know, that kind of extrapolation is potential for error because that's not a representation of normal function.

So, there's a lot of- it's probably true that the two differences that- we know that the sides are different and they've sort of you might say specialized and there are information processing reasons why that's a good thing. It allows our brains to be more efficient and to do more than they would do if they were to- both sides were duplicating each other. But in the end, they have to talk to each other to- they have to coordinate, okay? So, you know, you just can't get- people would say they're left brained or they're right brained, I think of that as kind of like one of those old- well, it's like the idea of- there's a lot of Freudian ideas that we now know aren't scientific either but they're in our language.

Erin Matlock

Yes.

Dr. Ginger Campbell

That we just can't get rid of and that's kind of where we are with the right brained, left brained thing. In fact, one of my- my best friend is really, really prone to using that expression and I just kind of grind [LAUGHING] every time she does. But I know that I'm not going to get her to- to not do it, so I don't- it's lost cause. But from a- from a scientific point of view, we need both sides.

Dr. Ginger Campbell

And like I said, some people can, you know, because they have no choice, operate with only one side but still better if you have both.

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Erin Matlock

Okay, that's interesting.

Dr. Ginger Campbell

It's kind of like, you know, Aristotle, you know, he had that idea of the golden mean. You want to be between the-

Dr. Ginger Campbell

You know, the extremes and- and our brains is kind of like that too. If you lose one of those functions then you might be really good at something but, you know, you're going to lose something too.

Erin Matlock

Hmm...

Dr. Ginger Campbell

So, I think there's value in saying, well I know that I tend to think a certain way and maybe I want to strengthen my ability to think for example, more creatively or if you're creative, more logically. There's value in that. But having to tie it to this, oh, it's my right brain or my left brain, again, I just don't think that's- that's not really very useful at least not anymore.

Erin Matlock

And seems to be little bit of a limiting belief.

Dr. Ginger Campbell

Yeah, yeah. Because people go, I'm left brained and therefore, I cannot do XYZ and that's- you know, that's not really- that's why the whole brain plasticity idea is much, much more useful and powerful one which I know we're coming to.

Erin Matlock

Yeah. It's- you know, and I'm totally guilty of what we just spoke about. I love math, I love science and I do love art but I don't produce great art and I'm working to change that dialogue in my brain, my mind, so that I don't go through life just deciding, yeah, I'm left brained. I'm mathematical. I'm, you know, more on the science. I want to open up myself to the possibility that I could also be cre-

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ative and produce great art.

Dr. Ginger Campbell

And one of those things is just realizing that art is also coming from the brain. It's not coming, you know, from some mystical place or, you know, unfortunately, the writers and artists have language that's also limiting. When they- when they think of their muse or their, you know, things like that as if it's some kind of magical thing-

Erin Matlock

Yes.

Dr. Ginger Campbell

That they have to rely on. That's not always healthy either.

Erin Matlock

You know, Dr. Campbell, I'm just so glad you said this because it is something. I do think of artists as a- it's a mythical thing. They are just- it's inside of them and that it comes out of them and it's this beautiful, magical, masterpiece that they're able to create. And I know there's different levels of expertise or talent when it comes to art. But for those of us who maybe always dreamed of painting or doing sculpting or maybe being able to write a great song, it's nice to know that we don't have to think about that as something that certain people were just maybe blessed with.

Dr. Ginger Campbell

I mean there certainly does seem to be aptitudes and we all-

Erin Matlock

Yes.

Dr. Ginger Campbell

And- and each one of us wants to find that thing that we really seem to really have an aptitude for because especially for us Americans, we like to be really good at things.

Erin Matlock

Yeah.

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Dr. Ginger Campbell

So, we want to find the thing we can be really good at. But to live a, you know, full well-rounded life I think that you hopefully can learn to enjoy things that you're not really good at. Like you said in my intro, I play video games. I am horrible. [LAUGHING] I mean I play on easy so that I can be bad in the privacy of my own Xbox. And, you know, I can't play multiplayer because I get killed instantly. But, you know, so, but I enjoy it [LAUGHING]. I get to do things I wouldn't do, you know, and out, you know, otherwise. So-

Erin Matlock

I love that. I know the gamers listening are all excited. Of course I know they are a little crushed that you don't do multiplayer because-

Dr. Ginger Campbell

Well, I would except that, you know, I'm really bad and it's also team oriented and I feel like I would just be like a really, you know, bad member of a team. [LAUGHING]

Erin Matlock

I understand.

Dr. Ginger Campbell

And I don't really want to be the person who has to go around healing everyone because that sounds too much like my job.

Erin Matlock

Yeah, [LAUGHING] that's true, no escapism there. [LAUGHING] Now what about- here's another one. Is it true that we are born with a set amount of neurons and then we are stuck for life or can we actual produce new cells throughout our life?

Dr. Ginger Campbell

Yeah. When I was in medical school which was in the early 80s, they were still teaching that you are born with all the neurons you will ever have. But the evidence has become overwhelming that humans can make new neurons, although it does seem to be limited to a few areas of the brain like the hippocampus. Of course since the hippocampus is really important for memory the fact that it can make new neurons is a big deal. And- but even aside from making new neurons, brain plasticity

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which I mentioned a minute ago is much more than making new neurons. It's making new connections, strengthening connections between places and- I mean we know from the MRI imaging that people- that sections of the brain seemed to enlarge according to what people do. And that doesn't really seem to be that they're making more neurons most of the time. Although, in the hippocampus as in the, you know, cabbies in new- in London, they may actually be making new neurons. But, for example we know that violin players will have a larger area of the motor cortex that go to the fingers of the pan that they do the fingering thing in which I think is left. I'm not a violinist. I'm not sure. That seems to be as much about connections as it is about actual neurons. It's what the- those neurons are getting a lot of connections and the more connections they have, the more they can do. And it even appears to me from the evidence that some of what may be going on, maybe unmasking connections that we have that we just haven't used.

Erin Matlock

Well that's fascinating. That's something I hadn't thought about. So, then knowing that, if we have this damage to our brain such as maybe a stroke or other injury, can our brain actually make changes to repair itself?

Dr. Ginger Campbell

I'm not sure that the changes that the brain does make are classified as repair.

Erin Matlock

Okay.

Dr. Ginger Campbell

But I'll explain- I'll explain what I mean by that in a second. First of all, this is- although it's a really exciting area, our knowledge is very incomplete. We are learning that people can recover more functions than we ever thought was possible. But we can't replace the destroyed neurons. What seems to be happening is that the body has the ability to reassign neurons to important tasks. So, for example, if you have a part of a body amputated, the part of the brain that used to do that doesn't just, you know, wither away and die, it takes up a new job which the downside of that is you can have phantom- phantom limb pain if it gets confused about what its job is.

Erin Matlock

Yes.

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Dr. Ginger Campbell

Yes.

Erin Matlock

That is a strange phenomenon.

Dr. Ginger Campbell

But when trying to get the brain to reassign, it seems to be that the real challenge is figuring out how to stimulate it to do this. So, Edward Taub, who I interviewed a long time ago is the- started this method called Constraint Induced Movement therapy, which basically- this is a stroke rehab method that instead of doing what they usually do in stroke rehab which is teach people how to use their good side to do stuff that their other side used to do. His approach is totally the opposite. It's mostly an upper limb approach because that's easier to do. So, he will have the person have their good arm in a sling so they can't use it. So they're forced to use the weak side. And when they do that, they make amazing, not vast, but amazing progress. And the other thing that's really surprising is there doesn't seem to be a time limit on it. It can be done years later and still have results. I have a friend who had a stroke and he's an ophthalmologist and he's actually in the book, *The Brain that Changes Itself* featured in that book. But afterwards, he did really well and he actually learned, you know, to play the piano well enough that he did sort of a birthday party thing for Dr. Taub and showed him how well he was doing.

Erin Matlock

Oh...

Dr. Ginger Campbell

But anyway, it really looks like and this is from the- from the FMRI work, it really looks like what happens is that nearby neurons take on the job of the missing neurons. And- and sometimes they're not as nearby as you would think that they would be. And this is kind of what I was eluding to when I said that maybe something- it has something to do with connections that were there that we weren't using or because we know that in development, the brain has lots of connection and they are pruning back according to what we- what we do. I'm talking about in development in early babyhood.

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Erin Matlock

Yes.

Dr. Ginger Campbell

One of the things is there is this experiment where they blindfold people. We know that blind people use their visual cortex to do things like braille. So we know that's not just sitting there doing nothing just because they can't see. But what's interesting is if you take normal people and you blindfold them, it only takes about four or five days before they will start showing activity in their visual cortex for other things like trying to do braille. So, to me, that says that we might be tapping into some way of using connections that are there that we haven't used that are- we didn't have enough weight you might say to- to show up under normal conditions. But without the normal input, they show up. And the reason I say that is because you don't get- you're not going to make new synapses for reading braille in your visual cortex in four days. So, it- to me it says, and this is just my interpretation of the data, is that some of what's going on is that there's a few connections between these places but they are, you know, overwhelmed by the connections that we normally use, but if something happens and we can't use our normal connections and we can build up these other connections, you know.

Same way as when we decide to learn a new skill, okay? Probably the baseline connections are already there and then we get- we know that we make more synapses and stronger connections if we do things more than once. And so, it's like we started out with some basic connections and then we start to build on them and strengthen them. And then- and there's a whole issue of how once we really learn how to do something, it goes from being a consciously done thing to almost like an automatic circuit. That's another aspect of that.

Erin Matlock

That's amazing. I didn't realize that certain connections seemed to be lying dormant, almost.

Dr. Ginger Campbell

And this is sort of speculation at this point because will we have the wiring diagrams of our brains. It's not accessible for a variety of technical reasons, the least of which is that we have at least 80 billion neurons and every neuron has a thousand to 10,000 synapses or connections with other neurons. So, right now, we don't have any- you can't see those with an MRI. It's going to be any little spot on an MRI image represents millions of neurons. So we're talking about a level of resolution

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you might say that is not assessable at this level of science. Maybe 50 years from now, but right now, some- we still have to speculate about some things.

Erin Matlock

It's fascinating. It's going to be exciting when we have the technology to be able to just look into the brain and understand all of these things that right now, as you mentioned, we have to speculate on. Hmm, Dr. Campbell, what's the difference between the mind and the brain?

Dr. Ginger Campbell

That's a great question because it's so controversial.

Erin Matlock

Okay.

Dr. Ginger Campbell

Neuroscience has all agreed that the brain is absolutely essential for creating the mind. The mind is not something mystical or nonphysical. But, for sciences and philosophers, the argument is about whether the mind ought to include more than the brain. You know, is the mind just the brain software? That seems to me a very inadequate description. Are the mind and the brain one meaning that bring the same thing? A lot of people, you know, will use that kind of wording because they're trying to overcome, you know, centuries of the dualism which is the idea that the mind is somehow magically separate. My position is if the brain creates the mind, and I think of the mind as being the brain plus its interaction with the body and the world. So you can't have like that Lily Tomlin movie, you know, where her brain is like that thing, you know, the mind sort of thing. That just really doesn't work because the brain wouldn't have any inputs or anyway to make outputs either.

Then there's the issue of what's called the Extended Mind and that is one that you're going to hear a lot about in the future I think, that is whether or not we should include external props like there is this philosopher named Andy Clark who basically he has this thought experiment where there is this guy, I can't remember the character's name, but he's got Alzheimer's disease. So, he has this notebook where he writes down stuff that he would normally forget. And so, he has a friend who's normal and they're going to go some place for a concert. His friend goes there out of memory and he looks in his notebook how to get there. Is the notebook part of this mind?

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Erin Matlock

Huh. Good point.

Dr. Ginger Campbell

Clark would argue yes. And he also talks about how we use a lot of stuff out. We use the world around us all the time. For example, did you ever make jigsaw puzzles?

Erin Matlock

Yes.

Dr. Ginger Campbell

Okay, well most people don't make a jigsaw people by looking at the picture once and remembering what it is, right?

Erin Matlock

Right.

Dr. Ginger Campbell

They constantly look back at the picture and we do that sort of thing all the time without even being aware that we don't keep everything around us in our memory. You know, of, you know that's why it's so hard if somebody asks you to describe everything between your house and your job because a lot of stuff you don't look at and think about and put it in a little place but, you know, you would know immediately if it was out of place so it's because- So, you know, we sort of use the word that we're- they call it scaffolding. But then you think about somebody like a blind person is using a cane, okay? And they- they use the cane to tell them about things about the world. Well, should we think of the cane as part of the blind person's mind?

Erin Matlock

Hmm.

Dr. Ginger Campbell

I mean, if he could see, we would say we consider the eyes to be part of the- the eyes are actually literally part of the brain. That's just true because there's neuro-cells in the back of your eyes, that's what makes up your retina. But- so that's, you know, clear cut eyes are part of the brain. But, if

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you're using a cane or, you know, some kind of other input, is that part of your mind?

So I guess that's the whole- it gets tricky as to where the border is. But I think the most important ideas are one, you have to have a brain to have the mind. It's not like your mind is something out there that is, you know, could exist if your- if your brain is destroyed. Of course, that has a lot of philosophical imputations especially for certain religious beliefs and that's one reason why it's, you know, sort of another reason why it's controversial.

But, I think the other thing that's really important is the fact that the brain is in the body. And my brain and your brain, one reason they're different is they're in different bodies. They get different inputs and the brain- the body has to interact with the world. The only way our brain knows anything about the world is through our body. Back to the Lily Tomlin movie or what's that show, the one that has all the brain in the- I'm blanking, the cartoon, Futurama, yeah.

Erin Matlock

Oh yeah.

Dr. Ginger Campbell

Where the heads are on the things. I've, you know, it's funny but it's not, you know, could- it doesn't work scientifically. But that's okay. I like a lot of things that aren't. I love Joss Whedon but he has no, you know, his shows are always medically horrible and [LAUGHING], we were just recently re-watching an episode of Dollhouse. And they're- the whole scenario in there of how they were going to mess with people's memories and stuff. It's just totally, you know- has no bearing in science. But doesn't make- keep it from being a good story.

Erin Matlock

Yeah, that's also difficult for us normal people who aren't physicians or scientists. We watch shows and we love to be entertained and then we're learning things from these shows that are incorrect sometimes.

Dr. Ginger Campbell

Yeah.

Erin Matlock

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Not the best place to get our science information. So next question, can you explain consciousness to us and by that, I mean, people want to know what's the difference between doing something, you know, consciously and unconsciously or subconsciously?

Dr. Ginger Campbell

First of all, let's work- for working definition, let's say that consciousness is an awareness of yourself and the world around you, okay?

Erin Matlock

Okay.

Dr. Ginger Campbell

Okay. So that's the basic idea of consciousness. And again, it has to do with having a brain that's in a certain body in the world. Okay. And based on that definition, we would also say that animals are conscious, although the level might change according to complexity. Okay. So conscious, unconscious and what was the other one?

Erin Matlock

Subconsciously like if someone says, oh, I must have, you know, been thinking subconsciously and forgot it.

Dr. Ginger Campbell

Yeah.

Erin Matlock

We have this kind of-

Dr. Ginger Campbell

Yeah. Yeah and that's an example of what I was talking about how we've got this left over Freudian ideas. I mean Freud was good in that he was the first person who really appreciated that there was a lot of stuff going on that we're- that's not conscious. But other than that, his whole scenario has really basically among neuroscientist been relegated to pseudo science. From the neuro-scientific point of view, I think that there are three categories. There is conscious in a sense of you're doing it and you're aware of doing it. We call that conscious, okay? If you, a lot of stuff that your brain does,

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you are not conscious of. You could call that unconscious, but it kind of has all these connotations that aren't necessarily accurate. So there's this stuff that's unconscious in the sense that you could never get access to it. For example, most of visual processing happens before you are aware of seeing anything. The things that- let me think of an example, okay, if you have a pencil in a glass of water and it looks bent, right?

Erin Matlock

Yes.

Dr. Ginger Campbell

Okay, you can't make it not look bent because that is a function of the unconscious visual processing, okay?

Erin Matlock

Okay.

Dr. Ginger Campbell

You can know it's not bent but you can't make it not look bent.

Erin Matlock

Right.

Dr. Ginger Campbell

Okay, because that's- that's totally unconscious. You could- I don't want to use the word automatic because I have a different place for that. But that's unconscious in the sense that you have no access to it and it's happening and you can't control it, okay? In that sense, most of what our body does is uncon- I mean, what most of what our brain does is unconscious, okay.

Then, the third category would be you might say automatic. So, once you learn how to drive a car, you don't have to think about how to drive a car, right?

Erin Matlock

Right.

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Dr. Ginger Campbell

And sometimes that can get you into trouble.

Erin Matlock

Sure [LAUGHING].

Dr. Ginger Campbell

Now, in the sense of something like that which has gone from being- you remember when you learned how to drive, it was really hard and you had to really concentrate and you couldn't think about anything else at the same time. And then once it becomes automatic, you don't think about it. But you could think about it. I mean it's not totally out of your access, okay? See that's how it's different. It's different because it was once upon a time conscious, you were totally- you know, and now it's become automatic. But it's not outside your control, okay?

Erin Matlock

Okay, I got you.

Dr. Ginger Campbell

Okay, then, I guess the thing that people are usually thinking of when they say subconscious is they're- is the fact that because we know so much of what's going on in our brain is not accessible to us, then there can be influences on us that we can't really quite get our fingers on.

Erin Matlock

Yes.

Dr. Ginger Campbell

And, you know, that was the theme of- when I talked to Dr. Robert Burton. And the first time we talk just about the feeling of certainty. How do you know when- you know, that feeling you get when you're sure that you've got the right answer. And, you know, you can't really figure out where that comes from. That's obviously something that's totally unconscious. It's not accessible, you know. Introspection is not going to reveal it.

So this is where things get really sort of tricky is because, okay, now we appreciate that all of this stuff is unconscious but then we have this legacy from Freudian psychoanalysis that says that we've

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got all the stuff that's repressed. That we should be able to get to and it would, you know, somehow make us healthier, better, happier, whatever, you know, that just doesn't fly. There's no place for that in what we know about what our brain is really doing. In fact, repressed memories, you know, that's a totally bogus idea. Elizabeth Loftus has shown it's very easy to give people false memories. But the idea of repressed memories, I mean, and now that's not to say that sometimes you don't forget stuff.

Erin Matlock

Sure.

Dr. Ginger Campbell

I mean, I don't know about you, but I have a sister who's very close to- the same age as I am and sometimes we talk about when we were kids. In fact, she was talking about this the other night, talking about when I was about 12 and I broke my arm. And I remember doing that but she remembers that we went home and I was laying in the bedroom, crying she says for hours because my mother didn't think there was really anything wrong before she finally took me to doctor. I don't remember that at all. You know, I remember that I broke my arm and that it hurt a lot and then I went to the doctor and then we went to the ER because that's back- was back in the days when we didn't have like an ER doctor. We just went there for the x-ray. But I don't remember the part where I was just, you know, miserable, you know, and I don't think there's any point in saying that I repressed it. It doesn't really have any use- that concept has no usefulness. It probably is true that sometimes people forget things that are painful.

Erin Matlock

Yes.

Dr. Ginger Campbell

But, I think it's debatable for the most part how valuable it is to drag that stuff up and that's the reason why mental- mental health professionals are moving more toward, you know, the cognitive behavior therapy model which is instead of figuring out all the stuff that happened to you that made you miserable, figuring out how to teach you, how to think in ways that you can actually deal with your problems and move on. And, you know, instead of getting hung up on where "My parents weren't the greatest parents ever," because you can't fix that. That was. That's not- that's the past, you know, what skills did you not get that you wish you had now? Work on those.

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Erin Matlock

I am so glad to hear you say that Dr. Campbell. I talk to people all the time. I don't understand sitting in an office and going over and over. We are all walking wounded. We all had things go on in our childhood, different levels, different types of things or maybe in school or maybe with the spouse, a friend, something we've been wounded and, you know, we know that to sit and go over it, over and over again, made no sense to me and I'm a firm believer and someone who has been helped tremendously by cognitive behavioral therapy. So it's nice to hear you say that.

Dr. Ginger Campbell

Yeah, and that's actually the only therapy that has any evidence behind it for actually working. And not to say that people don't benefit from those other forms because they benefit from the human connection-

Erin Matlock

Yes.

Dr. Ginger Campbell

That they have with their therapist. Now, that's definitely valuable. And that's, I guess, where it gets really tricky to figure out, you know, what's really working.

Erin Matlock

Yeah.

Dr. Ginger Campbell

Especially in some of those more difficult conditions.

Erin Matlock

Absolutely. Now, I hear either Greta or Jake-

Dr. Ginger Campbell

That's Jake. He thinks-

Erin Matlock

Telling things like "I'm done with this mom. Get off the phone." [LAUGHING]

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Dr. Ginger Campbell

No, he's probably barking at the UPS man. He's a German shepherd so he takes his guarding very seriously.

Erin Matlock

Oh that's funny. Mine does too. FedEx or UPS man, watch out. You're not allowed here. Now, recently, we've heard a lot of talk about the amygdala and what is this and why all of a sudden is it becoming so popular?

Dr. Ginger Campbell

Well, you know, to me it doesn't seem like an all of the sudden thing.

Erin Matlock

Yeah.

Dr. Ginger Campbell

I can remember reading about it back in the 70s. But it's got- the amygdala basically is a- it's part of what's traditionally been called the limbic system. So, what that is, is if you look at the parts of the brain that make emotions, it starts down low in an area called the mid-brain which is part of the brainstem. And then you come on up and you have your hypothalamus and your thalamus which is where a lot of stuff comes in sort of relay stations. Then you have the very beginnings of the cortex, so the oldest parts of the cortex, that's the-the cortex is the outside wrinkly part. But the cerebrum which has two hemispheres, the oldest part of that is in the middle. So you're not going to see it in the average picture. It's midline. Old stuff is usually in the middle and new stuff is outside.

So, in the middle, we have things like the amygdala, the basal ganglia, the cingulate cortex, the insula which you'll hear a lot about when you read about addiction. The hippocampus which we've talked about is important for memory. So these are all pretty old parts of the cerebrum. So there are parts of the brain that most vertebrates will have some version of not just- not just us. So, the thing about the amygdala, I guess, it goes to the work of a guy named Joseph Ledoux who'd- who's done a lot of work with rats and fear. And from his work, there has been this sort of misconception that that- that the Amygdala is the wellspring for all fear and maybe it's even where all the other emotions come from. But that's really an outdated idea. And the reason is that fear itself actually comes from below the amygdala. And Jaak Panksepp who I've interviewed a couple of times has done a lot

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of the basic research on this that shows that it really starts down at the sub-cortical regions which is why I mentioned them at the beginning. There's an area called the periaqueductal gray which we call PAG for short because you can't spell Periaque-

Erin Matlock

Yeah.

Dr. Ginger Campbell

Right? [LAUGHING] Anyway, that's way down there in the midbrain. And what he has shown is that you, the way you isolated this circuits is that he's shown that in rats that you can stimulate that with electricity and they will act afraid, okay? So, that proves that the fear itself is not coming from the level of the amygdala, it comes from lower.

Erin Matlock

Yeah.

Dr. Ginger Campbell

And this makes sense. If you think about the amygdala as being a relatively new structure, mostly considered mammalian, I honestly don't remember whether reptiles have an amygdala. But anyway, the lower parts are older, so it makes sense that, you know, even before we could have a fear as in you can think as fear, we'd have something that, you know, would make animals avoid harm. So, anyway, the thing is what Ledoux has shown really is that the amygdala is really important for learning what to be afraid of, okay? It doesn't keep you from- it's not the source of fear but it seems to be really important in learning. And it's probably important in var- in other kinds of emotional learning too. So, it's like the amygdala seems to be the place that attaches, you know, an emotion to the thing you're learning and if you can think of your own life, you know that anything that has an emotion, you remember it better.

Erin Matlock

Yes.

Dr. Ginger Campbell

Whether it was a bad emotion or a good emotion. Now, the amygdala is not that easy to study because of where it's located. It's deep in the middle of your brain - you can't stick an electrode on

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the outside of somebody's amygdala. I mean, you could not stimulate your amygdala or my amygdala by, you know, electrodes or something. And it's not easy to study on- on imaging because it's deep down in there and it's- it's just not easy to study. So, at this point, our knowledge of it is still relatively limited. But, the main thing I would say is the amygdala is not where fear comes from. It's not where emotions come from. Those come from lower down but it seems to be important in the learning that we do that's related. So, Ledoux has shown that if you destroy the amygdala in a rat, it won't remember that if it goes in a certain place it's going to get shocked, so they'll keep going there.

Erin Matlock

Uh-hum...

Dr. Ginger Campbell

Or as normally it would be what's called Fear Conditioned, which means it would avoid that place because it doesn't want to get shocked.

Erin Matlock

Okay.

Dr. Ginger Campbell

Does that answer that question?

Erin Matlock

That answers it and then some. So, I'm clear on that and thank you for that. I have one last question today. What are Mirror Neurons?

Dr. Ginger Campbell

Okay, well the simple answer is that these are neurons that are what's known as multimodal which means that they not only fire when you're doing something, but they fire when you see somebody doing that thing.

Erin Matlock

Uh-hum...

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Dr. Ginger Campbell

Now, they were- they were discovered by chance in monkeys in a lab in Italy. The story is that they had the monkey sitting there. They were getting ready to do experiments so had electrodes literally in its brain, in the visual parts of the brain I think, and so, they weren't doing the experiment but one of the grad students I think was like eating an ice cream cone or something. And all of a sudden, the electrodes just started firing. You know, they just started hearing the signal. He was like, "Wow, he's not doing anything. Why is he- why is his neuron firing when that monkey is not doing anything? He's just watching me eat this ice cream cone." And so, that was the origin of it. And so, since then, the evidence for people having Mirror Neurons is not totally solid. I mean, some people are questioning and some people think it's, you know, definitely proven. But, the reason that it is important, well first of all, the whole idea that a neuron could do something sensory and motor was a mind blower. I mean, they used to think that neurons did one thing or the other. So from a neuroscientific stand point, the fact that this neuron can have two different things is more interesting than anything else. But the reason you hear so much about it is because of speculations of things like, "Oh, this is how we learn by watching someone else do something." It does seem to be true that if you're watching a person do something you know how to do that your brain will be more active than someone watching that same activity that can't do that activity. So, like someone who's a gymnastics coach watching someone do gymnastics. A certain part of their brain is going to be more active than mine because I can't even do a cartwheel. And there are people who think that the Mirror Neurons might be essential to how- to the evolution of language. But again, that's- it's a speculation but it's kind of one of those things that nobody can resist because it's just so irresistible.

[LAUGHING]

Erin Matlock

I hear you.

Dr. Ginger Campbell

But it's a good example of how science really works because first of all, it's a chance discovery that profoundly changes how we see the world.

Erin Matlock

Yeah.

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Dr. Ginger Campbell

And a lot of times, that's the way science happens.

Erin Matlock

I love that ice cream, just happenstance. Now, this is something that can help us explain- we always hear about top athletes and that they use visual- visualization to visualize the perfect golf swings. So that when they go out there and they hit their shot, they have a perfect swing.

Dr. Ginger Campbell

Well, not necessarily because we know that there are places in the- in what's called the pre-motor- motor cortex. There are places in the brain that will fire before you actually do something. And when a person is visualizing, those are the places that are really active.

Erin Matlock

Okay.

Dr. Ginger Campbell

If you look at certain parts of the brain, you can't even tell whether the person is doing the thing or just thinking about doing the thing. But that does not prove that the thing that's firing is a mo- is a Mirror Neuron, okay?

Erin Matlock

Okay.

Dr. Ginger Campbell

So, visualization seems to work by- first of all, the other thing is that in order for that to work, the person actually has to be able to do the perfect golf swing.

Erin Matlock

Right.

Dr. Ginger Campbell

Okay? So, there's a training effect. You know how I was talking about how things become automatic and-

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Erin Matlock

Yeah.

Dr. Ginger Campbell

So on. So it's more like when you learn to do something really well, then those- those planning circuits are all ready to fire so that as soon as you say, okay, I'm going to hit the ball over there. You don't have to think anymore. Like I play tennis, I'm not going to be thinking about how I'm going to hit the ball over to that corner. I just plan to hit the ball in the corner. And when I'm visualizing it, I don't think about the mechanics of doing it. I just think of it the same way I would do it if I was doing it in real life. But I don't think it's the same thing as Mirror Neurons.

Erin Matlock

Okay.

Dr. Ginger Campbell

Well, there- yeah, there's sort of an overlap in the ideas but those neurons that we know so far are part of the- mostly part of the motor circuit. See- see the thing about Mirror Neurons is that they- they are acting when they're doing that. They're acting as a sensory neuron when they're watching.

Erin Matlock

Okay, I hear you.

Dr. Ginger Campbell

Okay? So-

Erin Matlock

I see the difference.

Dr. Ginger Campbell

Yeah.

Erin Matlock

Thank you for that. Now Dr. Campbell, where can people go who are listening to find out more

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about your work and follow up with you?

Dr. Ginger Campbell

Well I- I think the easiest thing to do is just go to brainsciencepodcast.com and that has links to my podcast and Twitter and Facebook and all those things and you can listen to- you can download episodes there. You can subscribe. There's free episode transcripts for people who don't like podcast but like reading because it's faster.

Erin Matlock

Oh, that's fantastic. So, it's the Brain Science Podcast, no "the" in front and it's .com. Ginger: Brainsciencepodcast.com. You could probably just Google Brain Science Podcast and I think you'd probably find it okay.

Erin Matlock

Wonderful and those of you already on iTunes and downloading podcast to you iPhone or your iPod, go and search for the Brain Science Podcast and-

Dr. Ginger Campbell

And I do have an iPhone and iPad- well, it's iOS, Android and recently Windows 8 app.

Erin Matlock

Oh.

Dr. Ginger Campbell

It's not free but it's not expensive. If you have an android device, you actually have to go through Amazon to get it. That's really a problem for people. But the advantage of the app is it has all the episodes. Some of them have dropped out of iTunes and also you can get the transcripts right on your device. So if you have something like an iPad, it's really nice. You can just read the transcript right in your device and you don't have to download anything.

Erin Matlock

That is awesome. I didn't know you had the app out. That makes it really convenient to follow all of the podcast episodes and once again it's brainsciencepodcast.com. Everyone, my guest today is Dr. Ginger Campbell. Thank you so much for being here with us.

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Dr. Ginger Campbell

Oh it's fun.

Erin Matlock

Yeah. It's - I've learned a lot. I know everyone who's listening, it's been amazing. You've answered everything we wanted to know and I appreciate your time with us today. Everyone, this is Reboot Your Brain. I'm your host Erin Matlock. Goodbye.

MARC DAVID



www.PsychologyOfEating.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

MARC DAVID TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be a patient education, does not create a patient-clinician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guest today is Marc David. Marc is the founder of the Institute for the Psychology of Eating. A leading visionary, teacher and consultant in nutritional psychology and the author the classic and best-selling works, "Nourishing Wisdom," "The Slow-Down Diet," and "Mind-Body Nutrition." His work has been featured on CNN, NBC and numerous media outlets. The Institute for the Psychology of Eating is the world's only teaching organization dedicated to a forward-thinking, positive, holistic approach to nutritional psychology. It is unique an revolutionary in it's approach teaching students and professionals how to effectively work with the most common eating challenges of our times in their internationally acclaimed eating psychology coach certification training. You can learn more about Marc and his work at www.PsychologyOfEating.com.

Welcome, Marc! Thank you so much for being here!

Marc David

Erin, thank you for having me. What an honor and what a privilege!

Erin Matlock

Well, thank you! I would like to start out knowing, what interested you in dedicating your life's work to the psychology of eating?

Marc David

I love this question because sometimes I think that we think we choose our destiny and other times it just feels like our destiny kind of grabs us and pulls us along. What I want to say about that is that when I was born, I came out of the womb sickly and asthmatic and allergic and almost died a handful of times in infancy. As I grew up, the medical issues didn't get better. They got worse. This was during the early 1960s. They took me from doctor to doctor and nothing helped. I was of the generation raised on Fruit Loops and Kool-Aid and Marshmallow Fluff and TV dinners and I don't know

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that I had ever seen up till age five an actual real vegetable or real fruit.

All I remember was, I had heard a rumor that fruits and vegetables were good for you. This was when I was five years old and I asked my mom to buy me some apples because that was my idea of fruits and vegetables. I got into apples. You know, coincidence or not, my health started to change. My mom started buying more fruits and more vegetables and something shifted. So, from this early age, my child's mind had this magical connection that, "wow! What went into my body has a powerful impact on my health! I can do something! I can make a change! I'm no longer at the mercy or a victim of life!" That really started me on a path of a fascination with nutrition, which naturally brought me to eating psychology.

I started seeing clients, literally when I was in college. I was probably a sophomore and I was this healthy kid and my skin was great and I had friends who were losing their hair at age 19 and 20 and I was just healthy looking. My friends would meet with me and they would pay me money to learn how to eat. But, you know, I started noticing that you could tell people what to eat, what to do, and they could agree to do it. I'm talking about smart people, educated people, even motivated people, and a lot of times I would talk to them a week or two or three later and they would say, "I know what I'm supposed to do. I know what's good for me. I just can't do it."

And I got this notion in my head, "Oh, my goodness! It doesn't matter how much nutrition I know. Good nutrition is great and important to know, absolutely, but if I didn't understand the mind of the eater, the heart and soul of the eater, what motivates us, what inspires us, and what causes us to go against our own best wishes—if I don't understand that, then I really can't truly help someone.

So that, for me, was the beginning of my absolute fascination with eating psychology and I'll just say a few more sentences. I quickly discovered that there was no eating psychology. I wanted to learn it. I wanted to buy a book and this was back in the 19—late 70s. There was one clinic in Florida that would take me as an intern to work with anorexics, but I was really fascinated—what about everybody? What about my friends, my loved ones, anyone that you meet: the person who wants to lose two pounds, five pounds, fifteen pounds; the person who overeats, who binge eats, who emotionally eats? Where is the psychology of eating for everyone? I couldn't find any.

It didn't exist, so subsequently, over the last 25 or 30 years, I've been inventing it and testing it out and trial and error and experimenting and thus far, it's resulted in a very beautiful success and a

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wonderful body of work. That's the short answer to your question.

Erin Matlock

I love that. I'm always envious of people who kind of grew up and they knew—they just naturally came into their life's work and it sounds like—just like you said—it chose you instead of the opposite.

Marc David

Yeah. It tracked me down. Even when I tried to run away, it tracked me down!

Erin Matlock

Isn't that funny how that works? If you're supposed to be doing something, the universe will make sure that you're doing it.

Marc David

I believe so!

Erin Matlock

I do too! That's my belief too. Well, food is something that nourishes us. It powers us. So why do you think that we struggle so much with it?

Marc David

I think we struggle so much with food because really, food is a reflection of life. How we do food is how we do life. How we relate with food is oftentimes a beautiful metaphor for how we relate with life. The truth is, we struggle with life. Life isn't easy. It's not easy to be born. It's not easy to be in school. It's not easy to be a kid. It's not easy to be a junior high-schooler or a high-schooler. It's not easy to be in relationships. It's not easy to be in love. It's not easy to have a job. This is not an easy world. It might be for a few people, but I don't meet many of them. So we struggle in this world. We have our challenges. We have things that we're here to learn and food becomes a symbolic playground for, oftentimes, how we need to be growing, how we need to be evolving, how we need to look at ourselves.

When a client walks into my office and says, "Well, I have this terrible struggle with food. I'm a binge-eater. I'm an over-eater. I gain 100 pounds. I'm bulimic. I'm this. I'm that." In the back of my

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mind, I'm thinking, "Great!" And I really mean this. I'm thinking, "Wonderful! Thank you for being so honest. Thank you for being willing to come into my office to pay me money to sit down and talk to you about this, because we're going to use food as a doorway to growth and transformation." So, to me, we struggle with food because food and our relationship with it is a very powerful evolutionary instigator.

If somebody comes to me and says, "I've got a binge eating issue," they don't, generally speaking, have an eating issue. A binge eating issue is not about food. It can very well be food related. We can make some tweaks in that person's diet and perhaps see their binge eating disappear or subside, but a good portion of the time, the majority of the time, binge eating is all about some other part in life that's calling for attention that is not getting our attention. It's kind of been swept under the rug. We don't really know how to deal with it.

The Psyche-body wisdom, in its brilliance, creates a symptom to get our attention. All of a sudden, you're binge eating. The body has your attention. The wisdom of the universe has your attention, so now we can work on it and say, "okay, I'm binge eating. What's that about? Oh, my goodness! I've been married for 15 years and I'm falling out of love and the relationship is stagnant and I'm suddenly binge eating." Really it's a relationship issue. We need to communicate. Maybe we need counseling. Maybe we need to redefine the relationship. Maybe we need to figure out: "Who are we? Where are we going? What's working? What's not working?" That's where the action is for that person.

For another person, it could be a job. It could be finances. For somebody else it could be their relationship to their church. For somebody else it could be around sexuality. There are a million different reasons why a million different people might be binge eating. So it's a beautiful doorway to understand who we are and how we need to grow. It's a very positive refrain.

Erin Matlock

It is. I like that we can look at, say we're having trouble with binge eating as a warning sign, kind of a signal from our body to say, "Hey! It's not really about the bag of potato chips. We've got something going on in life here," or like you said with the relationship, with work, with finances, "that we need to take care of. And if we take care of that, we'll probably see less of a struggle with eating that bag of potato chips."

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Marc David

Yes. And true it is, there are certain foods that are way more addictive than others, or can grab us more than others. So, there is often nutritional tweaks to make, but even then, for people to make nutritional tweaks, it's not just about food. The person has to be willing to face their attachment. Talking about chips—I've seen people who just can't give up their Doritos. It's impossible. Maybe they're having intense skin issues and acne. I might identify "yeah, you know, it's the poor quality of hydrogenated oils in your chips. Let's just do an experiment and let the chips go for a couple of months and see what happens with your skin." That person wants to do everything in the world to clear up their skin, but, "Let go of my Doritos? No! I can't do it!" There is an emotional attachment there. There is a conversation that wants to happen about what do you—what does that client need to do to get on board to elevate themselves to see that their addiction to some favor, to some crunch, how it might be holding them back from their own best wishes. So, oftentimes it's helping people invoke courage, invoke persistence, invoke awareness, be willing to just experiment with change, be willing to be open to trying new foods. For some people that's scary and we have to kind of hold their hand in that process. We often like to stay comfortable with who we are.

Erin Matlock

Oh, we do! And there is sometimes some anxiety, especially around, you know, you look at different methods of eating, different diets, different philosophies. Certain ones will say, "Eliminate these foods" and there will be a list. I know sometimes you can have an actual anxiety towards just having to give up, like you said, that bag of Doritos. There are specific foods that some of us really latch on to and whether or not it's because its full of sugar and it's got that addictive property, or it's coupled with the fact that we've replaced that for love, for nurturing, or for something we're missing in our life. It can be very difficult and overwhelming to think about it.

Marc David

Absolutely.

Erin Matlock

Yeah! To give up that coping mechanism. How is someone supposed to know the difference between, "I'm eating—I could be eating better. I'm kind of eating the American diet and it's not so great, but I'm really busy and the family is busy and work and I've got to go though the drive-thru." How do we know the difference between just maybe putting on a few pounds because they're eating the American diet, or the difference between "Hey, I might have something going on that I'm

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trying to address?"

Marc David

Well, that depends on how much weight a person is gaining relative to their body, relative to what might be natural to them. I think, again, because food helps us see who we are, a lot of us don't pay much attention to self-nourishment. Eating becomes an automatic, habitual experience. "These are the foods I've always eaten, so these are the foods I'm going to do. This is my schedule and this is where I drive and this is where I work." We're busy and we have kids and we have a life and we have to earn money and we have to show up at our job. So there is a lot to do. Especially in American culture, we often have to squeeze food into the schedule.

So, it's difficult to answer your question to know these things sometimes, like "Huh? What's happening in my body? What's right for me? What do I need to tweak? What do I need to shift? What is really going on here?" It's difficult to have those answers if in general we don't attend to the body and notice it more. I think one of the challenges is we are so addicted to being high-speed. "I'm really busy. I've got to get here. I have to go there." We do a lot, so many of us. We accomplish a lot. We have busy lives, but often, when somebody says to you, "Hey, how are you doing?" And you go, "Oh, God! I'm so busy!" Often times, "so busy" really means, "I'm really stressed!" When we're moving too fast and when we're busy and stressed, the body and its symptoms and its language and its feedback tends to be the last thing we notice.

So body wisdom is always talking to us. The question is are we listening? I think one of the things we collectively need to do in general is slow down a little bit. How is that meal for you that you just ate? How is your belly? Any digestive symptoms? Is this food giving you more energy? Less energy? Are you bloated? There is always feedback happening and the more we listen to it, the more educated we become. The more we understand the language of food, the language of body, the language of body wisdom feedback, and the more we can begin to make the kinds of assessments about "what's working for me; what's not working for me?" But we have to slow down more. We have to listen more. We have to give more time to checking in with the body. More time to eating the food itself and being in that experience as opposed to just shoveling food down our throats. If that's the case, if we're eating too fast, we will, for sure, be in the kind of metabolic state that is not optimized for digestion, assimilation and even calorie burning.

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Erin Matlock

That's a difficult one, too, because like you said, we're so busy. Between work, our kids, and extra activities. All that is going on plus all this added technology we have to figure out because there is always something new. It is hard to even take time to notice that something is going on. And then, on top of having to notice, we then have to figure out what to do that will nourish us in the place of maybe just shoving food inside or drinking a big giant soda. Something that helped me, I know, I worked with this—you and I are very similar. We're busy. We travel. We speak. We write, we run companies. It's an extremely busy career with not a typical routine.

For years, I did that and wasn't really paying a lot of attention to what was going in my mouth. I was taking a look and I noticed I would have this comment when things got really crazy and too intense that I would hear myself say, "I'm drowning! I'm just drowning!" That can mean different things to different people For instance, I have a colleague who says, "I'm in the weeds." I know now when I hear that in a conversation with my friend, with my loved one, with my colleagues, when I'm like, "I'm drowning!" I know to take notice and that means I have to take a step back. I also take a look at, "When was the last time I had fun? I'm overworking. Am I getting proper sleep?" I can promise you, I will look at my diet when I'm saying, "I'm drowning and it has gotten off course."

It has taken me a while, but I will tell you, it was just waking up to that and being able, just like you said, to listen to myself, to my body say "This isn't working. You're in a state that is not optimal. We can't continue or you're going to pile on pounds because you're going to be eating the wrong stuff." It's one of those things—I think everyone's a little bit different but we all have to figure out when our body is yelling at us.

Marc David

Absolutely.

Erin Matlock

Sometimes we don't hear it yelling, which can make it really difficult.

You know, we've heard—or I've heard for years, diet and fitness experts on TV talking. It's calories in vs. calories out. It's a simple mathematic equation if you want to lose weight and stay at a certain healthy weight. I have to tell you, that's never been the case with me. I'm just wondering, I know other people have to be the same way. How come one person who can be the same height as

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another person and eat as many calories and look great and feel great and the other person can't seem to lose a pound eating the same amount of calories?

Marc David

Well, right now, science is not quite aware that it's a little bit in the dark ages when it comes to caloric theory, number one. When it comes to, really, our understanding of nutrition. We still have a lot to learn. I believe one of the most important practices that we as scientists and as a scientific community is to do is to practice humility, essentially, because there is so much that we don't know. The bottom line is that the human body is not a machine. It is not a simple input-output calorie-burning machine. Caloric theory works indeed, if you are a machine and you're putting X amount of fuel into the car, and then we can predict, based on that car's engine and based on all the tests, how many miles per gallon that car will get from that gallon of fuel.

Well, it just so happens that the human body is influenced by many, many different factors when it comes to the rate at which we burn calories. So, the equation of eat less, exercise more to lose weight—if that truly worked, and I mean, if it truly worked, it would have worked 50 years ago and we would never be in a conversation about weight and weight loss. It would be done with. The point is that it doesn't work. Does it work for some people? Yes. But I would just very briefly—and this is probably a ten-hour conversation—but very briefly, other factors that influence our calorie burning capacity are literally the physiologic stress response, the physiologic relaxation response, the health of your gut bacteria micro-biome—meaning all the little friendly guys in your intestines that help you munch on your food, digest it, create all kinds of immune substances and chemicals and have powerful impacts throughout the body in all different kinds of ways. When that gut micro-biome is off, the calorie-burning capacity is off.

The health of your liver, the health of your thyroid, the health of your adrenal glands, your hormonal picture, growth hormone, and sex hormones—how much pleasure we get will dramatically impact the metabolism of a meal. Your macronutrient balance—you know, 1,500 calories will metabolize in the body excessively differently than 1,500 calories of a high-quality protein or even a high-quality fat, believe it or not. A lot depends on chemical toxins in your diet. There are hormone disruptors that come to us through the food chain, through air, through household products, through plastics, through hormone residues that come in through poor-quality meat and dairy—hormones that are designed to fatten up the cow, well they have the same effect on you and I.

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Marc David

There are plenty of reasons why, and there is a whole emotional component as well, and science, again, is way behind on this. Who we are as emotional beings will impact the nervous system and will impact our stress or relaxation continuum, which will impact levels of cortisol and insulin. Cortisol and insulin are probably two key hormones these days in looking at our weight profile. Yes, leptin is important in there and ghrelin is important, but the reality is, your stress and relaxation response levels—if I’m living to reaction to what the guys 30 years ago did wrong to me and how he hurt me, I could be in a chronic low-level stress response, which means excess insulin and cortisol, which means increased weight gain and inability to lose it and my physiology will stay that way until I’m able to process that experience.

I’ve had plenty of clients over the years who run marathons and they can’t lose a pound. They eat 1,000 calories a day running marathons and can’t lose a pound. And as soon as they do the emotional work that needed to be done, and you get let go of exercise and you eat more food, weight comes off for those people for whom that’s the core issue.

So there are lots of fascinating factors. The good news is we’re beautifully complex human beings. There is no “one size fits all” when it comes to nutrition strategies or even weight loss strategies.

Erin Matlock

So it makes it difficult but it also gives us hope that if we’re struggling and we’re on this diet and we’re eating better that perhaps we need to look outside of the diet and the exercise, and we need to look at the emotional component in order to jumpstart weight loss.

Marc David

Oftentimes it’s a big factor for people. Is it always the case? No, but is it often the case? Absolutely.

Erin Matlock

What about people who have—I have friends who have been absolutely thin their whole life no matter what they eat, they’re still going to be thin and we say they have fast metabolisms and we say other people have slow metabolisms. What’s going on with that?

Marc David

Yep. All kinds of different people. You can probably—it’s legitimate and there are different systems

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that indeed separate people into fast metabolizers, slow metabolizers and sort of moderate “normal metabolizers.” So, yeah, we come differently into this life. We have different genetics and such is the way of life. A lot of your metabolism will also depend on what your mother ate while you were floating around in her womb. That will have an impact. Chemicals that we’re exposed to will have an impact on us. So, yes, some of us are—I know people who it looks like they could eat rocks and digest it. Yes, they get the luck of the draw in terms of the good metabolic gene pool for eating all kinds of food and not gaining weight,

And the reality is, the body also changes. You can be 20 and 30 and 40 years old and here’s what your body looks like. Then you hit 50 and it looks like something different. I think part of the equation is, us as humans looking at where we get all in a bunch. We get all anxious and stressed and upset about weight and about body and we have these strong convictions of “I’m supposed to weigh this, and I need to lose 20 pounds, and I need to weigh 124 pounds like I did 30 years ago when I was a freshmen in college.” Well, says who?

There is absolutely zero science on the planet that can say or prove how much any human being should weigh. How much you should weigh is up to the fates. We don’t know. So, people often get attached to a certain number or a certain look and here’s the trick. I meet so many people who are so stressed out about weight loss and so stressed out about their body and how it looks and how much they need to lose. What happens is, and I’ll mention more specifically the physiologically the stress response. Stress response is not just about, “Oh, my God! I’m really having a rough day and I’m really anxious and I need to meditate.”

The stress response is a beautiful adaptation. It’s necessary. It’s real. We need it. It’s designed for when our distant ape-like ancestors were wandering around the environment and all of a sudden you’re getting chased by a big predator. The lion is coming after you, we go into a stress response: heart rate up, blood pressure up, all the metabolic energy that was in your gut for digestion is now rerouted to arms and legs for quick fighting and fleeing. Blood rushes to your head for quick thinking. Your digestion totally shuts down in a full-blown stress response when the lion is chasing you.

What happens is, when you and I are in stress, the definition of stress—and by the way, here we are in a brain conference, a brain health conference. To me, arguably, one of the most important factors in brain health that we have control over is levels of stress and relaxation. Stress will cause inflammation and will create inflammatory substances and chemicals that are indeed some of the most

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debilitating chemicals to the body, particularly the central nervous system. So, relaxation response heals us. Stress response day in and day out when it's not necessary will tend to debilitate us and wear us down, inflame us and will generally find a home in our weakest link.

I'm not talking about the stress of, "Oh, my aging parents, or I'm not making enough money and I can't pay the bills at month." I'm also talking about the self-chosen stressors that we don't need. So, if my client, my friend, my loved one is looking in the mirror every day and saying, "I hate you," that's a stressor. If you are constantly saying, "This body is no good. This is not the real me. I can't be myself." That's a stressor. If you're saying, "These 15 extra pounds are ugly and they're awful," you're in a fight against self. Every time the brain perceives fight, it perceives stress. It perceives fight or flight response, so we will literally produce some amount of stress chemistry commensurate with the degree of our stress response and we're changing our whole biochemical milieu. We're a watery bath of chemistry and our thoughts and our feelings and our beliefs create that chemistry on a daily basis. So the point is, if you're trying to lose weight and you're stressed out and you're hating yourself into it, "Oh, I've got to push myself and I'm awful and I'm terrible until I lose this weight," You're creating more insulin and more cortisol which are signaling the body to store weight, store fat and not build muscle. Just the opposite of what you want. The bottom line is, we actually can't get where we want to go metabolically so easily when we are committed to living in an internal world of self-hate, self-criticism, self-judgment and self-attack.

Erin Matlock

That's a tough one.

Marc David

It is, but it is necessary to face the music. It's necessary to look squarely in the mirror of life and say, "This is how I'm being asked to grow." How can we possibly expect to hate myself into changing my diet or changing my approach or changing my weight? How can you enact a journey of hate and expect the destination to be one of love? If the road is self-hate, then that's what the destination is going to be. If the road is more kindness, compassion, and gentleness: "Let's try this. Let's do our best here. Let's love our bodies into the change we want." Then you've got something interesting. Then, in my experience, you have a far, far bigger chance of success.

Erin Matlock

So the homework going forward is to look in the mirror and instead of saying, "Oh, gross. I'm never

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going to get back in that bathing suit, or I don't have the six-pack abs" is to look in the mirror and instead love and unconditionally accept ourselves to reduce that stressor.

Marc David

Yes, and that's a practice. People will say, "Well, I can't do that because I hate my body. I hate it. Don't tell me to love this body. I hate it." You know, I usually say to those people, my first question I ask someone who says, "Well, I'm not going to love this body. I hate it. I'm not going to love it until it loses all this weight." I say, "Okay, are you a parent?"

They say, "yeah."

"Okay, how old is your kid?" And no matter what age they tell me, I say, "Okay, so when your kid was a baby, I don't know about your kid but my baby had a bunch of baby fat. I never looked at my baby fat infant and said, 'you know, you have a lot of baby fat. Until you get rid of this baby fat and have buns of steel and six pack abs I'm not going to love you. Until you get taller. Until you're toilet trained, I hate you.' No, you'd never say that to a kid! You'd never say that to your child even if your kid is a little plump compared to other kids, are you going to hate them for it? Of course not.

We love ourselves into growth. We love ourselves into evolution. That's how humans do it best. It's a practice, because we're taught by the world. We're taught by the culture to use judgment and attack as a motivator. So we have to unlearn that bad habit. It's kind of like chain smoking. You just have to do your best to quit the habit. Once you quit the habit, everything changes.

Erin Matlock

I like that. It is definitely a practice. Can we talk for just a moment about eating disorders and young women? We have a lot of parents listening and I know they will have one of two questions. The first one is, what can we do to protect young women from getting an eating disorder?

Marc David

You know, Erin, I love this question. It's so important. I wish I could just download everything in my head. That would be a nice brain reboot, just to zip it all into somebody's head and download many gigabytes worth of information. I think the highlights to a reasonable answer to your profound question. Some of the highlights are:

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Number one, you have to model for the young girls what you want them to do and who you want them to be. I meet far too many—lets say mothers—I meet far too many mothers who want their daughters to have a healthy relationship with food and body, but the mother doesn't have one herself. Children are brilliant observers. They are not very good interpreters. When your small child is growing up, they are observing your behavior. They are modeling after your behavior. They can't interpret your behavior very well because our brains are not our intellect. Our wisdom is not yet intact. Children will model after, unconsciously, their parents. A girl will unconsciously model after her mother or the significant females in her environment. First and foremost, if you want your daughter to have a healthy relationship with food, you have to start pushing the pedal to the metal and evolving your relationship with food. You have to start loving your body. You have to start having a nourishing relationship with food. So that's one place to go.

Next, you know, you have to catch them as young as you can, and especially for girls—our girls need—all children need approval. They need to be seen. They need to know that they're loved. Because our girls are getting very intense messages from the world, the mind is easily trained. From a young age, you can train the mind to absorb all kinds of thoughts, whether those thoughts are healthful or not. Left alone, our young women will absorb thoughts, images, and beliefs that unless you look a certain way, which is usually skinny, you're not going to get loved, you're not going to get the goodies, you're not going to get the guys, you're not in the "in crowd." That's a scary thing. Automatically it will set up any smart girl to understand, "huh. The only way I can control my physique is through diet and exercise."

I want to communicate to young girls at the earliest age possible that "you're beautiful for who you are. You're acceptable for who you are. You don't have to change anything about who you are." When you keep delivering that message and delivering that message—I had a friend report to me a story. She was telling me, "I know these two sisters." And she says, "Forgive me for saying this, but they're fat. I consider them overweight. I have never met two women who are as comfortable and happy and loving with their bodies, even ones that I wouldn't consider overweight. They have zero issue in the weight."

She asked her friends, "What is going on? You guys love yourselves!" Happily married. Their husbands love them. They have great sex lives. And they both gave the same answer to my friend, which was, "You know, from an early age, our parents absolutely loved us and told us how beautiful we were. We constantly got that message." That's who they are. This is their body and you probably

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met people who have the perfect Hollywood body, but they're miserable and they can't enjoy it. They still have low self-esteem. So, actually, how we look is no guarantee of how we'll feel.

Constantly give good messages of reinforcement as best you can and understand this as well, for the parents listening in: you know, it's hard, because even if you do everything right, and I really mean this—I'm a parent, not of a girl, but of a 20 year old son now, but I've been around as an uncle and a mentor of young girls—once you set them loose in to school and to college and to high school, they're going to be exposed to a lot of toxic imagery and toxic thoughts and sometimes this is the rite of passage. Eating disorders can be a rite of passage. We need to go through this challenge to find our power, to find our dignity, to find our authority, and to find our true self-worth. Sometimes it's the challenge we face that becomes the fertilizer for our growth and our expansion! If your daughter does have an eating disorder, you must, must, must, must love her through it.

There is nothing wrong—here's the last piece: if a girl has an eating disorder—I want you to hear this—there is actually nothing wrong with her. We usually think, you have an eating challenge, so therefore it's your problem. Well, it's all about the world that we're raised in. It's all about the pressures of society, the pressures of school, the pressures of being a young person and kids can be mean, and growing up and going through puberty and who am I and what is my sexuality like and how do I deal with that and how do with boys? That's hard!

Erin Matlock

Yeah, it is.

Marc David

So, eating disorders are predictable. You have to look at the eating disorder as a rite of passage and not that your child has done anything wrong. They are simply absorbing the challenges of the world. They are trying their best to alchemize, to transmute, to digest and assimilate the craziness that they've been fed and find a way to come out healthy. Sometimes that might take an eating disorder for a little while. But love them through it. Don't look at them like there is something wrong. Look at them as they've succumbed to almost like a virus that exists in the mental realm, that if you support them and love them, they will come through. I've seen it happen hundreds of times.

Erin Matlock

That's powerful. I always think it's so tough just to be kids these days because of how they're bom-

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barded constantly with media and all these wonderful technological advances can also be a lot of stress on all of us. You know, something I say, a lot of my male friends are at the age now where they're starting to have children. They're having daughters. I always look at them and I tell them, "You are the first and most important model for male behavior in your daughter's life, because you will be her first exposure to how men can and should behave around her or towards her." It's a really powerful thing that men have now with their young daughters, because just like you mentioned, they have the ability to shape how—what's the word I'm looking for? Maybe her self-esteem with other men, by telling her when she's young that she's beautiful and she's fantastic just the way she is and that she's special and she has this great mind and she can do it all.

But I do think sometimes men grow up in households where they're not the ones who talk to their daughter that way, but that's really the role model that she needs going out there, so she knows and doesn't have to rely on, maybe, teenage boyfriends or college boyfriends or men later on in life to validate her.

Marc David

Beautiful. Absolutely.

Erin Matlock

It's like, parents didn't have enough to think about. We're now adding more. But it is a beautiful thing and I look at just how close my friends are with their children and it's wonderful to see. So, we have all of this knowledge now that we know. You touched a little bit on loving your child through it. So if I have a parent who is listening to us today and they have a doctor with an eating disorder, what steps can they take to help facilitate that?

Marc David

Well, in an ideal universe, it's always great to have some kind of outside support. I'm talking about counseling or coaching. It really is kind of like finding a doctor. There are gazillions of doctors out there. How many doctors are the good doctors that you would want to see, that you would want to take your family to? How many doctors really understand natural or functional medicine? How many doctors understand good nutrition and just wise use of prescription drugs? There are not a lot. There are more and more these days, for sure. It's not easy to find good help. Any time you can research and look for someone who has a more holistic approach to eating disorders, that's the ticket—a truly holistic approach.

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Erin Matlock

It's kind of hard, isn't it, to operate in a vacuum and think that as a parent, with all the stress and responsibilities of life, that you can also cure your children or help your children recover from things. We need help. We need experts.

Marc David

We need help. Absolutely.

Erin Matlock

I have sort of a curiosity type question. There are those of us who will eat until our plates are clean. We will continue eating even though we are already full. I know you touched earlier on the emotional tie-in, but what's the psychology behind clearing off a plate? Not being able to just stop when we're full and say, "Okay, I'm done eating for now?"

Marc David

You know, there could be a number of reasons. I'm going to give you the most common that I see. The most common reason why somebody would eat past the point that they're full is, in part, because they didn't have enough time to allow the brain to realize that it's full. The dietetic profession came up with a beautiful concept many years ago, which is, the brain needs approximately 20 minutes—brain and body needs approximately 20 minutes to realize when it's full, which is a way of saying that there is a bit of a scientific wisdom to the timing of things. Life is all about rhythm and life is about timing. Your heart beating is all about timing. Your heart beating is all about timing. Your brain waves—it's timing.

It's all about time. It's all about frequency. The challenge here is that when I'm full and eating past the point of full, if I ate that meal in two minutes, three minutes, four minutes, five minutes, eleven minutes—I didn't give my body enough time to realize, because your brain is constantly scanning your meal. So you sit down and here's your wonderful salad and it's got all kinds of good healthy things on it. It has avocados and you have a nice piece of whole-grain bread, and you're eating and you're eating fast, because you habitually eat fast, or you're in a rush, or you don't have much time. You wolf down that meal. Now, even though it has all kinds of healthy food, the brain wants to take time to scan the meal. The brain wants to go, "Huh? How much fat do we have? How much protein? How much micro and macro nutrition? Am I getting my nutrient needs met?"

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So there is some feedback that has to happen between brain and gut. There is a very powerful connection. There is as much neural traffic flowing from gut to brain as there is brain to gut, which is a very profound fact. It means that your digestive system is giving your brain a whole bunch of feedback about what the heck is going on. So if I eat my meal fast and I don't pay attention to it—see, there is something called the Cephalic Phase Digestive Response. "Cephalic" literally means "of the head." Cephalic Phase Digestive Response is a fancy scientific term for taste, pleasure, aroma, satisfaction and visuals of a meal. It is indeed the head phase of digestion. You look at a favorite food and your mouth starts to water. That's digestion beginning in your mind. You just think of a favorite food and your stomach starts to churn. That's digestion beginning in your stomach, simply by thinking about a food.

The mind factors—the brain factors very powerfully in the whole nutritive and digestive and feedback loop process. So, appetite needs natural time, plain and simple. Now, again, Cephalic Phase Digestive Response, when you do the meta-analysis of all the research that's ever been done, scientists estimate that approximately 40 to 60 percent of your digestive power, your assimilative power at any meal, comes from Cephalic Phase Digestive Response—taste, pleasure, aroma, etc.

So, if you're not getting those, not only will you—you're going to be more hungry for taste. The brain literally requires taste. The brain literally requires pleasure. We think of pleasure as something frivolous, but excuse me; every organism on the planet is programmed at the most primitive level. I don't care if you're talking about an amoeba, a lizard, a monkey or a human, we are all programmed at the most primitive level of our nervous system to seek pleasure and avoid pain.

When you don't get the pleasure you seek from food—you sit down to your salad, you sit down to your chocolate cake, and you eat the chocolate cake. While you're eating it, you're saying, "God, Marc, I really shouldn't be eating this chocolate cake. It's fattening. It's no good for me. It has sugar. It's going to go right to my hips and I can't believe I'm doing it." While you're eating it, you're stressed. When you're stressed, you actually cannot register pleasure to the same degree as when you're relaxed. So you finish eating that chocolate cake, but your brain goes, "Heh. Heh." The brain is saying, "I know we ate a piece of chocolate cake, but I didn't really get a lot of taste out of that. I didn't get a lot of pleasure. I'm hungry!"

Now the brain in your belly, which is called the enteric nervous system—it is a separate yet interconnected nervous system in your gut—the brain in the belly is saying, "Hey! I'm full! The stomach

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is distended! There is a lot of cake in here!" The brain in your head is going, "Wait a second people! I don't remember tasting. I don't remember pleasure. I don't remember Roman satisfaction." The head brain says, "Hungry!" So, essentially you've got a little bit of a battle going on between head-brain and gut-brain and most of the time, head-brain wins. And the head-brain says, "eat more food." The person doesn't have a will-power problem, as much as they have an awareness problem, a speed problem, a stress relaxation problem, or a time issue. We need time. We need to drop in with that food and then your appetite will naturally regulate itself.

Erin Matlock

My jaws dropped. I'm familiar with the one with where we eat too fast and our brain doesn't realize that we're full, but Marc, I have to tell you, I've never heard and I've never even thought this way, that the stress of overeating something that we maybe know we're not supposed to be eating or we know isn't maybe the best for us can block our brain from realizing it's full. So we eat more of it. That's fascinating. I love talking to you because you've finally explained why we do some of the things we do with food.

Marc David

And it's a brain phenomenon. If you take it on; if you embrace it for what it is, which is a brain state, then all of a sudden you take away the guilt. We take away the self-rejection and this whole will-power thing, and it now becomes, "What is the optimal state for my central nervous system, for my brain, to do the whole nutritive thing, to do the food thing." And it turns out, the optimum state of digestion, assimilation, calorie burning and natural appetite regulation happens to be the relaxation response. In specific, when we are in relaxation response—basic brain physiology, the basic central nervous system physiology, sympathetic and parasympathetic nervous systems—when the sympathetic nervous system is most active and dominant, we're going to be in stress response.

When the parasympathetic nervous system is most active and dominant, you're going to be in relaxation response. It just so happens, it's how we're wired. It's a hard wire. It's not something you can change. We are hard-wired such that we are designed to optimally digest, assimilate, pulverize a meal, calorie burn it, suck out all the nutrients when you are in a physiologic relaxation response, parasympathetic dominance. It's an on and off switch. When you switch on parasympathetic system, ie. relaxation response, you automatically have full, healthy digestive assimilative and day in, day out calorie burning power.

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As soon as you turn on the full-blown stress response, you will go into complete digestive shut-down. The sympathetic nervous system, when it's fully activated, will just automatically shut down digestion. So, you're working with hard wiring. Then we introduce consciousness and we say, "Oh! That's how my brain physiology works. Therefore, I will take it upon myself to create time and relaxation." Relaxation, by the way, doesn't mean you have to meditate like a monk. Relaxation means pleasure. Pleasure relaxes us. Nourishment relaxes us. Enjoyment of your food relaxes you. The social camaraderie you have at a good meal relaxes you, and all that empowers digestion.

Erin Matlock

It's just eye opening to me. What I like so much about you is that you give us this information. You don't make us feel bad about ourselves for some of the issues we have around food and you remind us that once we understand and know why our brain and why our body is doing some of these things regarding food, that we can then make changes instead of just going forward feeling bad, feeling bad, feeling bad. We don't have to internalize it that there is something wrong with us because there is nothing wrong with us. This is just the way we're built, and like you said, the way we're wired. And, with knowledge, we can work around it. We can work around some of these biases.

Marc David

It's as simple as that. It's no different than if you didn't know how to drive a car and you saw me constantly getting in and out of my car and driving it, and you walked in the car and you sat down and you just kind of pushed the gas pedal and nothing happened, you can start getting all frustrated with yourself, like "Oh, I'm a loser. I'm no good. I can't drive a car. Maybe it's because I weigh too much," and you start to self-reject. No! You just need some information about how we drive a car. You need a key. You need to turn the key. Simple information can help liberate us from the useless self-attack that never gets us anywhere.

Erin Matlock

I could pick your brain all day. It's so interesting. The work you do over at the Institute for the Psychology of Eating is phenomenal. It's groundbreaking and it's so important. I wonder if you'll share just a little bit about where people who are listening can go to work with you at a deeper level?

Marc David

Thank you for asking. You know, I've founded the Institute for the Psychology of Eating about eight

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years ago and it's truly a wonderful organization. We have a premier professional training where we train people to be certified eating psychology coaches. As well, we have all kinds of public events and essentially if you e-mail us at info@PsychologyOfEating.com. PsychologyOfEating is all one word. And if you spell psychology right the first time, you get a bonus. Every fifth time I attempt to spell that word, it's wrong.

So, e-mail us at info@PsychologyOfEating.com and if you put in the subject line, "Free video guide" we will indeed send you a free three-part video guide. It's called "The Dynamic Eating Psychology Breakthrough." And in "The Dynamic Eating Psychology Breakthrough" video guide, we go into a good hours worth of material. Some of the highlights of what we train our professionals in in our Eating Psychology Coach Certification Training. But this will also put you on our e-mail list as well and we have a wonderful newsletter.

I write a great blog every week and we have, you know, just a huge amount of free content on our website in terms of our blogs and articles. We often do free tele-classes for the public. So there are different ways to access a lot of the knowledge and wisdom in this body of work. We really focus on two main bodies of work that I've originated. One is "Dynamic Eating Psychology." The other is a new approach to nutrition called "Mind-Body Nutrition." I have a couple of books out there. "Nourishing Wisdom" and "The Slow-Down Diet."

For those people who are more professionally oriented and wondering about Eating Psychology Coaching as a potential career or to augment your already existing practice, again, just e-mail us at info@PsychologyOfEating.com. Tell us you want to learn more or actually enrolling for our next up-coming training, so feel free to contact us soon and we'll hook you up with all kinds of great information.

I'm excited, Erin, because there is such a huge need out there essentially for an eating psychology for everyone. I mean everyone. Yeah, we need eating psychology when it comes to eating disorders. We don't focus on eating disorders, per se, even though our work is extremely applicable to eating disorders. We focus on the other 95% of the population who have over-eating challenges, or binge-eating, or body image concerns or weight concerns, or any kind of health issue that has an emotional component—an emotional and nutritional component to it. We train our practitioners how to work with that population and actually further the actions so people get happier.

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Again, it's about using food as a beautiful doorway. Using our very challenges we're facing. The things we think of as "wrong with me," they're actually—if you're over-eating and you're binge-eating, I guarantee you, you actually have a good reason for it. We train our practitioners how to discover the good reasons of why you'd be overeating. Then we can start to make adjustments. So, I'm thrilled about our premier training.

I'm thrilled about the free information we put out. Again, e-mail us at info@PsychologyOfEating.com if you want the three-part video series. Just put that in the subject line: Video series. We'll send it to you. You'll get on our mailing list. If you want to ask about our Eating Psychology Coach Training, just put that in the headline and we'll be in touch.

Erin Matlock

Thank you so much.

Marc David

And the website is www.PsychologyOfEating.com. You can go there if you want to go direct and just fish around on your own, there is lots of great stuff there.

Erin Matlock

Absolutely. Let me say it one more time since I was kind of talking over you. It's www.PsychologyOfEating.com. The email address again is info@PsychologyOfEating.com. If you're looking for the free video guide, you can put "free video guide" in the subject line. You can also inquire, for those of you who are professionals and are looking more into the coaching certification, you can talk to Marc and his team about that, too.

Marc David, thank you so much for spending this time with us today.

Marc David

It's been an honor and a pleasure, you've been an absolutely great interviewer and I had a wonderful time. Thank you so much.

Erin Matlock

I had a great time. Everyone, my guest has been Marc David of The Institute for the Psychology of

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Eating. This is “Reboot Your Brain.” I’m your host, Erin Matlock.

DREMA DIAL PHD



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. DREMA DIAL TRANSCRIPT

Erin Matlock

Welcome to reboot your brain. I'm your host Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-clinician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Dr. Drema Dial. Dr. Dial is licensed psychologist and director of Austin Psychology. She is a member of the Texas Psychological Association, International Red Cross, Equality Texas, Human Rights Campaign, and served on the board of trustees for the Texas Psychological Association. She offers personalized counseling and coaching to individuals, couples and groups. Dr. Dial is a popular speaker and trainer who can often be found painting, doing yoga and living the life she loves. Welcome Dr. Dial and thank you so much for being here with us today.

Dr. Drema Dial

Hello Erin and thank you for having me. I'm so excited.

Erin Matlock

Me too. Dr. Dial I want to get straight to it. Tell me what you mean when you talk about living life creatively.

Dr. Drema Dial

Living life creatively. Erin, you know, we all get stuck in patterns and habits and so when I talk about living life creatively, I'm talking about being open to doing things differently. You know, one of the things that most of us don't even think about doing is, for example, our commute to work, we drive to work, we take the same old way home, we get stuck in traffic, and we're always frustrated and so, one of the things that I suggest to people is just change one thing. Just change one thing about your drive has a way of living your life more creatively. So this could be something very simple. It could be listening to an audio book or a Ted Talk on your way home. It might be, one of my clients actually told me this and I thought this was a great thing, she started recording herself singing in the car for nights when she can't tuck her children into bed. Isn't that a great idea?

Erin Matlock

That's very sweet.

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Dr. Drema Dial

You know it's like little things like that.

Erin Matlock

I like that.

Dr. Drema Dial

So you might just even take a different way home has a way of seeing a different part of the city. It may not be the fastest route but at least it will be different. And I'll tell you a little secret. When I've had one of those days where I'm feeling a little bit of grouchy or out of sorts, I always make myself take a new way home. And the reason that I do that is because when we take the same old route our brain goes into auto pilot, right? You just get on. You're driving down the highway. And when you're on auto pilot, your brain has the opportunity then to start ruminating about those things that you were trying to get away from. If you decide to take a new way home, what you're forcing your brain to do is it has to pay attention to what's going on around you in a way that you don't when you're on auto pilot. So automatically, you're not thinking about what a bad day you had or how that interaction didn't go the way that you wanted it to. So by the time I get home I don't feel grouchy anymore. I've let go of all of those things because I forgot about them. They weren't that important in the first place. So that's one of the things that I think that we can do all of us to live our lives more creatively.

Erin Matlock

I have never thought about that. I like that so much Dr. Dial because look at the road rage we have and it's not because people are terrible, mean, angry people. We're all stressed and exhausted and stuff happens to us at work or during our day and I never really thought about hey we got this long drive home, why not go a different way? This way we get our brain off of the stuff that is going over and over in our head and instead we force it to focus on something productive.

Dr. Drema Dial

Exactly.

Erin Matlock

Calming. Never heard of that. I like that a lot. I'm going to try that one.

DR. DREMA DIAL TRANSCRIPT

Dr. Drema Dial

Alright. [Laughs]

Erin Matlock

[Laughs] I don't like traffic and I don't have to get into it that often, but when I do, I don't know, I like that idea.

Dr. Drema Dial

Good and, you know, if nothing else, just hit record and start singing. You never know when it will come in handy.

Erin Matlock

There you go too. I don't know if anyone wants to listen to my recordings, but it'd be fun recording anyways. Look a little silly in the car, but I'm fine with that.

Dr. Drema Dial

Right.

Erin Matlock

You know it's interesting you talk about living life creatively. Most of us go towards okay, well that means you're a painter or a sculptor or an artist. But being creative doesn't necessarily mean you are doing typical artwork.

Dr. Drema Dial

No. It means that you're sort of being willing to approach life open to new things. It's really about just opening ourselves up to possibility. And so it doesn't have to be about one specific thing. It doesn't have to be about producing something. It can really - it's really about an approach to life that says, "You know what, there's a lot of things out there that I could be curious about" and just letting our eyes open to the possibility.

Erin Matlock

I like that. How did you get interested in studying creativity?

DR. DREMA DIAL TRANSCRIPT

Dr. Drema Dial

Well, you know, when I was little I wanted to be two things. I wanted to be a writer and I wanted to be a ballerina. So, my writing was - I have been lucky. I've always had my writing encouraged, but it always came with a caveat. Well, you know, it's really hard to break into that business, so you better have a backup plan. So, you know, it was encouraged, but I was also given this message of, you know, maybe not. You're probably not going to be successful. And the ballerina part, well I was kind of stubborn and I always refused to take lessons. So that dream died pretty quickly. But I held on to it for a while. I thought maybe I could be self taught. I think maybe that was my own creative thinking, a self-taught ballerina huh?

Erin Matlock

Nothing wrong with that.

Dr. Drema Dial

But seriously, when I had my own children, I think that's when I got most interested in creativity because children have the most incredible imaginations. I mean they can take a box and turn it into a racing car. You can have a little inanimate object who suddenly becomes ruler of the world or you put a towel on and you become superman, right?

Erin Matlock

Exactly.

Dr. Drema Dial

Amazing. You know children are not afraid to use their creativity until they enter out in the world where it sort of gets squashed a little bit.

Erin Matlock

It reminds me of my brother and I when we were young, you just take a few sheets and tape them up, tie them up in the room and often you have this huge castle, fort and fantasy [crosstalk]

Dr. Drema Dial

Right. Imagine that. Imagine if we could do that as adults, wouldn't that be fun even now?

DR. DREMA DIAL TRANSCRIPT

Erin Matlock

Absolutely.

Dr. Drema Dial

[laughs] Good to know when I had my kids and they were little, I think that I was able to sort of use them as a front for my own creativity, so I could buy like all of these arts supplies and get excited. But, you know, I had kids so it was okay. I could allow myself. But it wasn't until later that I discovered, "Wait a minute, I'm not doing this for them. I'm doing this with them. I like this too." And that's just - it just opened up this whole world to me of sort of nourishing my soul in a totally different way than I had ever expected to be able to come across. And it's not like I discovered I was a great artist, what I discovered was this is fun, I like doing this, and so that during that time that's when I went back to school to study to be a psychologist and so that sort of thinking outside of the box had a lot of appeal to me. And it helped me in terms of learning how to work with people to help them foster their own creative thinking. So we weren't rushing up to setup easels., we were thinking about, well here's this problem. What do we want to do about it? Could we just sort of walk around it and look at it different ways and see what feels appealing to you to make that one change?

Erin Matlock

You know that brings up a question I have is- we've got a lot of adults listening and they're thinking, you know I've got responsibilities, I have a career, I have spouse, I have children, I don't really have time to be creative, and what is this really going to do for my life? Why do I even need to try to have creativity in my life?

Dr. Drema Dial

I think creativity, when you engage in creative thinking, you really begin to engage a new way of being in the world because you're freeing yourself up from all of the I should, I must, I've got to. You're allowing yourself to think, "I wonder what would happen if we decided to skip," you know, "that appointment that I thought was so important last week and we picked up the kids early and we went and played." What if we decided just to, you know, instead of, "Oh my God we got to go home, we got to get dinner on the table, and we got to blah, blah, blah." How about we take our dinner and spread a blanket in the middle of the bed - of the living room and let's have a picnic tonight. So you're still accomplishing everything that you need to get done. Everybody is getting fed, but you're doing it in a way that allows you to engage with each other in a totally new way.

DR. DREMA DIAL TRANSCRIPT

Erin Matlock

You know, what it sounds like to me too is that it's a great stress reducer because when we-

Dr. Drema Dial

Oh yeah.

Erin Matlock

Right? When we hold ourselves to these rigid ideas of what has to happen, got to pick up the kids at this time, got to do this at work, got to go to the grocery store, got to have this for dinner at this time. Instead of maybe thinking about, okay, when obstacles come at us and they come at us all day long.

Dr. Drema Dial

Oh yeah.

Erin Matlock

We can then be flexible and flow and just go in a moment and have different ways of reacting to those obstacles.

Dr. Drema Dial

Right. Because you're not carrying around a bucket full of expectations about what life should look like.

Erin Matlock

Right. Yeah.

Dr. Drema Dial

You're accepting that life throws things at us all the time. We can't anticipate everything, and if we try to, we turn ourselves inside out and make ourselves into a big mess. So, why not put the bucket down and accept, "I have a lot of tools. I'll just use whatever tool I have when I meet the next obstacle."

Erin Matlock

I have a question. It's a curiosity question that I'm not so great at painting or sculpting or drawing.

DR. DREMA DIAL TRANSCRIPT

I do stick figures and I see people who are just beautiful painters and do lovely sculptures. Why are some of us better than others at art?

Dr. Drema Dial

That's a great question. I think Erin it's important to differentiate between a couple of things. You know, some people just have an innate talent. They're just sort of talented and able to pick up paint or drawing or do those things and they usually have a passion for it and so they work at it and then there are those people who are really interested in something, and so, they work on developing their skill level. And so, you see this, you know, with some people where you talk about how long they went to school for something or how they continue to take art classes, because they want to challenge themselves to be more creative and I think there are those of us who draw stick figures and go, "Well, okay, this is my art." But the reality is, if it were a passion for you, you would probably follow it.

Erin Matlock

I hear you.

Dr. Drema Dial

You will probably take an art class, you know, and then you would begin to develop your own talent. But if it's not a passion for you, my guess is that you spend that energy developing something else that you are passionate about.

Erin Matlock

Well that makes a lot of sense. Because you know what, that is the truth. I look at people like you who are wonderful painters and I've been in your office and I've seen your paintings and I think, oh I'd like to do that. What a lovely hobby and that would be so relaxing. I'd love to produce something that is beautiful to look at. But it clearly isn't a passion because I don't then go home. [LAUGHING] Enroll in a class to learn how to do that. I just stop right there.

Dr. Drema Dial

Exactly. And so, you know, some of us, you know, we dabble in lots of things. We might dabble in photography a little bit and take some pictures and then we might imagine buying you know, a bigger, better camera, but we don't actually follow through because it hasn't ignited that spark inside of us.

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Erin Matlock

Oh, Okay. So that makes a lot of sense.

Dr. Drema Dial

Yeah.

Erin Matlock

And what do you think holds people back from expressing more creativity?

Dr. Drema Dial

Well, you know, that's interesting. I was listening to a Ted Talk the other day by David Kelly. He's a brilliant, brilliant educator and he was telling a story about a friend in his class and I think that they were in like a biology class where they had to dissect frogs or something. And so, the teacher had said that what they needed to do first was draw a picture of the frog, I guess they were going to work on anatomy, and his friend drew this diagram of a frog and his lab partner just screeched out loud and said, "Oh no! That looks nothing like a frog." And David said his friend never dared to draw anything ever again. And I think that happens- I think that's happened to a lot of people where, you know, if we're lucky we have parents who encourage us and they take those little drawings that don't look anything like a princess in a castle and they still stick it on the refrigerator. You know, because it's really in those younger years that so many people get the opportunity to be encouraged, but then we get into the school and our school systems don't do a lot to help our creative thinking. So, you go to school, you draw something that you can clearly see this is a pony with a frog on top of it, and the teacher says, I don't know what that is or you're told, "You need to color inside the lines."

Erin Matlock

We're all told that, aren't we?

Dr. Drema Dial

Yes.

Erin Matlock

As children, color and stay inside the line.

DR. DREMA DIAL TRANSCRIPT

Dr. Drema Dial

Just do it this way, conform, conform and so, you know, I think the most creative people are people who have learned to not let that pressure of conforming get to them. So, it might come out, they dress in a different way or, you know, they have this one thing that they really are proud of and they let people know and I think holding on to that or in many cases, being able to go back to what sparked too in the first place helps us to think and live more creatively.

Erin Matlock

So, if someone is listening today and they're thinking, all right, you know what? I did have a passion and I'm missing that in my life and I really want to have a more creative, a more enriching life. What would you tell them to do in order to activate a higher level of creativity in their brain?

Dr. Drema Dial

Well, you know that's a really good question because I think, like you said earlier, when people think of being creative, their minds go to, well, what would I produce? And then when they think about what their outcome would be, most people unconsciously start comparing it to other people's.

Erin Matlock

Yes.

Dr. Drema Dial

So, I might think, "Well, I could go take a painting class" and then I might remember, "Well, I'm not that good of a painter and probably the other people in the class have more experience and they would be better and my painting would look bad." And so, already, there's a sense of shame and vulnerability that's coming up because of this comparison. So, in order to activate that higher level of creativity, I think that we need to allow for imperfection. In fact, maybe I should be saying that we should cultivate a sense of imperfection, that it's okay for it not to look perfect because I want to do it, and the process of doing it is really where most of us find our enjoyment.

Erin Matlock

You know, I want to go back to something you said just a few minutes ago, was that the poor guy who drew the frog and then never drew again. I think this is a hard thing for us even for myself. If I'm going to a painting class and I really want to be this great painter and be proud and I paint, and the first class is not going to go well. It's just, it's probably not going to look great. [LAUGHING] And

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that's the struggle, isn't it, for us not to shut ourselves down and give up because we weren't perfect right from the beginning.

Dr. Drema Dial

Exactly. Remember earlier we were talking about carrying around your bucket of expectations?

Erin Matlock

Yes.

Dr. Drema Dial

That's in that bucket, the expectation that "Because I've decided to take a class, I should already be good at it." Well, it's not going to happen that way and if we can sort of cultivate this idea that it's okay for me to go in there and make lots of big messy mistakes because that's how I'm going to learn, right?

Erin Matlock

Right.

Dr. Drema Dial

We learn from being imperfect. We learn from going, oh look, I mix these two colors together and that color is not a good looking color. [LAUGHING] I'm not going to do that again. You know, so it's allowing ourselves to stop the internal critic. It's allowing ourselves to sort of go, "Wow! That's really huge and sloppy and I kind of love it. I'm going to try that again." And maybe the next time, it's going to look different and you'll have a different appreciation of it. But again, it goes back to sort of this idea that we want to open up our eyes to the idea that, you know, the possibilities are endless here. I could take this painting class and I could just really love it. I could take the painting class and discover that I don't really love it so much but I made a really nice new friend or I went to a different part of town. So, the idea here is we would just want to open ourselves up again to this idea that life doesn't have to be one way. We can bring lots of different ways into our lives.

Erin Matlock

I think it's also giving ourselves a break. I know the way I have that internal dialogue with myself and how hard I can be on myself sometimes I would never say those types of things or be that negative to anyone else walking this earth.

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Dr. Drema Dial

Absolutely. And you were not alone in sharing that way of thinking. It's like it's okay for us to criticize ourselves and to be harsh, but if we hurt- if a friend ever said those things to us, that person would not be our friend anymore, right?

Erin Matlock

Right.

Dr. Drema Dial

Or if we said those things to a friend, they would be right in saying to us, "Uh-uh. You don't get to treat me that way." So, why is it okay for us to do that? It's not okay.

Erin Matlock

No. But we do it.

Dr. Drema Dial

We do it and we have to learn how not to and that's why we say, you know what? It's okay for this to be imperfect. It's okay for me to make mistakes. In fact, maybe I should work harder at making mistakes so I get accustomed to it.

Erin Matlock

You know what I'm curious. Why do we do that? Dr. Dial, I'm going into your, pick the psychologist brain right now. I'm going a little off our topic, but when does that start? Does it start when we're children and how do we get that voice in our head because I don't remember when it started. I've just always been like that.

Dr. Drema Dial

Well, it's starts usually fairly early because something happens, let's say, a bunch of kids are in a classroom. They're having a lot of fun and the teacher says to one of them, you know, "Johnny, you need to sit back down in your seat. Look, Sally is sitting in her seat." And so immediately two things have happened. Johnny has been held out for his negative behavior. Sally has been held up for positive behavior. But they both internalize this idea of, "Oh-oh, Johnny is now going I don't know how to do it right." Sally is going, "I always have to do it right." And that voice then gets cultivated over the years and turns into the "I never do it right" or "I always have to do what's right." And so combating

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that and finding a sense of compassion for ourselves and allowing, you know, I think one of the best things, one of my therapists ever said to me was, "You need to work on making three mistakes a day." One is not good enough, you need to make three and I'm like, "What? You want me to go out and purposely mess up?" And he said, "Yes. Because once you learn to work with yourself messing up, you'll be more compassionate for yourself which will allow you to learn." I had never thought about it that way.

Erin Matlock

Wow.

Dr. Drema Dial

And so the idea of making mistakes now, well I make mistakes, I'm pretty easy on myself, maybe easier than I should be some days, but I have a sense of, "Oh yeah, I don't always do it right and that's okay."

Erin Matlock

It takes a lot of practice to be a good human.

Dr. Drema Dial

It does.

Erin Matlock

It's life long.

Dr. Drema Dial

And you know we're all practicing.

Erin Matlock

Yeah.

Dr. Drema Dial

None of us have it down pat. So if we practice together, then we can have a lot more fun.

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Erin Matlock

I think so too. I always try to remind myself, I was an athlete growing up and I was a big Michael Jordan fan. And I go out and if I don't do well at something right off the bat and I feel myself getting hard on myself or just doing that language. You know Erin, this isn't for you, you're not going to able to do this, and I remind myself that Michael Jordan, he has this whole, you know, he's this mythical creature, he's just this phenomenal, one of the best athletes of all time.

Dr. Drema Dial

Right.

Erin Matlock

And he was cut from his basketball team when he was young. And you look at him and you think this is a man with extraordinary talent. He is very special and you know he works hard, but there is an innate talent there that other people are just never going to have and at a certain age, here he is trying to make his basketball team and gets cut. So I always go back to that, I'm like, okay, Michael Jordan got cut.

Dr. Drema Dial

Right.

Erin Matlock

And then came back and became Michael Jordan. So, it's like, Erin you don't need to be Michael Jordan, but if he can get cut and comeback, you can come back tomorrow and try again.

Dr. Drema Dial

Exactly. I think that's a great example. Because imagine, if he had let himself be stopped by that, well like, "Great, this is proof that I'm never going to make it." And then he went on to the debate club.

Erin Matlock

Yeah.

Dr. Drema Dial

But it- [LAUGHING] But instead, he went out there and he practiced and he practiced and he prac-

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ticed because that was his passion. And I love it when I come up against people who are like, "No, this is what I'm going to do." Because they learn that I'm going to fail sometimes. I'm not always going to do it right, but I'm going to get back in there and I'm going to do it over and over again until I feel like I got it. And that's it. I mean, the hardest lessons we learn are always from something that doesn't go right. Have you ever learned the great lesson when something went right?

Erin Matlock

No, right? We kind of take it for granted and we forget to pat ourselves on the back for those things too. I think we just move on.

Dr. Drema Dial

Right. We sort of put a check in that box and say, okay, what's the next thing. But if it doesn't go right, then we sort of stir it around and stir it around beat ourselves up. But if we step back and go, "Wow, okay, what just happened there that this didn't give me the outcome I was hoping for," then we learned something.

Erin Matlock

Yeah.

Dr. Drema Dial

And I think that's where creative thinking comes in because it really gives us a broader- it allows for a broader view of our experiences. It doesn't get reduced than just down to failure-success.

Erin Matlock

Now, when you're working with clients and they come in and they say, you know what Dr. Dial, I want more out of life. I want a more interesting, engaging, fulfilling life. But they come back to, "You know what, I'm busy and I have too many other people to take care of that come before me." You know, what's your advice to help them make that change?

Dr. Drema Dial

I love that challenge. [LAUGHING] I love that challenge because I get it weekly and I have a very simple exercise that I ask people to practice for one week and I call it five minutes. And it's a sensory-based exercise. And I ask them to devote five minutes out of each day and focus on one sense and I ask them to fully focus on that one thing for that five minutes. Now five minutes for most of

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us, we think "Five minutes that doesn't sound like a lot." But if you think about it, we're also accustomed to multitasking where, you know, our attention is always being spread. So we're not just standing in line, we're checking our phone and email, we're doing everything. So, asking people to devote five minutes is actually a pretty big challenge. But that five minutes there is a way to learn how to simultaneously be focused and be present and so, here's one example that will give to people that has a- here's one way you can could try this. Get a piece of your favorite chocolate. Now you're probably already with me onboard with that, right?

Erin Matlock

Yes, I'm there. [LAUGHING]

Dr. Drema Dial

So, we get a piece of your favorite chocolate and you take a small bite and you let it melt in your mouth and you just think about, "What does that feel like? What does it sound like as you move it around in your mouth? Do you notice different flavors besides just the chocolate? What's the texture on your tongue as it's melting?" So you really stop and you'd be present with that chocolate. Your five minutes aren't up so you get to take another bite and you get to do it all over again. The interesting things about this are the results. Some people dive into this exercise and they come back and they're like, "I had no idea that five minutes could change my life." Those people are on their way to living creatively. I have another group of people who come back and they're like "What exercise? I totally forgot." And those other people who are still sort of a little insistent around carrying around their bucket of expectations, and so I know then that they're going to need a little more help on learning how to set down that bucket of expectations, that right now, five minutes for them is way too much time to give to themselves. And so, we're going to start out a little bit more slowly and we're going to work on five minutes in my office because sometimes we all need a hand to hold-

Erin Matlock

Yes.

Dr. Drema Dial

-As we're trying something new, but that five minutes, once you learn how to take that five minutes, it's amazing how it spills over into other parts of your life.

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Erin Matlock

That's some good homework there.

Dr. Drema Dial

Yeah, there is your challenge Erin.

Erin Matlock

Right.

Dr. Drema Dial

Get that piece of chocolate later. [LAUGHING]

Erin Matlock

I will be one of the people who comes back with all kinds of test results. I don't forget about chocolate. So, you have me there. [LAUGHING] I think that's interesting and you know what, you hit it right there. There are so many of us. We are so busy. We are so maxed out that even the thought of taking five simple minutes out to focus on ourselves in trying something new-

Dr. Drema Dial

Yeah.

Erin Matlock

-Just seems completely unattainable.

Dr. Drema Dial

Right, right.

Erin Matlock

That's where we are as a society right now. We can't even get five minutes for ourselves.

Dr. Drema Dial

It's true. We all have this way of thinking and I think unfortunately, a lot of us have fallen into the trap of telling ourselves all the time, I'm so busy. I'm so busy. And it's true. People's lives are very busy these days and we're saturated with a lot of media coming at us and lots of expectations about

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turnaround time because I just sent you a text five minutes ago, why haven't you texted me back. So, yeah, our lives are busy, but if we don't take the time to slow it down and be present with the person that we're actually with or to be present with ourselves at any given moment, we lose out on a lot.

Erin Matlock

You know, there's something I just- I started doing. I guess a few months back and it was huge step for me as someone who runs my own company, I know that my work never shuts off and there's a lot of great things that go along with being the boss, but there is a lot of stress and pressure that doesn't seem to shut down. And one thing I do and I know millions of people do it too is the minute you wake up, you reach over, grab the phone which is sitting right next to our bed.

Dr. Drema Dial

Right.

Erin Matlock

And we check the email. And for years, I've done that. I'm going to call, what if something happened overnight and I'm on the west coast and the east coast people are already up and they've got emergencies and I found that I was starting my day serving everyone else's needs before I even, you know, said hello to myself.

Dr. Drema Dial

Wow.

Erin Matlock

Gave myself a moment to, you know, get into control, enjoy the day, breathe, really enjoy the walk with my dog in the morning. So, it was that, it produced a lot of anxiety Dr. Dial, because I had that, you know, our head likes to argue with us.

Dr. Drema Dial

Oh yes.

Erin Matlock

You know, Erin, that so irresponsible. What if there's an emergency? What if something has hap-

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pened and well, you know, that doesn't look good if you don't respond just like you said right away. And so, all of those voices came up and I was like, you know what? I'm done with this. I don't want to start my day in a state of stress.

Dr. Drema Dial

Yeah.

Erin Matlock

And I'm still going and it's wonderful. I got through the guilt stage and now, I'm kind of in a place where I'm like, you know what? I deserve a morning, that's my morning, whether it's to dedicate that to being present with my family, being present out when I'm exercising, enjoying my coffee, my breakfast, the sunrise, and then when I'm ready, I go into the office and I look at the email.

Dr. Drema Dial

I love that. I love that you have made that change.

Erin Matlock

It's a tough one.

Dr. Drema Dial

It is a tough one. I absolutely agree because we wake up and we just have this expectation that that's what we're going to do.

Erin Matlock

Yeah.

Dr. Drema Dial

We get up and we take care of all this business, but the reality is that business can wait. There are few things that can't wait and I'm wondering, since you've been making this change, do you find that it's easier for you to deal with stresses later?

Erin Matlock

It really is. You know why? Because I used to open that phone from bed laying down, bracing myself for all of the, you know, the problems that were going to happen. And now, because I get grounded

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during my day and I have all of these positive experiences in the morning and I'm at peace.

Dr. Drema Dial

Yeah.

Erin Matlock

When I go into the office and I sit down, I'm very calm when I open that email. Whatever is there is absolutely fine and I know it's going to be handled and I know it's not life threatening. [LAUGHING]

Dr. Drema Dial

Right.

Erin Matlock

The world is not ending. But that is how I used to treat it. I mean good God. If someone couldn't download an eBook, I thought the world was over because I felt that pull.

Dr. Drema Dial

Yeah.

Erin Matlock

Because they'll make you feel like that in their email, you know, and we're all kind of guilty of that-

Dr. Drema Dial

Right.

Erin Matlock

Sometimes in our emails, "God the world is ending!" But it has been such a profound change just on the peace that I feel and I know that opens me up to all kinds of opportunities and I'm thinking, wow, I could really allow my creative juices to be flowing in the morning instead of completely shutting those down and moving in the stress mode with email.

Dr. Drema Dial

Right. You're giving yourself the opportunity to just really be present with yourself which is such a gift. It's a wonderful gift and it's the gift that keeps on giving because then later, you had a bump in

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the road and you're like, "Okay, that was a little bit of bump, but I put on my shock absorbers this morning. I'm good. I can handle it." But when we get up and we're immediately throwing ourselves into the fray like that, we already are depleting ourselves. You know, I have not even had time to tap off the tank in the morning by sitting quietly or going for a walk and already I'm into this. So, I love the idea that you have made this change for yourself and you're seeing the benefits.

Erin Matlock

Yeah, and I know there's people listening here who are just there's- I'm telling you, your head will argue with you about this because I've wanted to do it for years and I've had a list of excuses as to why I couldn't.

Dr. Drema Dial

Right.

Erin Matlock

And it's always revolved around everyone else and I think, like you mentioned, when you start to choose yourself and for some people, maybe the five-minute exercise is a great step before you go into, "Hey, I'm not going to check that email first thing in the morning when I wake up."

Dr. Drema Dial

Right.

Erin Matlock

Because that is a huge step. It's a process.

Dr. Drema Dial

Yes, yes. It really is. And just sort of even if you put a time on it, you know, I don't have to check anything today before 9 o'clock.

Erin Matlock

Right.

Dr. Drema Dial

Or I won't check until I get to work. You know, sometimes just knowing, sometimes for our mind, we

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can train our mind to go oh, 9 o'clock, 9 o'clock is the time I get to do that. And after awhile, once you have repeatedly said to yourself, "No, I don't check email until 9:00. No, I don't check email until 9:00." Eventually your brain goes, "Okay. She's not going to check her email till 9:00. We've got to find something else to bug her about." And it will move on.

Erin Matlock

It's true. It really- that's how it happened with me. I would obsess about it a little bit.

Dr. Drema Dial

Right.

Erin Matlock

And you want to take a peek, like I get out of bed and I go down and I make my coffee and then I think, I should really check that email. But as you continue to push through, the brain does rewire and says, okay, she's not checking it, so we're going to do other things until she checks it.

Dr. Drema Dial

Exactly.

Erin Matlock

Yeah. It's funny how that happens.

Dr. Drema Dial

And you know, I think that this is what creative thinking is at its most base is just allowing yourself to try a new approach and that new approach in and of itself may be life changing, but you begin to see how it has a ripple effect in other areas of your life. And that's what I love about just people allowing themselves to think creatively and this is going to expand to, you know, a lot of times when I get couples who come in, they're kind of in a rut. Some of them are not necessarily in crisis, but they're kind of like, well you know, nothing big is happening but nothing big is happening. And when I begin to explore this with them a little bit, you know, yes they have date night every week and they do that, but then I find out that their date night is always doing the same thing, always going to the same restaurant, always doing, you know, this plus this and so, we just work on shaking it up a little bit. Well, that's a great restaurant but why not try the Thai restaurant that just open across town. The worse that can happen is you're not going to like it. The best that can happen is you will love it.

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But either way, you now have a shared experience, something new that you can talk about. "Oh, remember the time we tried that Thai restaurant, it was terrible." Or the time that we tried this place and they had belly dancers. That was really cool. It just energizes your life in a different way.

Erin Matlock

You know, and that something- you made me think of that. Expressing yourself creatively doesn't just mean getting out and painting or producing works of arts, writing a book. It really is about finding creative ways to enhance your life.

Dr. Drema Dial

Right. We're really talking about taking new approaches to old problems in your life. We're talking about this doesn't work for me, I need to do something different and then just sort of looking at it and going, "Okay, this is something that's in my life. How can I approach it in a different manner?" So it's sort of, you know, if you think about, you look at a tree, you walk past this tree everyday. What if you were to stop and walk completely around that tree? You would notice something different with every step and this is sort of the approach that I'm encouraging people. Let's, you know, it's not like we're going to get rid of the tree in the front yard just because we walk past it everyday. How about if we circle around it and see what else is there? What's it look like from this side? What's it look like from that side?

Erin Matlock

And that's good food for the brain.

Dr. Drema Dial

Yes. So, we're simultaneously sort of stimulating ourselves, we're stimulating our brain, and we're also pulling in some stimulation into our lives in a good way, not in a media sort of way but in a gentle natural sort of way that allows us to be just more present in our lives and when we're more present, we tend to enjoy more.

Erin Matlock

We do. We really do and that's something I think so many of us need right now because we are pulled in so many different directions.

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Dr. Drema Dial

Right.

Erin Matlock

And we're going through life and life is speeding by us and we're not enjoying what's happening around us.

Dr. Drema Dial

Right. We're always focused on the next thing.

Erin Matlock

Yeah, absolutely. And it's difficult to shut that off. But I think like you said, throwing some kinks into your routine, changing things up little by little allows us to be more aware and live in that moment or forced to.

Dr. Drema Dial

Right, right.

Erin Matlock

And-oops, I'm sorry.

Dr. Drema Dial

Right.

Erin Matlock

Do you have any ideas to help us, you know, those of us who are kind of struggling with this, get more comfortable with making these changes so that we can become more creative and really experience more out of our life?

Dr. Drema Dial

Well, obviously I'm really biased here because I think the five minute exercise is a real eye opener.

Erin Matlock

Uh-hmm. I like that one a lot.

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Dr. Drema Dial

And that's something that when people look at me and go, "I don't have five minutes." I go, "Yeah, you do."

Erin Matlock

Uh-hmm.

Dr. Drema Dial

If you're important, if your mental health is important, you will find five minutes in your life. And if you're resistant to the idea, then I just encourage people to go and sit back and say, "Okay, why am I so resistant to the idea of taking five minutes for myself?" Because the answers to that question are invariably going to lead us to lots of different places in which we can explore and learn how to think about those areas more creatively. So, that's my biggest bias. But over the years, you know, I've learned a lot about thinking creatively and helping people look at their areas of problems and issues from, you know, constructive and creative ways. And so, what I did is I've created a little, a mini program just something for people to watch and listen to and it's called Six Ways to Create a Life you Love to Live and I'm just throwing out some ideas for people there. Some of these people will resonate and say, "I'm definitely going to try that" and others will maybe like, "Eh, not so interested." But I think the whole point here is I want to help people learn how to stimulate themselves in a way that's been official. And this all stems from doing the work that I love to do on creating lives that they love to live. And so, let me give you if I could.

Erin Matlock

Absolutely.

Dr. Drema Dial

I'd like to give you the URL for that. So it is www.lifeyoulovegift.com and again, it's just a mini-program and you'll hear me talking and you'll see a couple of slides with some ideas about provoking your own creative thinking. And I think that when people sit down with this, it's also a way of giving a little bit of a gift to yourself to allow yourself to sit down and watch this, because, again, you're stepping out of your regular routine. So already, just by going to that website and looking at this, you're allowing yourself to think creatively and begin to wonder, "I wonder if there's some other areas of my life that I could look into. I wonder if I could try that five minutes that Dr. Dial has talked about." And that five minutes, one of the things that I love to do with that five minutes is I will pull

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out of piece of music that I love and I will lay down with my eyes closed and just listen to that music, just let it wash right over me, and when I get up from that five minutes, I feel like I'm a new person. So-

Erin Matlock

The five minute-

Dr. Drema Dial

Lifeyoulovegift.com and I'll give you some other ideas.

Erin Matlock

Don't you think too Dr. Dial that so many of us don't take this time for ourselves because we don't feel like we deserve it?

Dr. Drema Dial

I think that's a big problem. I think a lot of people struggle with guilt because if I'm taking five minutes for myself, I might have the idea that I'm taking it away from my work or from my family, but I think it's really important for all of us to remember that when we're not our best self, we're not giving our best self to other people, we're not giving our best self to our work, to our family, because we're not our best self. We can't be our best self until we learn how to really take care and be present for ourselves.

Erin Matlock

I think that's so important and for those of you listening, Dr. Dial has put together just a free kind of program for you to take that next step towards putting yourself first, adding creativity to your life to enhance your life and it's lifeyoulovegift.com. And Dr. Dial, I know you're a practicing psychologist in Austin, Texas, can you tell people where they can also go to find out more about working with you?

Dr. Drema Dial

Absolutely, www.austinpsychology.com and you will find on my website information about me, information about my practice and the different areas that I like to practice in. I work with individuals, I work with couples, and I worked with groups. And for those people who are interested and necessarily entering into a therapy relationship, I also offer coaching and consulting. And sometimes, this is just a session or two where we strategize about the next moves that you want to make into your

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life. So, austinpsychology.com.

Erin Matlock

Perfect. Dr. Dial, thank you so much for today. I love talking to you. It just- it always- it makes me smile.

Dr. Drema Dial

Oh, thank you Erin. And don't forget, you've got a piece of chocolate waiting for you.

Erin Matlock

There is no forgetting. I've got some dark chocolate with some caramel inside and I'm heading there right now. Everyone, my guest today has been Dr. Drema Dial. This is Reboot Your Brain. I'm your host, Erin Matlock. Goodbye.

ALEX DOMAN



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only. It should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be a patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guest today is Alex Doman. He is founder and CEO of Advanced Brain Technologies, creators of "The Listening Program." He is also the best-selling co-author of "Healing at the Speed of Sound." The third generation in a family of pioneers in the field of child and human development, Alex has focused his career on sound, music and technology and their capacity to improve brain health and performance. He heads product development at Advanced Brain Technologies and has been interviewed for NBC, CBS, ABC, MSNBC, NPR Marketplace, Wall Street Journal and other premier media outlets. He lectures internationally and has trained thousands of allied health, education and music professionals in brain-based applications of sound and music.

Welcome Alex!

Alex Doman

Thank you, Erin. Thank you for having me.

Erin Matlock

Well thank you so much for being here with us. I'm really curious, and I want to start with this: what got you interested in studying the science of sleep?

Alex Doman

Well, you know, I've been in the field for 20 years now, in helping children and helping adults and developing programs for those that have brain-based disorders and those who just want to improve their cognitive function. One universal keeps coming back. That is, that people are really having challenges sleeping. Sleep plays such a central role in our attention, in our physical and mental rejuvenation and in our neuroplasticity: our brain's ability to change itself.

I've found over these years in working with thousands of professionals, with so many clients not getting this sufficient sleep that they need, that we really needed to learn about this more and look

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toward developing programs that might potentially make an impact on hundreds of millions of people with sleep issues.

Erin Matlock

Well, why can't people sleep? I hear constantly that people are struggling with sleep. You just put out numbers that are massive. What's going on?

Alex Doman

Well, when we talk about the numbers, how massive of a problem do we have? The Centers for Disease Control and Prevention have declared sleep deprivation a national health epidemic. We now have 40 million Americans with a chronic sleep disorder and 60% of adults and 69% of kids report trouble sleeping a few nights a week or more and the problem is getting significantly worse. There is a whole host of factors. One of the biggest factors is simply people's lifestyles. The life that we're living today—poor sleep habits, poor sleep hygiene—so not getting into a good sleep routine or not maintaining a sleep routine. But one of the biggest contributors to having difficulty falling asleep and staying asleep is stress and we are a stressed out world.

Erin Matlock

That's what I was going to ask you. Is that what we're dealing with? We have more stress. We have more things going on and especially our parents. Good grief, the children are now stressed!

Alex Doman

Yeah. Well, there's a lot going on. These sleep issues really have a big impact. So, if we have a lack of sleep, it comes with a high cost. It affects our ability to learn, our overall health, and actually our safety. Risk of accidents and injuries escalate rapidly with the less sleep that we get. It has a big impact on the quality of life. In the short term, lack of adequate sleep affects our judgment, we get in bad moods, it affects our ability to learn, it becomes difficult to retain information and as I mentioned, it can increase accident and injury risk.

Long term, the costs are bigger. Chronic sleep deprivation leads to a host of health problems including diabetes. It's been linked to cardiovascular disease, depression, obesity and even death. In some cases, people's lack of sleep is literally killing them.

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Erin Matlock

Well, that's all we need. We're tired. We're exhausted. We can't sleep. And then because we can't sleep, we're at a higher risk of all of these things that can kill us.

Alex Doman

Yes. Absolutely. If we think about our day, how many people are kind of in a regular rhythm and pattern. Sleep is all about setting that circadian cycle: that 24-hour biological clock that keeps us ticking. We're supposed to go to sleep when it's dark and wake when it's light. For those of us that aren't shift workers, it's difficult enough. Then you look at shift workers, people that are in transportation, in the airline industry, and you have multiple factors that are impacting their ability to sleep.

Erin Matlock

You know what? I don't know how people do it, whether it's a pilot or a physician, or—like you said—any kind of shift work. Nurses, where for part of the week, they're up all night or portions of the night, and then part of the week they're supposed to be sleeping at night, taking care of their kids during the day and operating like the rest of us. That just has to be such a toll on their body.

Alex Doman

It takes a huge toll. When you think about it, when we sleep, starting with our kids, we have the highest levels of human growth hormone during sleep. So our kids who aren't getting sufficient sleep, it's impacting their growth. Neuroplasticity, memory consolidation happens during sleep, so we don't retain what we learn during the day if we're not getting sufficient sleep. Our immune system is restored when we sleep, so when we don't sleep, we have increased health problems. We can go on and on and on, including inflammation of the heart, which is one of the associated risks with heart attack.

Interestingly, we should be getting—as adults—seven to nine hours of sleep at night. So, kind of that eight-hour rule still appears to be holding. The data is showing that people who are averaging just seven hours of sleep at night have an increased risk of heart attack of 100%.

Erin Matlock

And here's where all the parents listening are rolling their eyes. You're a parent, too. There's no getting eight hours of sleep as a parent. I am not one. I have so many of my girlfriends who are. They don't sleep. Six hours is what they average.

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Alex Doman

It's interesting that you bring up six hours, because at only six hours of sleep a night, risk of breast cancer goes up by 62%. We're a fat society.

Erin Matlock

Yes. We are.

Alex Doman

One in three Americans are obese. Those who are getting only five hours of sleep a night, the increased risk just for obesity is 73%. There are real serious issues associated with sleep deprivation and it's just not getting better.

Erin Matlock

What about sleeping pills? We are nation full of prescription sleeping pills. What's going on there? Is that helping?

Alex Doman

It's an interesting question. It's not only prescription sleep aids. It's also over-the-counter sleep aids.

Erin Matlock

You're right.

Alex Doman

A lot of people that don't want to go to the doctor and try an Ambien or a Lunesta, they'll go to allergy and cold medications. They have their own risks and side effects. But those who go to the prescription drugs, which are classified as sedative-hypnotics—these may help you feel more restful, but you actually don't get more deep, restorative sleep. It's almost like a mind-game. Interestingly, when you stop taking the drugs, of course they no longer have an effect. They actually start losing effectiveness after a few weeks so you're really into a placebo period in their use. But there are serious risks and side-affects. People taking these can be prone to dizziness. They can get headaches. They get nauseous, have dry-mouth, forgetfulness, daytime drowsiness. In more severe cases with prescription meds, they can lead to increased depression and suicide and a risk of dependency. One study actually showed that getting off some of these sleeping pills is more challenging than kicking heroine, which is a serious drug.

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Erin Matlock

Wow.

Alex Doman

In a recent study that was a meta-study, it looked at a number of studies related to sleep and 21 out of 24 these health studies showed that people died sooner from taking sleeping pills than those that don't. So, we have 60 million prescriptions for sleeping pills in America a year. It's a serious epidemic.

Erin Matlock

60 million. That's just prescription, because there is no way—or I guess that number isn't taking into account, like you just mentioned, the over-the-counter use.

Alex Doman

No. That's just prescriptions.

Erin Matlock

You know...

Alex Doman

And now, we're seeing a phenomenon of abuse.

Erin Matlock

Sure.

Alex Doman

So, sometimes Ambien, and there have been fairly rampant reports of abuses in professional sports with athletes. One athlete, an NHL player that was found dead a couple of years ago, had more than ten Ambien prescriptions found in his room.

Erin Matlock

From different doctors?

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Alex Doman

Yeah.

Erin Matlock

Yeah. What did they call that? Doctor shopping?

Alex Doman

Yeah. They go doctor shopping.

Erin Matlock

Doctor shopping. I have to tell you, to circle back around to a point you made, it was many, many years ago. I couldn't sleep and was prescribed something to sleep. I noticed the first few nights it was like heaven. I was like, "Oh, my gosh! I'm going to take this and I go to sleep!" The worst isn't just being tired all the time from not sleeping. It's the worry and the panic of bedtime coming and knowing you're not going to sleep. Then the whole night of tossing and turning and I'm not going to be alert for work the next day and it's going to continue. And it was just joy to take something and to go to sleep. And I will tell you, within three days, I felt it wearing off, which means you start to need more, or I did. It got to the point where I went back to my doctor. I was like, "This isn't going to work because we've hit my max dose and I'm now back to not sleeping."

Alex Doman

So, what did your doctor do?

Erin Matlock

Of course, he tried a different one. One you mentioned that makes your—it had the side affect that makes your whole mouth feel like there's a camel inside of it.

Alex Doman

Yes. That dry-mouth.

Erin Matlock

Yeah. It's just a weird sensation. We had to look at other ways. I suffered from a long journey with insomnia and issues. I had to go into a more natural approach, because we looked at it and my body was going to keep needing more and more of these pills and that wasn't the answer. So, I was

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forced to go through the horrendous trials of getting over not being able to sleep at night.

Alex Doman

It is really a challenge and pills certainly are not the answer, because they don't actually improve your sleep; just the feeling of being more restful, but you're truly not.

Erin Matlock

Right. We can't sleep now. You mentioned that we're a more stressed society, but I also have to look at our use of technology. I know I'm still guilty of this with working. I love to take my laptop up, put my jammies on, and do some late night e-mails and that kind of thing. Now, when I close my laptop, I then take my iPad out and read. All of this has to be doing something to my brain to say, "You're awake! Stay awake! Stay awake!"

Alex Doman

Well, you mentioned what's happening in society. Yes, we're more stressed, and we have all of these great devices that are supposed to make life easier, right? But it seems like we're busier than ever. We have more communications to manage, more devices to manage in our life. Those devices are making it into the bedroom. To be a good sleeper, your sleep environment really should only be a sleep environment. Your bed should be for sleeping. You shouldn't be having televisions in your bedroom, for example.

I know if I travel and turn on a television in a hotel room, because I don't have a TV in our bedroom at home. We don't have TVs in any bedroom in our family home because the tendency to sit there and watch it and get over-stimulated by the TV that's there. We just eliminate the temptation. But if I travel and turn on the tube, my sleep gets significantly disrupted.

One of the cues to sleep is obviously darkness. When the retina is taking in light, that's actually signaling the brain to be awake, not sleep, so we should really sleep in a dark room. But now, we have so many devices that are feeding our brains with artificial light and it's wrecking our sleep. Whether it's computer use, television, the iPhone, the tablet. I'm not picking on iPhones. I love my iPhone, but mobile phones and tablets are emitting a blue light. This light is actually affecting our melatonin levels. One study actually showed that two hours of exposure to a bright tablet screen reduces melatonin levels by 22 percent. Melatonin is part of what allows us to sleep. So it's creating sleep disturbances through melatonin suppression. That's a significant issue.

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One of the first things I do whenever I'm coaching somebody on how to improve your sleep is, let's turn off screens one to two hours before bed. Don't turn them on. If you're awake at three in the morning, don't jump on your mobile phone and check the Twitter feed to see who else is awake, because that light is going to stimulate your brain to stay awake and the cycle is just going to continue. So the devices are a real big issue and especially with our kids. With a 3 year old, a 13 year old, and a 17 year old in the house, the 3 year old, we can control his access to his tablet, but we have boys with iTouches and iPhones. We're constantly having to remind them that if they turn those things on or take them to bed and are using them, they're going to have a big impact on their sleep and we're starting back to school next week and we're going to remove the devices at night, just to remove the temptation.

Erin Matlock

You know, that's a good point. Growing up, I didn't have electronics in my room. We certainly didn't have a TV in my room or my brother's. We could listen to music and we could read a book. That's it for bedtime. There is so much more to distract kids. They do have tablets and iPods and smartphones and TVs in their rooms, so it's got to be really difficult because you're setting this up from childhood, these poor sleep patterns.

Alex Doman

Right. And these habits, they're sometimes intractable—really hard to break them. Socially, when you're peers are all doing the same thing, that's what everyone does. So the families without the television or the computer in the bedroom are the odd ones. Well, we're one of those households.

Erin Matlock

Oh, sure. Not to mention, it's fun and it's addictive. I like watching movies in bed. I like to have my iPad. I can imagine that if I were a kid, I'd love to have that access.

Alex Doman

Of course, because you can stream your Netflix account from any device. It's great. It's tempting.

Erin Matlock

It's so convenient!

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Alex Doman

You don't need a television in your bedrooms because you've got your tablet.

Erin Matlock

It's tough. It's tough being a kid these days. It's tough being a parent, too, I think. We have so many more things that we all have to worry about.

Alex Doman

Well, there are so many more opportunities, and I think it's a matter of when it comes to our kids is providing them a good, stable environment and a solid foundation. I think the most challenging part for us as parents is setting that right example. You know, do as I say, not as I do? [laughter]

Erin Matlock

I know! It's tough

Alex Doman

It's often said and it's definitely true of the device use. It is very tempting to filter through Facebook or Twitter, or watch a movie on the iPhone when you're trying to sleep. Then you realize three hours later that time has flown and you're no closer to getting your Z's.

Erin Matlock

Yeah. It's true. One of the things that's helped me is that I started recently having a little bit more issues with sleep. I wasn't for the longest time and I started doing meditation because I wanted to remain in a dark room. I didn't want to get up and read a book, even a traditional, old-fashioned book without the iPad. I just wanted to be able to stay and sleep. I know meditation isn't for everyone. It can be difficult to master, but that has been really nice for me—something to quiet my mind because as you mentioned—we all are on overdrive all the time now.

Alex Doman

Well, we need space to process and assimilate and you're right. I mean, the practice of meditation is very difficult and it takes time to learn. I've spent some time doing Bikram yoga to quiet my mind at 105 degrees and ninety minutes of very intensive yoga poses. It has been a great challenge at the time that I did the practice. It's a practice that I want to return to. But my wife, she is learning meditation and she is getting closer and closer to reaching these meditative states.

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But for those of that can't quite get there, the right music can serve as that distraction from what is going on in your mind to get you out of that internal chatter and that dialogue, redirect you into that music and often you can use that music as a channel into a meditative state. For those of us that are struggling to develop a meditative practice, sometimes the right music can really serve to get us in the right state. We need periods of quiet. We need to rest our minds and we need to rest our bodies. Ultimately when we take time for respite, we're ultimately more productive with what hours we have.

Erin Matlock

Yeah. It's important. Let's talk about music. What kinds of music should we—I'm one of these that I don't like to just turn on the radio. I never know what song is going to come on and I'm deeply affected emotionally by music. I have been since I was a child. I also don't wake up to music because of that. There could be a sad song or a depressing song and I don't want to start my day that way. For some reason I'm just extremely sensitive to it. What type of music is the best to go to sleep with?

Alex Doman

Well, we're all wired for music. It's a very innate part of being human. Music has been with us since the beginning. You're right, it does definitely touch us on a very deep emotional level and some of us are more susceptible than others listening to Karen Carpenter. [laughter] Truth be known, we can make musical choices that support our performance. Rather than talking about a specific musical genre or artist, let's talk about some principles within music.

These principles are, first of all: low and slow helps you rest and relax and high and fast activates the brain. So, low frequency sounds, more base tones at slower tempos of music, fewer beats per minute tend to entrain body and brain rhythms to slower rhythms to slow us down, calm us and relax us. Fast music, higher tempo, a higher frequency with more activation entrains the body to higher states of arousal and activation. So, if you want to go running and work out in the gym, get some great high tempo pop music that's great. If you want to relax, you want to calm and quiet your mind, simple instrumental music without lyrics, without a lot of instrumentation, played slowly is going to be ideal for that.

So, when we think about sleep, we want to use music—if we're going to use music, if it's going to be an effective vehicle for us—first of all, that we only use for sleep. The music shouldn't have another context, because we want to cue the brain that when we're going to sleep to this music, it's time to

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sleep. This music isn't used for any other purpose. So that becomes very important. I think it's difficult for people to be educated and to know what to choose. They find maybe sections of a piece of music are very relaxing, but all of a sudden there is a dynamic moment in the music that wakes you right back up. So, ideally, you really should have music that has been scientifically created for sleep if you want to really utilize that for your sleep routine.

Erin Matlock

So, you just talked about—you used the word, entrain—which, of course, I'm a binaural beats girl and entrainment. What are your thoughts?

Alex Doman

Well, entrainment, first of all, it's a naturally occurring phenomenon. We entrain. Entrainment is simply, one, an external rhythm influencing another rhythm, so the stronger rhythm is going to influence the weaker rhythm and the weaker rhythm is going to entrain or match the other rhythm. That's one of the ideas that kind of goes into brain wave entrainment. One of the popular techniques you mentioned is binaural beat technology.

There are all kinds of binaural beat technology, but for our listeners, quite simply binaural beats are a phenomenon that occurs in the brain that is inaudible. It is generated by presenting the two ears with slightly different tones or frequencies. For example, if I present 440hz to the right ear in a sine wave and 445hz in the left ear in a sine wave, then the brain is going to take the difference between the two of 15hz, and it's going to begin entraining to that with a phenomenon called frequency following response. That will then begin to influence the dominant brain wave activity in that brain region into that brainwave state, whatever that state may be.

Over the years, there have been many, many popular products that have been created using binaural beats, not only to help people sleep, but to help get into deep meditative states or to focus. But they're not all the same. Anyone can go out and actually get a shareware software program that can generate binaural beat frequencies and you can all but become a frequency expert. But it actually takes years of refinement and study to really know how to do this properly and holistically in such a way that you get the best effect with that technology.

Erin Matlock

The binaural beats, it's such a cool concept that the brain will take something that's coming in on

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one ear, something that's coming in on the other ear and find an area in the middle and just align itself. I don't know how you come up with that stuff, but that's for the neuroscientist to figure out. They just come up with this stuff over lunch. It kills me. They're so good at it. But I've been using binaural beats for many years and there are—you're right—they're not all created the same. Some work. Some don't seem to feel like they work, at least for me, and some don't make me feel great because there are some bad ones out there, too.

Alex Doman

There are, and they can increase anxiety, cause irritability and for some people, create pretty serious disturbances in their physiology. It's actually a very powerful technique.

Erin Matlock

It is.

Alex Doman

It's not one to be taken lightly, and that is my general concern. In fact, a couple years ago when my book, "Healing at the Speed of Sound" came out, I did some interviews for NBC about sonic drugs. The sonic drugs were actually companies using binaural beat frequencies to elicit drug-like states in response to sound. There has been a very popular trend in kids trying to get high by using these sonic drugs. It's a problem. It could be a very potent technology, so it requires responsible use and people who know the right production values and understand the neurology in order to do it right, and there's just not that many out there that do it, and there are some that do it very well.

Erin Matlock

And leave it to the internet, again. More things for our kids to get into. When you look at binaural beats, what, just on a personal level, what would you say is a good age that would be appropriate to listen and to use them.

Alex Doman

Well, generally, I don't use them. It's not something that I tend to recommend. We have technology, which perhaps we can talk to a little bit today that incorporates that as one facet for sleep induction and maintenance. But in most cases, little, little kids, we don't use them. As kids are hitting six or older and into adolescence and adults, with the right use of the technology for specific applications might be very useful.

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Erin Matlock

Hmmm. I didn't realize they could go that young. It's interesting. All right. So you guys are doing a lot of research over there with sleep. It's what your focus is. Talk to me about your technology.

Alex Doman

Well, we've been having a very interesting time researching sleep, and I have to tell you, every few years something becomes a new focus. It's always related to the sound, and brain and music, but then I kind of latch on to what's that important thing we need to be focusing on right now. As I said, with such a huge epidemic of sleep disorders, this has become our focus. Over the years, with the listening program and some of the other music we've created at Advanced Brain Technologies, people have reported secondary benefits of improved sleep patterns. Going to sleep better. Staying asleep. Feeling more refreshed.

Those reports have been great, but we haven't really understood the mechanisms at play and we hadn't created the programs to optimize doing that. So, we started working with a neuroscientist. And this neuroscientist had done some research under a NASA funded grant, helping NASA astronauts sleep in space, because let's face it: There is no worse space to sleep than in space. Spacecraft are loud. There is zero gravity and it's a constant state of darkness, and then you're in this light capsule and your brain doesn't know which way is up and which way is down, which makes sleep a real difficult thing, not to mention it's over 90decibels and very loud and difficult to sleep in these environments.

In the neuroscience research, Dr. Horowitz, who we worked with—Dr. Seth Horowitz—he stumbled on an idea. I'll give you an example of something that will be familiar with all of us—most of us anyway. Erin, have you ever been a passenger on a train or in a car and having found yourself go to sleep?

Erin Matlock

Yes.

Alex Doman

During movement?

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Erin Matlock

As a passenger, yes.

Alex Doman

As a passenger, not as a driver. Now this happens for me on the tarmac when I'm on a plane.

Erin Matlock

Oh, really?

Alex Doman

We're waiting to depart the gate, the low-frequency vibration of the brain is actually having an impact on me as in when you rock a baby, when you're passenger in the car or on the train. That's motion. That motion that happens, especially if it's a kind of a gentle left-right motion, it triggers a response in the ear. What controls our sleep ultimately is the brain. The sensory system that's most active when we're asleep is actually the auditory system, which is made up of the hearing portion, the cochlea and the vestibular apparatus, which controls muscle movement, our posture and our relationship to gravity—our balance and our equilibrium. What happens, when we go to sleep when we're being rocked, just like rocking your baby in your arms in a bedtime routine is that a phenomenon is happening called Sopite Syndrome. Sopite Syndrome is a motion-induced drowsiness.

Erin Matlock

How do you spell "Sopite?"

Alex Doman

S O P I T E.

Erin Matlock

Okay. I've never heard of it.

Alex Doman

So, Sopite. Sopite Syndrome is actually a form of motion sickness, but you don't actually get nauseous. Rather than getting nauseous, you fall asleep. So, it's motion-induced drowsiness.

Dr. Horowitz theorized that that could be accomplished sonically. He went to work on creating a

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neurosensory algorithm that could induce motion-induced sleepiness using sound. I had introduced to Dr. Horowitz and Lance Massey, who is a sound designer he works with. Actually, Lance developed the familiar T-Mobile ringtone. They scientifically composed that. So, real interesting sound guys. I met with them back in New York. We had a great lunch at Grand Central Station in the Oyster bar and we're talking brain and sleep and he started telling me about this technology. And we had been working on solutions for sleep. In that conversation, when we discovered what they were doing with the motion-induced sleepiness, I got really interested and we decided to work together.

We took that neurosensory algorithm and then in combination with that is something that we discussed earlier, Erin, which is binaural beat technology. Only, we've got a proprietary way that we do what we call multi-band binaural beats. The multi-band binaural beats actually involve more of the neuronal network and it becomes a whole bilateral hemispheric shift that happens to get the brain synchronized into the characteristic wave forms to go to sleep and stay asleep. That—this neurosensory algorithm with the motion induced sound—the binaural beats are then embedded into pink and brown noise bands. What these noise bands do is, they're very soft. Not like white noise, which is very sharp and uncomfortable and agitating, the pink and brown noise are much often. What that actually does is, when it's done correctly, helps to slow breathing patterns, lower heart rate so it helps in going to sleep, but then it serves as a filter. One of the most common ways that we wake at night is actually sound disturbance in our environment. These noise bands serve as a filter like a sonic wall around us, so that the brain learns to filter out the background sounds, and not attend to them when you have these noise bands that are present.

Erin Matlock

Wow.

Alex Doman

So, we've taken these three very innate technologies and then embedded them in music that we have arranged or composed specifically to induce or maintain sleep. So, these are the neuroscientifically-based algorithms that derive d out of early NASA neuroscience research and have been applied into psycho-acoustically produced music into a program called the "Listening program: Sleep."

Erin Matlock

Well, leave it to you guys to round up the neuroscientist and go into algorithms and all these words I can't even pronounce to get us to sleep. I expected nothing less than that. What kind of results are

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you guys getting?

Alex Doman

Well, it's exciting and I think before—I've got some stories to share—probably too many for the time we've got allotted today. But one thing that's important to understand how the technology works. You actually put the music on as you're about to go to sleep. So you put it on 10 to 15 minutes before you go to sleep. We have a special pair of sleep-safe headphones. They're actually a headband with little flat speakers in them that just rest over the ears and just like a headband. You put the headband on and the music is on a little iPod shuffle. There are three different sleep programs on there and you just press play. It plays at a very, very low volume level and you just put it on when you're going to sleep.

While you sleep at night and over the course of a few weeks, the technology is actually going to train your brain into a new pattern. This isn't a sleep aid, in that you have to use a sleep aid in order for it to be effective. It's a brain-training program for sleep that over the course of weeks to months of use, will reset your sleep patterns, have an effect on your circadian rhythm so that you develop a new sleep cycle. We're finding some people, even within just a few weeks of use are actually able to discontinue and maintain a healthy sleep pattern who formally had insomnia.

That's what I'm really excited about, because ultimately, what we want to do is we want to rewire. We want to rewire the brain, improve its performance using neuroscientifically proven methods, and that's what's happening in the listening program: sleep.

So, what's happening, and this is exciting. Erin, you know that we work with a broad range of people. We work with a lot of kids. We work with a lot of adults with a broad range of needs, many with brain-based disorders. I think that the first story that I heard when the listening program "sleep" was first released a few months ago was a mom. She has a daughter who is on the autism spectrum. It takes at least two to three hours for her to wind down to go to sleep at night and then she wakes her up at night. So mom is totally exhausted. And by the way, moms that don't sleep get depressed. It's one of the leading causes of post-partum depression is sleepless babies equals sleepless mom. So that's a whole other conversation on woman's health.

But, mom wrote us and said, within two nights, this little girl was going to sleep within ten minutes, flat out, sleeping through the night. This is after years of a pattern of hours of trying to get her to

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sleep and her not sleeping through the night. So that was one life changed and that's all I need to keep going!

Erin Matlock

That is all you need, right there.

Alex Doman

So that was a big deal.

Erin Matlock

For everyone, for the child, for the mother, for you guys and to get such a great result, too, with compliance from children, because sometimes isn't that the problem? Things that work are hard for children to do.

Alex Doman

Well, they are, but this isn't hard. It's just beautiful music. You put it on. You let it happen. It's just about getting used to the new routine. In the early clinical trial, and it was just a two-week trial and we had about 22 people in it, people had difficulty going to sleep and staying asleep. We actually had a 77% effectiveness rate in two weeks in the ad hoc clinical trial. So, the fact that, without drugs, without big investment or a big life change, three out of four people are improving their sleep. It's difficult to get much better results than that. We've been very excited.

But, something happened in our early, internal trials that I didn't expect. We think we know our family well, but we don't always know everything. You're aware my mother works with us here.

Erin Matlock

Yes. Ginger.

Alex Doman

My mom works with us here at Advanced Brain Technologies. I discovered that she had a sleep disorder that I didn't know about. I remember growing up, mom slept great. In fact, you could never wake her up. She was just out like a light. Well, when we came out with a program, I discovered for fifteen years, she really hasn't been sleeping. You mentioned earlier, kind of that dread that you're going to go to bed and not go to sleep. Well, she had that. She had it and she would wake through

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the night and as we dove into it, she probably was getting maybe four to five hours of sleep a night. These are disrupted sleep patterns, so you're not getting into that deep, restorative sleep.

I'm concerned, because the number one killer of women, by the way, is cardiac disease. One of the biggest contributors to cardiac disease is heart inflammation, which is directly correlated with sleep deprivation. So, there is a problem. Immune function is compromised. You go down the list, there are a lot of serious issues.

Well, within a couple of weeks, my mom said she was getting the best sleep she had had in over fifteen years. She has now a few months into the program, successfully been able to discontinue use of the listening program, "Sleep" and she has trained her brain into a new restorative sleep pattern.

I'm going to share one tidbit of this which I think is important for some of our listeners, is that that sleep disturbance that happened fifteen years ago was directly tied with the onset of menopause. Post-menopausal women have huge disruptions in their sleep patterns. That's a very critical stage in life. We've talked about kids; we've talked about teens and different kind of workers, but with tens of millions of females in America who are baby boomers and have already gone through menopause or are entering menopause, sleep disruption is a very huge component of that.

Erin Matlock

Poor Ginger! She didn't know she was going to be the subject of our talk today!

Alex Doman

No, she didn't, but I'm allowed to tell her story!

Erin Matlock

I'm sure!

Alex Doman

She's very committed to the cause and it's just had a huge impact in her life and of course, I couldn't be happier.

Erin Matlock

You know what I like about it? It's not something that we have to do forever. We don't have to say,

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"okay, I can't go to bed anymore unless I slap on this headband with these headphones and listen to this music." It's actually—you designed it to train us to rewire our brains so that we can then sleep on our own.

Alex Doman

Exactly. And then, things change. Disruptions in life, stress, travel—I do recommend that even though we've done the training, that when people travel—especially more than a couple time zones—they bring their system with them, because it's going to help them make that adjustment in their rhythm when they're traveling. But the idea is, for most people, they're going to be able to discontinue use. But the tool is there if they ever need it, and that, I think, brings them a lot of comfort.

Erin Matlock

Sure. Whenever you need a booster shot, you slip on the headband.

Alex Doman

There you go. And you don't have to worry about side effects.

Erin Matlock

That's the nice part. Then we can all finally get some sleep.

Alex Doman

Yes. Absolutely.

Erin Matlock

For this particular product, what is the lowest age that could use it?

Alex Doman

As young as can wear the headband. These sleep phones that we're using, that are actually patented and designed for safe sleep—in fact, you can use them in such a way that there is not even a chord. We actually tuck that little shuffle into the headband itself, so all you have is the headband on. The youngest kids we have wearing these are about four that the extra small size can fit. So, we can start pretty young. Then, of course through all ages.

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Erin Matlock

Okay. That was my question when you were mentioning earlier, was if there was a chord hanging off of me to the nightstand? Because I toss and turn. I move around and I'd yank it out. But, no. It's tucked in.

Alex Doman

You tuck it in, and the shuffle is tiny and that actually tucks in the headband so you don't even know it's there.

Erin Matlock

That's very cool. But this is not a solution for babies?

Alex Doman

Not a solution for babies. This is for kids, teens and adults.

Erin Matlock

What else didn't we cover that you'd like to cover today?

Alex Doman

Well, we'd need a few more hours!

Erin Matlock

I know! We could go all day. I have a lot of questions!

Alex Doman

As you know, I think just as we're closing this conversation is that sleep is a serious matter. The majority of us are not getting sufficient sleep, and even a lot of the people that aren't getting insufficient sleep are in denial about getting sufficient sleep. That's actually one of the top things that happens when you're sleep-deprived, is you're in denial about being sleep-deprived. There's almost this badge of courage: "Well, I only sleep four hours a night and I can function fine!" Well, the truth is, we're not. We're compensating and over time, that runs out. We don't need to turn to over the counter and prescription sleep aids. We do have a natural solution for sleep that is proven to be very effective. One thing that I didn't share is that we now have a leading VA center that has been ordering these systems for veterans and they're increasing monthly. They're getting great results

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and we're just now sending the first couple dozen systems to a wounded warrior transition battalion in the US Army, which is now beginning to explore using the technology for these tens of thousands of soldiers that have injuries from the recent conflicts. So, I'm very excited about that and the fact that we can make an impact on lives of people with less serious sleep issues, but those who have deeply disturbed sleep and we don't have to turn to medications and three out of four people we're going to be able to help. Some people have very serious sleep issues and they need to work with their physician to get assistance with that. Sleep Apnea and other concerns. But for many, this can be a real viable solution for them.

Erin Matlock

I think that's phenomenal, the work you're doing with the military, with the veterans, and hopefully you'll keep me updated on that, because I'm really interested to hear their response and know it's working.

Alex Doman

As are we. We're very hopeful.

Erin Matlock

I am, too.

Alex Doman

With PTSD, sleep is a major, major factor.

Erin Matlock

And they've been through enough. They deserve to get to sleep every night.

Alex Doman

Yes, ma'am.

Erin Matlock

Well, thank you so much for your time today, and talking to you. If people want to find out more about your work in the neuroscience of sleep, where can they go?

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Alex Doman

They can go to the Advanced Brain Technologies website, which is AdvancedBrain.com. If they add the extension /sleep—AdvancedBrain.com/sleep—not only can they go there and read about the listening program, “Sleep,” but Dr. Horowitz has written two scientific white papers that are on the site. We have done teleseminars with links to the recordings. You can actually hear samples of it right online so you can get an experience with it. You can go there and check it out. If people would like to explore, we’d be very happy to help them.

Erin Matlock

I want to add to that. You can go, again, to AdvancedBrain.com. If you’d like to go specifically for sleep, it’s /sleep. But you can also get on the mailing list with Alex and your team, because you guys do these amazing teleseminars with some experts that are really interesting. It’s a nice way to learn more about the neuroscience. You also do a great deal of provider training, too. So if there are any providers listening today and you’re interested in the work that Alex and his team are doing, I would encourage you to go check it out.

Alex Doman

Thank you, Erin!

Erin Matlock

Well, thank you so much! This is “Reboot Your Brain.” This is Erin Matlock, signing off!

JONATHAN FIELDS



www.JonathanFields.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

JONATHAN FIELDS TRANSCRIPT

Erin Matlock

Welcome to Reboot Your Brain. I'm your host Erin Matlock. As a reminder the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Jonathan Fields. Jonathan Fields is a New York City dad, husband and lawyer turned award winning author, blogger and serial entrepreneur. He's currently the founder of The Good Life Project, a digital media and education venture that produces a top rated podcast, a broadcast quality web series seen in more than 150 countries and educational programs for mission driven entrepreneurs and makers. You can learn more at goodlifeproject.com. Welcome Jonathan. Thank you so much for being here today.

Jonathan Fields

It's great to be here with you.

Erin Matlock

Now Jonathan how does a Hedge Fund lawyer give it all up and open up a Yoga studio?

Jonathan Fields

You know, a big part of the convincing had to do with my body basically falling apart when I was practicing law. I mean I working- I was working insane hours and I got to a point where I was literally on a deal and barely sleeping for a couple of weeks in a row. And I had this pain that started to emerge from the center of my body. And I just totally ignored it because that's what you do. You know, you're getting paid a lot of money to just do the work and make sure we hit the deadline. And by the time we actually hit the deadline on that deal I could barely breathe, I couldn't stand up straight, I was in agony, and we hit the button on the deal and I took a cab home, passed out for a few hours and I went straight to my doctor and he looked at me and turned white and said, "There's something really large inside of you that wasn't there like a month ago during your physical." I went through a battery of quick tests, ended up in the hospital that day for emergency surgery because I had perforated intestine and there was a huge abscess in the middle of my body.

Erin Matlock

Oh good grief.

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Jonathan Fields

So my, you know, my immune system essentially just shutdown. And it was a huge wake up call for me because when your body literally rejects your career you kind of have to take a step back and say, "Huh, what's not right here?" And I did that. I took a bit of time. And what I realized is that, you know, for some people law is- they're called to it. It's a great career and a great path. But for me, I wasn't. I had no interest in this carrot that was being dangled in front of me and I was giving up every waking hour including my health, my relationships in the name of trying to achieve something I didn't want to achieve. So I literally started to just make a list of the things that I want to do with my life. If I could figure out how to earn a family worthy living in New York City doing them and saved up a whole bunch of money knowing that I was going to take a pretty big hit probably in the first year or two until I figured out the right model. And then when I basically just, you know, I found a day and said, "Okay, I'm done." And walked away and started to literally just check off the items on my list.

Erin Matlock

When did you know you wanted to be a lawyer? We're you called as- like is that something you always grew up knowing you wanted?

Jonathan Fields

No, not at all. For me being a lawyer was actually much more the operation than the natural path. I was a lemonade stand kid. I was an entrepreneur from the time I was very young. I always had my own landscaping business or other things, you know, in high school and college. I had my first business that I grew and actually sold. And so for me law was this interesting thing where in a weird way I spent so much time just being an entrepreneur in college that I kind of didn't apply myself in school all that much and didn't do all that well. And I was really curious about what I was actually truly sort of cognitively and academically capable of. So I figured, okay, you know, a pretty powerful way to test that would be to go to some sort of really intense grad school program. And I knew that even if I didn't practice law that the training would benefit me in a number of different ways, which it absolutely had just in the way that it's taught me how to think.

So I went to law school with the intention of working insanely hard to do really well and challenge myself. But I wasn't- I wasn't entirely convinced that I would ever actually practice law and I was very fortunate. I did very well in school when that opportunity presented to me. So, you know , that was the first path for me. But, you know, it certainly wasn't a career that I was ever just organically

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called to. It was much more something that I felt like I would explore. But it gave me my answer, you know, in a relatively short window of time.

Erin Matlock

I'm always curious because I know as a young kid, you know, I went to space camp and had those dreams of becoming an astronaut.

Jonathan Fields

Awesome.

Erin Matlock

You know, one of those little things, but I never really knew what I would actually do with my life. And I was always envious even in college, you know, getting a liberal arts degree and I had suite mates who were pre-med and I thought, "Gosh, how cool to already know what you want to do." And I was a little bit more lost. So I think it's funny how we fall into things. But like you said your body, it will catch up to you if we've entered into a career or a lifestyle that isn't where we're supposed to be.

Jonathan Fields

Yeah, no doubt about it and that, I mean, it's funny because I had similar feelings about, you know, the kid who at seven years old says, "I want to be a pet doctor." You know and when I was younger I thought that that was actually most people and I was just the one-

Erin Matlock

Yeah, me too.

Jonathan Fields

-Who hadn't been able to figure it out. And then, you know, what I've come to really learn as I sort of gotten older is that that kid or that even person in college is the absolute outlier that the vast majority of people have no clue and the sad thing is that most people instead of saying, "You know what, I really don't know. Let me go through a deliberate process of figuring out the pieces of the puzzle," and it may take years. Instead of actually actively doing that, most people will default to some story that's been written for them by somebody else and just live that story until at some point life becomes so unhappy and disconcerting and often times unhealthy that the machine breaks down and

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they're forced to kind of revisit, "Okay," you know, "What is it that I really want to do?"

Erin Matlock

And I also find, I mean even looking all the way up to high school, there weren't options to, for me at least at that time, to really try things out to even know.

Jonathan Fields

Yeah, no doubt.

Erin Matlock

You and I are entrepreneurs. I didn't come from an entrepreneurial family, so I have an educator and, you know, an executive father. So for me to get out and I had to bounce around for a long time until I finally realized there's a name for what I am. And that it feels right.

Jonathan Fields

Yeah, I totally get it and I had actually had similar experience. My dad literally just retired this year. His had one job his entire life as a researcher and that's all he knows. And both of my grandfathers, you know, who have now passed, when they were alive, were both trial lawyers. You know, so there weren't a lot of examples for entrepreneurship on my life. My mom was, you know, had a bit of it in her also. She was an artisan. But, yeah, I mean you really- but, you know what, you kind of learn along the way as an entrepreneur and I know you know this also because you're out there building something, you know, profound that's helping a lot of people. Is that- you can go to school. You can take classes. You can do all sorts of things, but you really won't learn how to be an entrepreneur until you just get into the mix and do it.

Erin Matlock

It's so true and that's why so many of us have all these failure stories in false starts and things that have gone wrong.

Jonathan Fields

Yeah, no doubt.

Erin Matlock

That's part of our education is getting out and falling on our face sometimes.

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Jonathan Fields

Absolutely, and owning that as, you know, and saying that's actually okay. You know, it kind of sucks when you fall on your face. Yeah, you'd rather not, but if go into it saying, "Okay, there is no doubt that I'm going to fail. I'm going to make big mistakes, little mistakes. I'm going to—" you know, "and things are not going to work out the way that I thought." And that's actually- I expect that to happen even if I'm really smart and I work really hard and I plan really well, that absolutely will happen, and it will happen repeatedly. So when it does happen, at least when you change that mind set, and then the question becomes, "Okay, I expect it will happen. When it happens, my first response is how can I fix it and my second response is what can I learn from this and apply moving forward." It changes the way that you experience failure in a pretty profound way and you still don't invite it necessarily, but you understand that it's just part of the process and that's okay.

Erin Matlock

You know and I want to revisit that. This was a question I had for you. I want to go back over this. I have found something very similar and I learned a bit of it in your book, Uncertainty, is that looking at failure instead of just pushing it off and having this anxiety towards it is like you just said, one of the steps people can take is to say, "Okay, let's look at it. What would it look like if I failed? What is the worst case scenario?" A logical, you know, worst case scenario, not catastrophizing and I- that has helped me to reduce anxiety, to write it out on paper, "This is what would happen if I fail," and get that out there and like you said, own it, know that it can happen. I'm not attracting it by putting it out there. I'm dealing with it ahead of time and knowing that it's not going to be the end of the world.

Jonathan Fields

Yeah, absolutely and you know one of the other things, you know, people generally ask that question, "What if I fail?" And the question that they don't ask- and it's not a bad idea to ask that question and, you know, like paint that scenario, but then, you can't ask that question of [INAUDIBLE 00:10:13] or the other questions you need to ask or how will I recover.

Erin Matlock

Yes.

Jonathan Fields

You paint a realistic recovery scenario and almost everything is recoverable. It may take time but

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you can do it. You know like- and what you'll find is the recovery scenario will also leave you far better armed to succeed at a higher level after that. And then two other questions you really need to ask that nobody asks is, "What if I do nothing? What if I just keeping going sideways?" And very often that's actually the most horrifying, realistic picture that somebody can paint because if you're not happy doing what you're doing now, if you're not healthy, if you're not connected, if you're not vital, there's no real sideways. You know, there's only, you know, gravity exerts to pull downward unless you exert a force to move upward. So the sideway scenario is actually a slow decline scenario and that's pretty horrifying if you're not really happy in all aspects of what you're doing and the way you're living your life.

And then the final question is, you know, "What if I succeed?" And paint an equally vivid scenario. And I mean my feeling is that the reason that people default to the "What if I fail" question and a lot of times don't say, "Well what if I succeed" is that, very often it's much easier to quantify the failure scenario. You know, okay I put in a hundred thousand dollars, you know, the two years of my life whether, you know, my reputation, you can quantify and say, "I'm going to lose this, this and this." It's much harder to quantify the success scenario. So because it's so much harder, we default to the one where it's just easy. You know, it's just easy to say, "This is," you know, "This is the failure scenario." And then you add that to what we notice, you know, our brain has likely for survival purposes, a negativity bias. You know, we default to the negative outcomes and when we start to repeat that, we start to believe that those are the realistic outcomes. And it's just not true, so you have to very deliberately ask different questions and call it reframing or, you know, it's like the therapist call it Cognitive Reappraisal to create different story lines that instead of paralyzing you, mobilize you.

Erin Matlock

You bring up such a good point, that's something we've learned in this conference straight from the neurologist mouth, is that we have neural pathways, and they are strengthened by our thoughts, completely controlled by the thoughts that we have. So like you said if we're asking the same questions, we're having the same conversation in our head and we're going one way. We're strengthening those pathways instead of working on the ones that are the success.

Jonathan Fields

Yeah, absolutely and a friend of mine who's sort of a renowned neuroscientist and a former Harvard professor has since- you know, he sort of- you know, was sharing that there's a part of the brain that he sort of labels the Human GPS. And what's kind of fascinating is he says, you know, if you essen-

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tially identify where it is that you want to go, the brain subconsciously spends a lot of time figuring out how to get there. So if you keep identifying, you know, the failure scenario, you know, and you keep refocusing on that, the brain eventually is going to figure out a way to get there. Whereas if you keep revisiting the success scenario, you know, and identify that and you're sort of like the brain's GPS is this is the outcome. Your brain somehow figures out a lot of the path there. And I'm not an overly woo woo person. I'm sort of not that person.

Erin Matlock

No, me neither

Jonathan Fields

And to hear somebody who is- you know, been a researcher and, you know, a noted author and professor, you know, like saying this about the brain, it was kind of fascinating to me because I'm like, you know what, I'll do- it's kind of- and he then went into a whole bunch of science with me which was completely over my head.

Erin Matlock

Yeah, I know the feeling.

Jonathan Fields

But it's so fascinating just how our thoughts affect the way that our brain wires and unwires itself and then affects the actions we take in the world.

Erin Matlock

It really is and empowering and, you know, Jonathan have you ever heard that saying I always hear this, "We have everything we need already within us." We already know the answers. We don't need to look outward and I find that this is the connection and the neuroscientists, the neurologists, the medical community, they're agreeing now with all of these visionaries who have come along for so long saying the answers are within us. And the neuroscience is telling us it's literally in the brain. And like you said when you can turn inward, look inward and use your brain to actually give you that outcome, everything kind of just lays out as it should. It's really an amazing, beautiful thing when you're in alignment.

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Jonathan Fields

Yeah, this has become a huge focus for me is that word “Alignment.” It’s so, so powerful and it’s your thoughts, your actions and for me increasingly a big sort of part of my exploration is developing daily practices that really support that and at the same time rewire your brain. You know I have a daily mindfulness meditation practice. And it literally came to that practice on my knees to try and use it as a way to treat something that I was suffering through or be able to just endure it. And for me it became this practice that not only brought me from the bad place back neutral, but took me from the neutral to pretty powerful place. And there’s so much research on how meditation, mindfulness in particular affects your brain these days. And there’s a lot more research that’s currently going on around it that it’s just- it’s amazing to see how simply sitting and focusing your attention can create new neural pathways in your brain that really profoundly affect the way you experience the world.

Erin Matlock

It’s so true. And meditation has been a huge calming force in my life. I can as you know we talked about this before I’m very shy and introverted. So social situations are alarming, jarring to my body and can be really overwhelming. And so for me I like to maintain a sense of peace, a sense of calmness, drug free. I don’t want to have to rely on a prescription medication at this time of my life. I don’t need the prescription and meditation has been a wonderful asset to me even within a few minutes if I had a maybe a bad call or, you know, a jarring e-mail comes through or something just that we in our business, our day to day lives go, “Ugh” and you hear the stress response go on in the brain. And your cortisol levels go crazy. I can just take 10 minutes and I can get everything under control and get calm again. It’s an amazing, powerful tool.

Jonathan Fields

Yeah, it really is so, so powerful especially for anybody who’s out there in the world trying to create something, trying to do something that didn’t really exist before that. Where is there is no clear path, you know, where you have to go to that place of uncertainty, and uncertainty terrifies us. You know, our brains are literally, you know, soft wired. I don’t like to say hard wired anymore because now we know, you know, through Neuroplasticity that we can rewire most things. But we- most of us come into adulthood, you know, soft wired to a fairly substantial level to experience action in the face of uncertainty or ambiguity as pain. And it lights up the part of the brain, you know, the amygdala which, you know, it’s the fear center in the kicks in the fight or flight response and it makes us feel physically uneasy. And because we feel physically uneasy when we’re taking action in the face

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of an uncertain outcome, we don't want to feel that way. So the natural response for most people is, "Well, let me just back pedal. Let me move away from this and so I don't feel that anymore." Instead of saying, "You know what, okay, this is a sign, my brain is telling my body that I'm doing something new. I'm doing something where I don't know the outcome and maybe nobody in the world knows the outcome and I'm deeply vested in it. I care about how this is going to end. And that doesn't necessarily mean that when I feel this, you know, it's not comfortable that I should back away. Maybe the better approach is to develop a set of practices and skills that allow me to actually translate, you know, this sensation and be able to live with it and lean into it and breathe through it with far greater ease and then even potentially harness it as fuel for innovation and creativity and forward movement.

And so to me a lot of my work over the last years has been really developing the practices that allowed me to be fairly consistently in that place because that's what entrepreneurs do. But just being much, much more okay there, you know, to say that okay, you know, this is I know how to be all right in this place and I feel the uncertainty, but I also know that it's actually a good thing. And it means that I'm out there doing stuff that matters, stuff that's new, stuff that's going to move the needle.

Erin Matlock

You mentioned something that I think and I know you practice mindfulness. And a lot of what you just said, it is about acknowledging the feelings that come up being present in that moment and knowing that they are just- they're feelings, they're natural. And to take them and then have a method to deal with them and I think that's- kind of lost my thought there but it's-

Jonathan Fields

Yeah, I mean.

Erin Matlock

It'll come back to me.

Jonathan Fields

And I'll rift on that a little bit.

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Erin Matlock

Okay.

Jonathan Fields

Because I have a feeling I know where you're going with it. You know a lot of people will ask me like well, you know, why mindfulness, you know, there's TM, there's mantra meditation and there's- and they all have some pretty profound effects on the brain. And besides mindfulness, transcendental meditation or strong mantra meditation is probably the form that's been the most researched also. You know why not that? And my answer is generally mindfulness has this unique aspect of it, which is that, in addition to training attention and awareness and having, you know, giving the ability to be far calmer and more at ease in stressful situations and all the research about it, you know expanding certain areas of your brain. The practice is based in the art of dropping and what I mean by that is, you know, you sit there and a thought comes up and you literally label it okay thinking and then you just let it go. And for entrepreneurs, for creative professional, that practice alone repeating that over and over is such a powerful tool because all day long you have thoughts that come to you saying, "You suck. You're not good enough. This is not going to work. This is stupid. You know what blahs, blah." You know you're doing this amazing thing right now. You're building this experience for people and this is the first you're doing it, so there's got to be all these things coming flying into your head, you know. So what mindfulness does which is different than other approaches is that the whole practice is about saying instead of just eliminating thoughts, it's about letting it in and then responding by just saying okay, cool. Now let me let that go and come back to in some anchor maybe it's my breath or sound or just general awareness. So, you know, especially in the beginning you may end up identifying thoughts hundreds of times while you're sitting in meditation and just saying okay, you know, I literally label it thinking as my practice, and as I exhale I just let it go and then another thought comes a few seconds later. [Laughter] and you're like, you know, and at first you're like, "Oh man, I'm not good at this." Well like I mean no, no the mindful instruction is that's okay. That's the way that we are and that's okay. And the practice is just notice it and then let it go. So this practice of training yourself to drop storyline, to drop thoughts is immensely valuable as an entrepreneur or creative professional or anybody who just wants to do things in the world where you've got self-talk that says, "You can't do this. You are not good enough or it's not good enough" because it teaches you to very rapidly identify that thought and then let it go and that is an immensely useful tool.

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Erin Matlock

It really is and that's exactly where I was going that it is - it's something we've learned and it's something with the research on having this negativity bias, right? Our brain learns from pain first. It will do everything it can to prevent us from having any kind of that pain and all of us even those who are working for employers or working in the home, those of us who are like you and I, Jonathan who are entrepreneurs, we go through things everyday where we have that talk. "I'm stupid. I'm too dumb. This is a failure. What are you doing? I'm horrible. I'm fat. I'm ugly. I'm too old." And we don't even catch the half of it, the abuse that we give ourselves. And like you just mentioned, if we can be mindful of it, catch it, acknowledge that this is happening, we know it's happening because our brain is trying to push us out of whatever we're pushing, trying to push through and dropping it. And one thing I learned years and years ago in cognitive behavioral therapy which was a crucial component of my recovery from, you know, really severe clinical depression was that I, at that time, had gotten into such a place, a really serious place with my thoughts that I had to catch them. I had to acknowledge them, and that took a long time.

I remember coming back to my therapist and it was- two weeks had passed and she's like, you know, had this little notebook. How many thoughts did you catch? And I would look at her and about three. And she's like really three in two weeks. I'm like three. That's it. That's all I do is self-talk- and as this process goes on, you realize it's a lot more than three. [Laughter] And she taught me how to counter some of that talk. And I'm going to tell you I couldn't have really done that myself at that time. But I would just write down the thoughts at the beginning, catch them. That's all the task was at the beginning and then I would work with her. You can work with a friend. You can work at a time when you're not feeling those thoughts and jot them down and just have a little counter especially for some of the really harsh ones that people have if there is a repetitive cycle that's going on especially in terms of, you know, "I'm too stupid. I can't do this. I'm not worth this. I'll never be loved." The whole thing with women is so much as "I'm too old. I'm too fat." We have these image problems.

And what I found was interesting. I don't know if you found this but my therapist told me you're not going to believe your counter at all. And we wrote them down and I didn't believe them. She's like but the great thing about the brain is that, it doesn't have to buy it. It just has to hear it to rewire those pathways. And she was right and neuroscience has taught us that the brain is okay without believing these thoughts. It's just saying them. It's using them to counter the negativity that actually rewrites. And-

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Jonathan Fields

Yeah and over time we know that repetition breeds belief.

Erin Matlock

Yes.

Jonathan Fields

So I mean it's definitely really powerful and, you know, for me also it's not , you know, I'm a content creator. I write books. I write text. We produce a web shell like in video and audio which means that I am constantly putting things out into the world where I have multiple opportunities to be judged in a very public way.

Erin Matlock

Yes, you do.

Jonathan Fields

And, you know, through the veil of anonymity and the internet people are emblazoned to judge on a level that they would never do face to face. You know, I always think to myself when I read a comment or something I'm like, "Would you say that if were," you know, "at a dinner party and I had my kid sitting next to me" because that ought to be the line that people have when they choose to actually respond to something. Not that I don't welcome really, really, you know, like strong conversations where people don't agree with me. I love that. I think if you can have an intelligent or articulate, you know, like respectful conversation, that's awesome, but that doesn't always happen in the online world.

So, you know, I know I've been doing this long enough so that every time I put something on to the world, you know, whether it's a new book. You know, I put a new book out into the world that I spend a year and half working on it and I have no idea what the reviews are going to be or what people are going to say. And, you know, you learn to a lot of these practices that I've sort of developed over time have really just allowed me to be much more okay knowing that, you know, whatever comes my way, maybe what I want, maybe not what I want, but I can breathe through it and I'll be okay. And in fact it allows me kind of- you know, I look at judgment or criticism and what you learn pretty quickly is that it's really two things, you know, it's emotion plus data. And as a creator you want the data. You crave the data because that's what lets you get better, you know, but what

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we react to is the emotion that the data is often couched in. And what the practice allows you to do is kind of just let the emotion fall to the floor and see the data more clearly so that you cannot react but more respond deliberately. And then say, "Well what can I learn from this?" And pull the data and then allow it to let you become better at what you do.

Erin Matlock

I think that's so important and it is a practice.

Jonathan Fields

Oh yeah. And trust me I'm completely human. I'm not saying that I'm really good at it every day. There are days where I'm like, you know, I'm awful. And there are days where I'm great. And there's no there, there. I wish there was but, you know, it is a daily practice. I wake every morning and the first thing I do no matter where I am in the world, and I travel a fair amount, is I sit and I do my practice. And that's just the way it has to be.

Erin Matlock

Something we talked about earlier with Dr. Drema Dial was, you know, I was mentioning that I used to be, I don't know if you're ever like this, I'm sure a lot of people listening, you wake up, you reach over, you get your cell phone and you check your e-mail first thing, and can you talk a little bit about what that does to your day [Laughter] when you start yourself off first of all giving to others and such a- such a method?

Jonathan Fields

Right, yeah, I mean I have no problems starting my day giving to others but, yeah, I used to do the exact same thing. And I still am pulled, I mean, you know, so what we know is that- and here the scary thing, you know, if you do that once, you know, it's doing that as a form of, you know, what you would call intermittent feedback. And it basically wires the brain so that simply waking up and seeing your cell phone next to you on the night table, you don't have to touch it, simply seeing it, it starts to create the craving to then reach over and check. And then when you check because you don't know is it good, is it bad, is it a lot, is it a little, you know, because you don't know what's going to be there, it very quickly becomes an addictive behavior pattern and becomes a habit and those habit loops become extremely difficult to change very quickly. You know you talk to guys like BJ Fogg who's got this whole behavioral model and built around habit creation. And what he'll actually tell you is, people ask him all the time, "Well how do I break a habit?" He'll say, "I don't know." I mean

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he says he's literally that, you know, he's like, "I can tell you how to build new habits and rituals in a really powerful ways, but breaking habits is an entirely different thing."

So number one, you know, like when you start to do it frequently, it becomes something that controls you because it becomes an automated behavior where our brain literally starts to crave that hit. And it becomes, you know, you start the day responding to a craving and then maybe more importantly you start the day in reactive mode rather than deliberate intentional, "This is what I'm here to do today" mode. So you start out and instead of saying okay, "I'm waking up and I have things that I want to do and create because they are going to add to my experience of the world and to my ability to create the life that I want to create and serve in the way that I want to serve." You wake up instead of being able to do that. And you just say, "Okay, people want me. I'm going to immediately just start to respond to what people want from me whether it's important to me or not. And in doing so I'm prioritizing everybody else's little asks and sometimes big asks over what I'm here to do in the world."

And then you get to the end of the day and you're like- you know, and somebody asks you, "What did you do today?" And you have no idea. You know that you are crazy busy all day long. You know and you know that you processed a lot of e-mails and then it moves on to okay, well let me move from e-mail to Facebook to Twitter to Instagram to- and then you start cycling between them, and it creates just like you're cycling from addictive behavior to addictive behavior to addictive behavior, you know, like habit, habit, habit, ritual, ritual, ritual. And it starts to control your life, you know, and the more that you do that every single day, the deeper those grooves become and the harder it is to stop doing it.

And I mean that's what actually concerns about kids these days. You know I look at my daughter and her friends and I see that, you know, that the kids are basically starting to create these behaviors from really young in life. You know they're all walking around with Smart Phones and that, you know, in middle school now. And I just- I get concerned because those habits are going to become so insanely hard to rewire and to overwrite at such a young age that, you know, I- and part of what I want to start doing is actually really seeing if I can play some role in bringing more of a sort of mindful awareness to kids at a younger age and let them kind of know how this is affecting them and their brains and their ability to live willfully in the world.

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Erin Matlock

Wouldn't that be great if our children in schools, all schools, not just private, elite school or home schooling but all schools, were taught at a very early age when they are so receptive to new things, mindfulness and also, you know, the beginnings of a meditation practice. And I know a lot of parents are like oh, that's, you know, religious or spiritual. It's really- that's not the kind of meditation we're talking about.

Jonathan Fields

Yeah, no, I mean what we're talking about is almost clinical. In fact it is. You know, Jon Kabat-Zinn, you know, like completely-

Erin Matlock

Yeah, absolutely.

Jonathan Fields

Like completely clinicized it with his programming a couple of decades ago now.

Erin Matlock

Yeah and that's a great one- great resource for people especially if you're struggling with, "Well this doesn't align with my religion." Go check out Jon Kabat-Zinn because you can really see the research and how important it is for us all to be meditating and that you don't have to use it as a spiritual or a religious practice.

Jonathan Fields

Yeah. I mean you can if you want to.

Erin Matlock

Sure, absolutely.

Jonathan Fields

And certain practices pulled out of it, but it does not have to be in any way shape or form and faith based.

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Erin Matlock

You know I have a question. You're married. You have, you know, you're a father. When you decide to leave a wildly successful career as a lawyer and you want to get out and really find your true passion and live in alignment, how do you have that conversation with your spouse?

Jonathan Fields

Yeah, that is such a big question and a tough question. And I think number one is you actually have the conversation, yeah, because so many people don't. So many people just- everything stays so bottled up and, you know, the person that they're with, you know, their spouse, their partner, whoever it may be, that person has no idea the level of suffering that you're going through. So I think, you know, step one and especially for men because women tend to talk much more freely and share what's going on and men don't. You know, men tend to bottle things up and be stoic and keep it inside and, you know, the only, you know, they'll talk to men more usually but even then only if they're like playing something.

So continuing on just on that line, you know, I think number one is understand that you actually, you know, it's really valuable to share what's going on. So for me, I started to make the shift when I was dating my now wife and I didn't have a kid and we weren't married and, you know, we were dating and she's like, "Oh he's a hot shot, young lawyer who's got a huge career ahead of him." And then pretty quickly, you know, everything changed in a profound way and we've been through a series of shifts. You know I opened- I went from being a lawyer, my first move actually was making six figures as a lawyer and wearing 2,000 dollar suits, to making 12 dollars an hour as a personal trainer because I want to learn the business from the ground up. You know so that's not just a blow to your income, it's a blow to your ego. You know-

Erin Matlock

Absolutely.

Jonathan Fields

You have to kind of say okay let me strip this away. And then I opened my first, I opened, you know, a private training facility and we grew that and it did nicely. And then- and then two and half years later I sold it to an investor group. And all of sudden we were back in a place where okay, you know, build back the income, build back the company and now we're starting from zero again. So- and then I opened a yoga center in Hell's Kitchen, New York City in the shadow of 9/11. We opened

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seven weeks after 9/11. And again, we were in this really just weird place with the city in mourning and me then married with a three month old baby and a home and opening a new business in New York City in the shadow of 9/11. I had signed a six-year lease on a floor in a building in New York City. So again, we have to revisit the conversation and just say, "Okay, is this rational, is it realistic, can we pull it off?" And sometimes, you know, the conversation is, you know, it's a combination of this is what I feel strongly called to do along with, "Okay, I've done a lot of research and here is the business, here is the model, here is the—" you know, it's- I sort of like in the conversation is that you should have to- you know, how would you prepare for this conversation if you were pitching this dream to your dream funder, venture capitalist, angel investor and you had to convince them that it was a viable idea. And prep almost on the same level to have the conversations with the people who are really close to you in your life who you would really like to have on board.

And sometimes that may also mean saying, "Hey listen, I realized you're not entirely on board, but what- this is really meaningful to me and, you know, so let's figure out, you know, a way where we can both be kind of comfortable and sometimes you end up saying, okay, what I'm asking- I realized you can be entirely on board with this right now, but what I'm asking for is your forbearance, for a window of time that we agree on, it is reasonable window of time? So like give me six months to do the work and show you that this is not some insane idea and, you know, and be as supportive as you can. And I understand your concerns about us, about the family, about the relationship, about money. I get it and it's completely valid and I am too, but let's agree on something that works for both of us. So it's not just an open ended well, you know, we'll just keep going forever until everything runs to a halt, the business, the relationship, the trust, you know, everything. And then keep having the conversations, you know, as you get new data because when you start anything, there are a lot of assumptions.

Erin Matlock

Yeah, absolutely.

Jonathan Fields

And then what happens is over time, data starts to replace those assumptions and it tells you whether you're on the right track or not. So as you start getting big chunks of data and start to plug them into the model and replace the assumptions with it and then share that, you know, share that with the person whose support you'd like because one of the things that I've learned is that when you have those people who are close to you in your life whether it's parents, you know, like sisters,

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brothers, spouse, partner, boyfriend, girlfriend, if you can cultivate a relationship with them where they support you and what you're doing, they understand why you're doing it, why it's important, that becomes such a huge empowering force in your ability to actually do it, that it's worth the effort to invest a lot of energy in it.

Erin Matlock

So you're suggesting coming to your significant other or your spouse kind of before you have it all ironed out because I'm always concerned about someone who has this dream comes to their partner, the one they love the most and has the courage to talk to them about the dream and then really it's not because the partner is mean or close minded or anything doesn't love them, it's just some of the concerns come out and then this dream is dashed.

Jonathan Fields

Yeah and very often like you said, very often it's not a mean thing. It's just there's valid- I mean if you're married, if you have kids, you know, the mortgage, these are all really valid concerns that you should take into the conversation. And so great- I'm glad that you brought this up because, you know, just to make sure that there's some clarity around it. I actually think it's a bad idea to share how much pain you're in so that people can understand whatever your current situation is actually doing to you and to the relationship because if you go to work every day and you come home empty, there's no doubt that it's not only affecting your mindset, but it's also affecting your health and it's affecting the relationships, the quality of the relationships in your life in a very profound and a likely, you know, destructive way. So people will know that.

So share what you're going through. But before you actually go and say, "Here's something that I'm thinking about as an alternative or as a move," you know, "that will allow me to go from where I am now to somewhere that will fill me up," you know, "like take care of us so we can live well in the world. And also allow our relationship and my health to be better." Before you go that, before you present the alternative, I actually think it's a good idea to do some leg work first so that when you have that first conversation, it's- and that person in your life starts asking you all sorts of questions out of concern or fear, you've already done a bunch of work so you can actually provide some substantial, rational and well-reasoned information and arguments.

Erin Matlock

Very smart. That's very smart. So come prepared and be ready for some just really standard objec-

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tions that are just natural. We're just humans. We have worries.

Jonathan Fields

Yeah, absolutely. And understand too that, you know, that person, they may respond very emotionally out of fear.

Erin Matlock

Yeah, absolutely oh yeah.

Jonathan Fields

And that you're not being attacked.

Erin Matlock

Right.

Jonathan Fields

You know it's not- they're not trying to knock you down. You know, sadly there may be some relationships where somebody is trying to knock you down.

Erin Matlock

Sure.

Jonathan Fields

They don't want you to succeed. I mean certain classic Sigmund Freud, but a lot more often it's been my experience that people are just concerned. They're concerned about them. They're concerned about you. They're concerned about your future together. And they want to feel okay. And that's what motivating it. You know so a lot of it is motivated by fear. So have the- have as much, you know, information as you can so that you can have a- you know, you bring it as much down to a more rational information-based conversation as you can.

Erin Matlock

You know, you brought up a really good point. I want to hit real quick is that something took me a long time to learn especially in relationships. I wasn't so great at them. And this current one is, you know, the first one that's been over a year and now it's six years and what was funny is I had

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to learn how not to feel attacked because his response wasn't what I envisioned or wasn't what my response would be. And I kept taking that real personally and, you know, get heart broken and get upset and really wounded. And when I realized when I can rationalize it like you just taught us and say, you know, he's going to have some responses. He is a man. I am a woman. We're to respond differently. So he's not going to respond like my girlfriends where they're real supportive, "Oh Erin that's great, you know, you want to live abroad for- in Paris." I mean he doesn't want to do that. And so instead of saying, oh he's, you know, dashed many dreams or we're never going to be alike to really understand maybe why. He would have some objections like his career, you know, these types of things. And when you can really rationalize things and expect certain conversations to come up and understand how they're going to be, you can really remove a lot of the hurt which then opens the door for a really calm partnership, a true conversation.

Jonathan Fields

Yeah, I'm essentially into that. I'm a copywriter and I spend a lot of time studying language and influence. And as a copywriter, one of the things when you write copy is you try and anticipate every potential objection and then in your copy, essentially address those things so that whatever question or objections people have, you can overcome them. And so in-and not in a slimy way or, you know, a less than truthful way but just in a like, "Oh, here's the answer to the question that you have" type of way. And I think it's like the thing to just do and- because what you are essentially doing in that conversation is you're trying to sell somebody on an idea and they will have objections and questions. So try and anticipate those, make a list, and say, "Okay, these are actually really good." You know, "I have these questions too." So how do I answer them both for me and for them?

Erin Matlock

Absolutely. It's amazing how well it works.

Jonathan Fields

Yeah.

Erin Matlock

You know the last thing before I let you go, I just want to talk about we've got people who are listening who are at place in their lives where they're saying, "You know what this is isn't exactly what I thought life was going to be. I'm feeling unfulfilled and, you know, I've listened to Jonathan and I know how to have that conversation with my partner now. And I know that there's going to be

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really scary failures and I'm okay because Jonathan has failed, Erin's failing all the time, [laughs], you know, and it's cool we do this." But, you know, some of the things that I see are the fear that paralyzes someone to the point where they don't take that step. Meaning, they don't have that conversation. They don't write down maybe what their dream life would look like. They can never think of leaving the career that they feel trapped in. And you and I both know there's a lot of deep-seated reasons which would be, you know, time for a whole another hour of phone call. But sometimes there is a fear of success that people aren't even really consciously aware of. And I'm wondering if you can talk a little bit about how to even look within and say, you know, "Am I afraid of actually what life would be if I succeeded? What would happen to my family, to my relationship?"

Jonathan Fields

Yeah and, you know, it's really interesting you bring this up because I actually tested this on my own life in the first half of this year. So I get offered a lot of opportunities to speak around the world. And I do a fair amount of it but I also say "No" to far more than I say "Yes" to. And a big part of the reason is not that I don't like to speak, I actually love it, but I always operate on the assumption that if I started speaking, if I started traveling more that it would be so disruptive to my relationship with, you know, to my wife and daughter and also to my own health because I don't sleep all that well when I'm on the road that I would just say no to most of it which is essentially what you're talking about. You know it's this sort of based on this fear of what might happen if I started succeeding in that part of my career on a higher level.

So I came into –this- the beginning of this year and I said, you know what this is is an assumption that I've never actually tested. I've just said, you know, I've always had the argument in my head and assumed that it would be disruptive, but I don't know that for sure. And let me take a fixed window of time and test the assumption and see if I can replace it with data. So I'm always a huge fan of saying, "What are the assumptions that are limiting me right now? Is there a way that I can test the assumptions and replace them with data and take the conversation out of my head and into the real world?" So that's what I did, you know, and what I did was I started saying "Yes" to a lot of the things and I started traveling. So the first half of this year I was on a plane a lot. And I eventually found myself in the middle of the summer in a hotel room in Munich for five days. And by the time I was done with that I had my answer and my answer was "Yes", my assumption was actually correct. You know, that actually I didn't like what it was doing to my health. I didn't like what it was doing to, you know, the fact that I was away from my family a lot more and then some- a new piece of information which is that, it was really impacting my creative process because I couldn't create routines

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anymore the way that I used to. So my ability to create, to write, to build businesses was really being impacted in a very substantial way. So I had my data. And, you know, so, you know, the answer in the end was my assumptions were right. But the big difference was that I now could make a decision based on information rather than self-talk.

And so, you know, it's no longer a fear of success for me. It's- I've gone out and I've tested something in the world that what I know is that this particular thing actually is very disruptive. So I made the decision to pull back there. And what was great about it is that it allowed- so I still speak but I'm much selective and, you know, in where I speak, you know, and the audiences I go before- I won't get on a plane internationally nearly as often. I'd look for more local things. And what that's created now is it's opened up windows of bandwidth for me to focus on succeeding in different ways and start to test my assumptions in different areas. So I think the big lesson for me and for anybody is when it comes to like this fear of successful, what was going to change my life in a way which will kind of disrupt the pretty good thing I have now is ask yourself, "What am I assuming when I say that? And is there a way for me to actually run an experiment?" Not because I want to make money or build the same, but purely my metric is learning. I want to validate or invalidate this assumption and see whether it's true. Maybe it's true, in which case I kind of like I shift my focus. But maybe it's not true. Maybe that assumption was just an assumption. And actually I can do this thing. I can become famous. I can, you know, become a higher profile. I can spend more time here and it's actually not going to affect me or my relationships or my health negatively. In fact I can figure out a way so that's all, everything is working better. So the big thing I think is do whatever you can to run short, discrete experiments, replace assumptions with data and start to make your decisions based on that rather than self-talk.

Erin Matlock

I like that a lot. Our minds can take us to pretty dark places and you never know until you test it.

Jonathan Fields

Yes, indeed.

Erin Matlock

Funny that you motioned that. Jonathan and I actually met in Vegas on the road at a friend of ours Jim Kwik's "Superhero You" conference. And I remember going and I keep a pretty good routine. It's important for my health and like you I don't sleep well away from home away from home. So I

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remember looking at all you guys and there's a lot of road warriors in that crew. I remember going to home and I talked to, you know, my friends here and I have a group of entrepreneurial girlfriends here and my boyfriend and I was just like, "I don't know how they do it. They are on the road all the time." And that was my concern too. I was like, "I don't know if I could produce enough with that much chaos." And I remember feeling a little defeated for a while because I thought I'm going to really have to shift the way I run this business. And it took some time for me to process that and say, you know, I created this business, this life because I wanted something different that I could work anywhere in the world preferably here at home so that I could be in the mountains and outside most of the time and spending time doing other things. And I don't have to let assumptions just like you said ruin that or change that. And so I find it really interesting because sometimes we look at what other people are doing and we make assumptions.

Jonathan Fields

Yeah, I can't remember who said it to me but somebody once told me they said "Any time you compare your- any time you compare your inside to somebody else's outside, you automatically lose."

Erin Matlock

And isn't there another one, it's like, you know, you're looking at someone's best day sometimes.

Jonathan Fields

Yes, exactly. That's right.

Erin Matlock

And you're comparing your normal day or one of you're not so great days to that and it like you said you're always going to lose. It's those assumptions. Well Jonathan Fields, this has been enlightening. And I am so grateful. Where can people go to find out about more about your work? Jonathan is a- just a- an expert at helping entrepreneurs create these kind of lives. The same kind of life I have and created for myself. And the things that he's done as to leave a career and go and create businesses that work with his life and his lifestyle and actually are purpose driven. So where can people go to catch up with you.

Jonathan Fields

Yeah, well thank you so much for inviting me. I've really enjoyed the conversation. And I spend of most of my time these days building Good Life project which is at goodlifeproject.com. And my per-

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sonal blog is jonathanfields.com. So I'm pretty easy to find on the internet.

Erin Matlock

You are pretty easy to find. Good Life project is something I highly recommend. You have taken really high end production quality video and interviews of people so it's not just a side by side webcam. You're traveling; you're sitting down with extremely interesting folks that aren't necessarily Name Brands, people who you've really worked hard to find who are contributing, making a difference and really living life on their terms. And I think it's very inspiring. I like to always- I turn one on when I'm here and I like to work while I'm listening to you guys.

Jonathan Fields

Yeah and it's been an amazing journey for me because I get to find people who inspire me and become a student and spend an hour just having a great conversation and learning from them and then being able to share that with a lot of people.

Erin Matlock

Yeah, I can tell and I'm grateful to you. I know how hard you work at that and I think it's a really special thing you're doing. And once again, it's goodlifeproject.com. Everyone, this is Reboot Your Brain. My guest is Jonathan Fields. This is Erin Matlock. Goodbye.

CRAIG HAMILTON



www.EvolutionarySelf.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

CRAIG HAMILTON TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only, and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health care provider for guidance about a specific medical condition.

My guest today is Craig Hamilton. Integral Enlightenment founder, Craig Hamilton is a pioneer in the emerging field of evolutionary spirituality. In his inspired writings, talks, and teachings, he calls us to awaken beyond the confines of the separate ego and dedicate our lives to the further evolution of consciousness itself.

Welcome, Craig! Thank you so much for being here with us today.

Craig Hamilton

Well, thank you, Erin. It's a pleasure to be with you and with everybody listening in. I look forward to spending a little time together.

Erin Matlock

You know, today we're going to be talking about meditation, and I'm wondering if you can take us through a basic definition of what is meditation?

Craig Hamilton

Well, I wish I could give you a basic definition, but here's the challenge when we talk about meditation. It's a term that is used to refer to a vast array of different practices that are taught. There are meditations being taught within all of the religious traditions of the world that have been practiced for thousands of years. There are many different types, varieties, that really achieve different goals, that have different aims. There are all the contemporary, Western, sort of more psychologically-oriented approaches to meditation being taught. And so meditation is not simply one thing; in fact, it means a lot of different things to a lot of different people.

So, that said, I guess if I were trying to distill it down, we could say meditation is a collection of practices that help us develop our interior awareness. That help us develop what some people call our "interiority," they help us deepen our sense of our inner life. So again, I'm trying to be very general

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here.

I can talk about meditation in the way I teach it, and then it gets simpler because I can focus in on a particular type of meditation. But to speak very broadly, it's really about the practices that help us cultivate the inner life. Deepen our experience of being a human being, deepen our ability to be aware of our emotional life, to not be so easily triggered by our emotions, not to become less reactive, more present, more conscious, more available, more aware. And ultimately, in a spiritual context, they're practices that help us deepen our awareness and experience of who we are as spiritual beings, of our own spiritual nature, which are deeper dimensions of self that maybe many of us have never experienced, but that are very real and have been experienced by human beings for thousands of years.

Erin Matlock

You know, there are so many benefits to meditation, many of which you just mentioned, and I'm wondering, why is it, at least in my opinion, I feel like meditation is becoming more mainstream, maybe a more popular kind of catch-phrase, something for us to talk about these days. Why do you think there's an increased amount of attention given to meditation currently?

Craig Hamilton

Well, I think there are a couple of different dimensions to that. I think one of them has to do with the fact that more and more of us are recognizing that—how might we put this—that just being successful doesn't bring richness and depth and meaning to our lives; that just going out and having more interesting experiences like traveling the world and doing extreme sports and visiting all the great museums and just experiencing more also doesn't necessarily bring more depth, meaning, and happiness and fulfillment to our lives.

I think more and more of us are just at a point—it's really a point in our collective evolution—where more and more of us are realizing, "Oh. There's more to life than what's going on out here around me. There's actually an inner life, there's an inner world that I need to discover, that I need to become present to."

And more than that, also, I think a lot of us are getting interested in spirituality, meaning we're starting to realize that maybe there's a transcendent purpose to our lives; maybe there's a deeper meaning that we could begin to connect with. Maybe there's even a potential for a very different kind

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of human experience I could have if I could slow down enough to begin to pay attention to what's happening on the inside. And so, I think there's a strong movement that's afoot, that's driving us to look at contemplative practices, meditative practices.

But the other answer I would give to your question of why this is becoming popular, if you will, is I think there's been, now, a lot of research on it by very credible institutions that are all saying meditation's good for you. They're showing ways that it's good for our bodies, they're showing ways that it's good for our brains, and so, because this data's coming out, it improves concentration, people find they're able to study better, it improves creativity, they find they have more access to innovative ideas and creativity in their work, they find that it's reducing their stress levels, which is making them happier, but also sleep better and also healthier.

So all of this is coming out now, more and more, in the news. Somebody sent me a link a couple weeks ago—I can't remember where it was published, it was one of the business journals, I think—and it was saying, "What do these five most successful human beings, you know, five billionaires, super successful people, have in common? What's their secret?" And the article was all about how they all meditate. A big hedge fund manager, and Oprah, and, I can't remember, but it was half a dozen super famous billionaires who all said that their daily meditation is the secret to their success. So with news like that swirling around us, it's no wonder that more and more people are turning toward this saying, "Huh, what could this do for me?"

Erin Matlock

Yeah, you can't argue with that. You know, it's funny, a story when I was about seventeen or eighteen years old, it was my senior year in high school, so it was quite a long time ago, but I was, as many of us were as seniors, trying to get into college, and taking SATs, and applying to colleges, and it was a very stressful time. And I remember going to my doctor and he could just see the stress on me. And I used to suffer from a lot of headaches and migraines, and he actually wrote out a little prescription, and it said "meditation." And that was ages ago, and it was really interesting because I'm finding that more and more people are getting referred by their health care provider because of all this evidence. They're saying, hey, let's take up some meditation. Let's try this. It's so beneficial.

Craig Hamilton

Well that's exciting. That's a sign of cultural evolution right there. We're starting to have our doctors tell us to go meditate. It's not just the meditation teachers any more, the spiritual teachers.

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Erin Matlock

It is, it's wonderful. The word is getting out. Now if someone's coming up to you and they've never meditated before, and they were to ask you, "Craig, why should I start a meditation practice?" What would be your answer to that person?

Craig Hamilton

Well, I'd probably have to ask them some questions about their life, why they in particular should meditate, because it might be different for different ones of us . . . If I were to speak generally about that might be different for different ones of us. If I were to speak generally about that a little bit, I guess I would say—well, let's address it on a couple of different levels. So there's one level which is probably of interest to all of us, and it's the level of what me might call optimal human functioning, or peak performance is the term that's often bandied about. So optimal human functioning, peak performance; in other words, we're all interested. Whatever we do for a living, whatever we do outside of our work, our endeavors, our creative endeavors, our activist endeavors, whatever we're doing with our time, we all want to do better at it, right?

We want to be better at life. We want to be better in our relationships, in our communication with others. We want to make better decisions; we want to have better judgment and discernment, and ability to figure out what to do when things are complex and challenging. We want to be better problem solvers, we want to be more creative in the solutions we come up with and we want to be less stressed out and more fluid and flowing and organic. So all those things—and we want to be healthier, live longer and we want to be healthy up til the end, and we want to be psychologically and emotionally well. So just optimal human functioning, peak performance; we want to be able to really fully live our life. So at that level, we could talk about meditation as one of the real keys to optimizing our psyche, optimizing us as a human being.

However, there's another, much deeper level to meditation we could talk about, too--and this is where it becomes a spiritual conversation--there are deeper dimensions of reality than meet the eye. There are dimensions of what's going on here, of what's happening in this universe that you can't see outside you, you can't measure them with any instrument, but they are as real as what you can perceive with your five senses, and they're, in many ways, much more meaningful. Because when we begin to discover our own spiritual nature—when I say dimensions, I'm not talking about science fiction, "woowoo" dimension, other beings; I don't mean that. I mean, just as there is an exterior to everything, there's an interior to everything. And the same is true of you.

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And so your consciousness--so a simple way to kind of start thinking about meditation is, so where is our consciousness always focused? Our consciousness meaning our awareness, our attention, our subjectivity, our experience. Where are we putting our self, our attention? And for most of us, we spend our whole life with our attention on things that we would call the surface, the surface of reality. So we're looking outward; there's all the things going on in the world: the objects out here, there's other people, there's things we're doing.

And then, maybe to a certain degree, we pay attention to the surface of our interior, which would be our feelings, our wants, our desires, our things that irritate us, our fears, our thoughts—the thoughts that run through our mind. All of this would be the interior dimension, but there's still the surface of the interior.

But then there's, well, what's the depth of the interior? And that's where meditation can come in and start to bring us in touch with the deeper dimensions of who we are. And this is where—again, if you read the spiritual literature of all the ages, you have people describing the discovery of who they really are, the awakening to spiritual enlightenment, to their own divine nature. And there's this overwhelming sense of sacredness that begins to infuse their life, the sense of, "Oh, now I know who I am. Now I know why I'm here."

And this awakening to wholeness, to a sense of unity, where the sense of boundary between Self and Other falls away, and I start to become aware that I'm really one with the whole of creation, that this is all part of a dynamic, positive, beautiful, creative unfolding. And I'm actually one with that process, and part of that process, and I'm not separate from it, and I never was.

And there's an immense dimension of spiritual awakening and a spiritual journey that can begin to unfold that meditation is one of the pathways into. It's one of the easiest things we can do to begin to crack through the surface layer and begin to discover who we are on a deeper level.

So we can kind of look at meditation on either of these levels and find really good reasons to do it, whether or not we believe there's anything called Spirit, whether or not we believe there's anything called God, or any kind of sacred dimension. Even if you aren't interested in any of that--just from the point of becoming a highly functioning human being who's capable of meeting the challenges of life with wisdom, care, creativity, openness, receptivity--even that would be all the reason in the world to do a practice like this.

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Erin Matlock

It's so funny; just hearing you talk puts me in a more peaceful state. You just have this way about you, so I already feel like I'm meditating in this interview.

Now, one of the things I hear from people, the objections to meditation, is that it takes too long to feel anything from it, to get any benefits. If someone's just starting out and saying, "I want to try meditation," how long does it take to feel some of this peacefulness, this ease, this awakening?

Craig Hamilton

Wow. Well, you see, it all depends on a few different key variables. I mean, part of it is individual; we're all different types of people, right? Some of us are very deeply aware of our emotional life; we're very aware of how we feel, of our inner life. Some of us are very empathetic, some of us are very cerebral and intellectual, some of us are very action-oriented. You know, we're all different types.

Some types of people have very immediate access to the experience of meditation, meaning they can just—the beginner's luck--the first time they meditate they go, "Wow, that was amazing, I really felt this peace come over me." They immediately have an experience. Other people will work at it for a longer time and don't really have that part. But the interesting thing is—we can return to this in a little bit—is that the experience of meditation, meaning having an experience of peace or openness or calm or bliss or anything else that might come is not the point of meditation. I'll get to that in a sec because I want to stay on this question. But an interesting thing—I said it depends on a few different factors—so one of them is individual.

Another depends on the kind of meditation we do. Some forms of meditation are really designed to just improve our concentration and our focus. That's a certain type of meditation: traditional, it's also commonly done these days. That's only going to bring with it certain kinds of experience; certain things are going to come from that.

There are other forms of meditation which are more directly getting us in touch with these deeper dimensions of who we are, like the kind of meditation I teach is very much about immediately beginning to make room for this depth dimension to open up inside us. And we do a practice like that, we might find much more immediate result.

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I taught a retreat this summer; I'm now doing a meditation retreat every year, and we just did the first one this summer. It was a five day meditation retreat. About 120 of us gathered together at this retreat center and I had some people on that retreat who had never meditated, really, before--maybe dabbled with a little--and they had immense, profound experiences of meditation come. I had others who had been meditating for years and had never had a deep experience of meditation, and they had really profound experiences of depth, opening up within a day or two.

So the other factor is also, in what context are you doing it? Are you trying to cram it into twenty minutes in your busy day? Or are you going on a meditation retreat with somebody who's going to take you—and you just mentioned how you're listening to my voice and it's bringing you into meditation. Well, there's a real truth to that. Meditation is infectious, and somebody who is resting in these deeper dimensions of being, that has that cultivated interior that is then speaking from that place, it pulls us into it. And this is what happens on the meditation retreat with a teacher who has experience of all this and can guide us there as we can find we can just go into it.

In addition to the retreat, I also have an online meditation course that you can take where I guide you through a different meditation every day for thirty days. And I'm guiding you, and people again with that, will say, "Wow! After a week I was having all this experience with my meditation that I haven't had before." Well, it's because they're being guided there; they're not just sitting wrestling with their own mind, trying to just focus, when they have a million things going on around them. They're setting aside time to go on an inner journey each day, and you know, so even the time of day you do it matters, how able you are to put everything else aside for a little while. So, a lot of pieces to it.

Erin Matlock

Well, that brings up a question: when is the best time? Do we do this upon waking, or can we do it in the middle of stress? To bring us back to a sense of calmness?

Craig Hamilton

Yeah, well, you can do all of the above. And again it's you'll get better at that if you have some momentum to it. But you can do exactly what you said.

I could say , if you said to me, "Well Craig, I only have five minutes a day to meditate, and it's between my board meeting and my meeting with my staff, and you know, I have this five minute window. Is that even worth it?" I'd say, "Yeah! Do it! It's the only five minutes you have; you better give

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everything to that five minutes!" However, would I think you're going to get a lot of benefit from it? Probably not, but you never know. Maybe you'd make that five minutes count, and it'd be a reset for your day and really make a big difference to you and all your staff you're about to meet with.

So, in a sense, one answer to that is the best time to meditate is the time you actually can and will do it, and do it then. But if you have the freedom to structure your days in the way that you would like, and it would be to maximize your spiritual or your meditation practice, I'd say, yeah, doing it first thing in the morning is a really good time before you pick up anything, you know, before you get into the day, and the to-do list, and the plans, and all that. It's like open space in the morning. So traditionally, as most meditation teachers will recommend, early morning, first thing. You know, maybe you'll brush your teeth and take care of a few things, but then take some time and do it. If that doesn't work—some people have to leave really early for work, or get the kids out the door, and they can't do it in the morning--then well, do it in the evening before retiring. Do it the last thing, after you're done with the day and you've closed the door on all the things you need to do, create some sacred time at the end of the day to do it.

But, you know, if your moment to do it is between work and dinner, carve out some time and do it then. If your moment to do it is at lunch, and you can put a Do Not Disturb sign on your office door and sit down at a different part of your office than your desk, somewhere you can carve out a little temple in your office, you know, do it there. It's more about the intention we bring to it, and the focus we bring to it, how much it matters to us, and we're really going to make it count. It's more about that than the particular circumstances, but circumstances can definitely help.

So create a little space in your house where you don't do anything other than meditate and make it a little sacred space and do it at the same time every day. Do it a piece in the morning and a piece in the evening, and I would say that would be a better structure than a lot of other possibilities. But you can make anything work. You can meditate on the bus or on the train, you know. If you put some ear plugs in and, you know, you've got your half hour there and just tune everything else out, close your eyes, and go in, you can have great meditation. Just don't do it while driving. (Laughing) Don't listen to my audio program while driving!

Erin Matlock

Exactly, right? I can't listen to your voice while driving. I will zone out and be in a place of bliss and have no idea that I'm driving a car! (Laughing)

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What do you say to parents who are thinking about teaching their children meditation?

Craig Hamilton

Oh, interesting you should ask. Somebody just a couple of weeks ago mentioned that they had written a book called Meditating with Children. Years ago, they had written this book. I can't remember the reference off the top of my head, but I'm sure if you search online for meditating with children, you'd find it.

Erin Matlock

Yeah, we'll have to Google it.

Craig Hamilton

I think I would say, "Keep it simple; keep your expectations low and be very experimental and playful." That'd be my advice. Because meditation—again, there's different forms of meditation—meditation in the way I teach it, which is really about awakening to the deeper dimensions of who we are, it's about cultivating these powerful capacities. A lot of what's required to meditate in the way I teach it rests on some pretty strong adult development already, you know? Cognitive development, emotional—you know there's a certain amount of awareness that we need to have to really do it and be effective in the way I'm teaching it.

But heck, just having your kids sit there and giving them some basic meditation instruction and letting them experiment with it and trying different lengths of time --let's do it for ten minutes, now let's try it for twenty. Oh, let's do it for five. Let's do it for one minute, I don't know. I think I'd be very playful and experimental and then see what the kids take to. Because I do hear from parents who say their kids have really started to like it and the kids are saying, "Hey, can we meditate, Mommy?" So there's something going on there, but it's probably a little different than what's going on for the developed adult who's doing the meditation.

Erin Matlock

And I think it's such a gift parents can give because science is now backing up what meditation teachers like yourself and people who have come hundreds of years and thousands of years before you have already known, that meditation is beneficial on so many different levels. And children, especially at that young age, are so open and receptive to new things. They don't have this filter like, ugh! You know, all of these rejections to the notion of meditating, and so I'm wondering if you can

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start that, and like you said, keep it light; it doesn't have to be this really intense practice with all of these expectations that they'll forever have that within them. So that perhaps when they're older and they make their own decisions about what kind of tools they're going to use to manage and optimize their life, they'll reach back in and revisit meditation when they're really, truly ready for it.

Craig Hamilton

Yeah, and I would bet—again, I don't know if there's research on this—I would bet with all the attentional disorders that are so prevalent today, I would bet that children who do meditation practice of the right kind would find that they were able to be much more attentive. Because one of the things that you're doing when you meditate is you're learning how to hold your attention somewhere for a long period of time. And one of the ways I teach meditation is really about learning how to not get distracted by your own thoughts.

So, in other words, you're sitting there and I'm saying, "Don't pay attention to any particular thought that arises at any moment. Just keep bringing your attention back to just being present and awake and here in this moment without going off on every story your mind generates and tries to pull you down." When we do that, we realize how distracted we are, how easily this or that thought just pulls us into it. So I'm sure people with attentional issues would find over time, Wow, I find I'm actually able to just be present and attentive to one thing for a long period of time instead of flitting around all over the place.

Erin Matlock

Absolutely. Now I'm wondering—I know some of those listening are just like me; we're already in a meditative state, at this point, with your voice—but for those who have maybe never meditated or who haven't been introduced to the practice, could you do kind of a mini, short session with us today, just to kind of give us that introduction to it?

Craig Hamilton

I would be happy to. So how—when you say short, how long do you want me to . . .

Erin Matlock

Just about 3 to 5 minutes, or do we need a little bit longer?

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Craig Hamilton

Yeah, I'll give it a go. OK, so we're going to actually do two little experiments here, so the first one is we're going to try meditating for ten seconds. And then we'll expand it, OK?

Erin Matlock

Ooh. It's a challenge!

Craig Hamilton

So you might find that in this ten seconds, you can just get a little glimpse of it, whereas trying to do it for longer, you're just going to go all over the place, so let's try for ten seconds.

So here's how it's going to work. I'm going to, in a little bit here, I'm going to say, OK, start, and you're going to do this for ten seconds and then I'm going to say stop. But what you're going to do for the ten seconds is let everything be as it is in this moment. So you're just going to let everything be; you're going to do absolutely nothing. Just let everything be, it means thoughts, feelings, experience, the whole world, let it all be. Leave it alone and do nothing for ten seconds. And then I'll say stop. OK.

So get ready, ready to let everything be, OK, and . . . Start. [ten seconds of silence] . . . Stop. OK, that was experiment number one.

Now we're going to do a fifteen second meditation experiment. It's going to be a different meditation. Now for fifteen seconds I'm going to invite you to pay attention, to see if you can pay attention, to awareness itself.

So let me explain what I mean by awareness. So in any given moment there are all these different things that we're aware of. We're aware of the things we're looking at in our room, the visual objects that we can see. We're aware of the sound of my voice, in this case, and whatever we can hear; we're aware of certain feelings that are arising within us, bodily sensations; we're aware of thoughts going through our mind. These are all objects within our awareness; they're all things, or objects, that we, the subject, are aware of experiencing.

So, for this brief little experiment, we're going to, just for a moment, see if we can bring to our attention to that which is aware of all these things, that which is not an object but is the subject. So it's just a quick fifteen seconds; we're just going to see if we can pay attention, just not to any of the

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things, but to the context in which everything's arising. The space in which everything is arising. So, get ready, and again, simply, you can't do it wrong. Just going to pay attention to awareness, just context, the space in which all the things arise.

OK, so, getting ready, and, go ahead. .[fifteen seconds of silence]... and stop.

OK. So now we did two little experiments there, and some people may have not really noticed anything, and I can guarantee that some people had a moment where they said, "Whoa! Whoa, I noticed something that I haven't really noticed before. I noticed this space." Or this openness, or this peace, or this depth, or something.

So now what we're going to do is we're just going to take it into—you asked for a few minutes, so I'm just going to guide us through a few minutes of practice based on that.

So do you want me to do like three more minutes, that kind of thing?

Erin Matlock

Yeah, maybe just something, a little introduction. I know sometimes taking that ten or fifteen second pause, like you said, will make a difference, and then maybe giving everyone just a little taste of what a little bit longer meditation feels like.

Craig Hamilton

Yeah. OK, good. So I just want to invite you in this moment to allow yourself to just completely relax at the deepest level of your being. Relax your body . . . letting go of any tension that you're holding anywhere at all . . . just allowing yourself to be completely at ease.

And the relaxation I'm pointing to is not a superficial one; it's not about letting go of muscle tension. This is about being relaxed with whatever's happening right now. So it's an ease in relation to all of life; in relation to yourself. Can we, just in this moment, . . . deeply relax everything, . . . letting go of any sense that there's a problem, any sense that there's anything that needs to change about this moment, just letting this moment be as it is. Letting ourselves be as we are, allowing ourselves to just, for once, simply be . . . just letting everything be. . . . we'll take a few moments of silence to just let everything be

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And letting everything be in this way includes the part of you that doesn't think you know how to let everything be. The part that says, Oh, maybe I'm doing it wrong. I don't know if this is it; what am I supposed to do? You let that be, too. That's not a problem, either. You just let it all be as it is And now, I want to invite you to continue letting things be, and as you continue letting things be, I want to also invite you to pay attention, to pay profound attention . . . in this moment. But instead of paying attention to thoughts, to your feelings, to anything in particular, we're just paying attention to being aware. We're paying attention to attention itself; we're just paying attention to being present, attentive, even as we let everything be . . . And again, there's nothing that's a problem; there's nothing that shouldn't be as it is in this moment. We're allowing it all, and we're being attentive to this process.

And so, as we bring our brief meditation to a close, I want to invite you to just allow the fragrance of the meditation, if you will, to continue to permeate your day. Allow this meditation to just simply continue; allow yourself to return to it whenever you feel like it, and just continue to let this interior dimension open up within you, this ability to let go, to let things be, and to be attentive. And see how that ripples out into your life

Erin Matlock

I'm almost too relaxed to talk now. It feels so good, I hate to break this feeling. For those of you listening, I hope that you're starting to feel what meditation can feel like, and that it's not some really hard-to-grasp practice that feels kind of far off. It's something that all of us can do, and we can begin doing it today, and I hope you began here with Craig.

And Craig, I'm wondering, for those people who really have resonated with this and would like to learn more about your teaching, where can they go to become part of your community?

Craig Hamilton

OK, yeah. Well, there are a couple of different things I would invite you to check out online. So one is, I mentioned that I have a meditation course; it's called "Journey into Freedom." And it's something that you do at your own pace at your own time, and it's got thirty different guided meditations, a different one for each day, and it takes you through the whole process. It also has a lot of instructional material about meditation and how it works and how to approach it. And you can learn about that at journeyintofreedom.net. That's journeyintofreedom.net. So it's not the dot com, it's the dot net: journeyintofreedom.net.

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So that's one thing. Also, if you want to learn more about my work in general--because meditation's only one part of a larger spiritual teaching that I teach--that's also focused on how we live a spiritual life, a more conscious life, out in the world when we're not meditating but when we're engaging with other people, and how to turn our whole life into a spiritual practice. So if you're interested in learning more about that, and my work in general, there's a free online seminar I've created called "Awakening the Evolutionary Self." And that's something that will give you a broader overview of my work. And that's at evolutionaryself.com. Evolutionaryself.com. So those would be a couple places I would send you. You can also go to integralenlightenment.com, which is my main website, and there's more information there, too.

Erin Matlock

That's fantastic! So if you're interested in really learning more about meditation with Craig, I want to say it one more time: it's journeyintofreedom.net. And if you want to follow up with more of Craig's teachings, more than just meditation, I invite you to go to evolutionaryself.com.

Craig Hamilton, it has really been an honor and a pleasure and a peaceful experience, and I'm so grateful for you being here with us today.

Craig Hamilton

Oh, thank you so much. It's been really a delight, and you're a great host, and I'm glad we got to do this. And thanks for listening, everybody; it's nice to be with all of you, and I wish you all the best on your life path.

Erin Matlock

Thank you so much! Everyone, this is "Reboot Your Brain." I'm Erin Matlock. Goodbye.

RICK HANSON PHD



www.RickHanson.net

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. RICK HANSON TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only, and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient/clinician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health care provider for guidance about a specific medical condition.

My guest today is Dr. Rick Hanson. Rick Hanson, Ph. D., is a neuropsychologist and author of Hardwiring Happiness, Buddha's Brain, Just One Thing, and Mother Nurture. Founder of the Wellspring Institute for Neuroscience and Contemplative Wisdom, and an affiliate of The Greater Good Science Center at UC Berkeley. He's been an invited speaker at Oxford, Stanford, and Harvard, and taught in meditation centers worldwide. He has several audio programs, and his free "Just One Thing" newsletter has over ninety one thousand subscribers. Welcome Dr. Hanson! Thank you so much for being here today.

Dr. Rick Hanson

Hi Erin. Greetings to everybody listening.

Erin Matlock

What first interested you in the study of happiness?

Dr. Rick Hanson

You know, that's a deep question actually. And my short answer is I think like a lot of people, when I was a young child, I couldn't quite put it into words. But I had a very strong sense that people were sucking the happiness out of the air. In my neighborhood, in my home, honestly, watching other people, watching my parents, watching people at school, I just felt like there was a lot of needless unhappiness. Nothing terrible happened to me as a child, you know, compared especially to what happens, unfortunately, in the lives of so many people. But I just knew there was something more that was possible. I didn't know how to do it, you know I was six years old or whatever, but I just felt in my bones there was more.

So that got me very interested long-term in what are the causes? What are the trustworthy, reliable things that lead to lasting, true happiness, deep well-being? I mean, sometimes you still cry, some-

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times you're anxious about stuff, sometimes you get irritated. When you're trying to get your toddler in a car seat, one of the more stressful things known to humankind. But overall, you feel strong, you feel centered, you're engaged, you're peaceful, you're wise. You're in the zone that people want to be in. What actually causes that?

So then, getting to college in the early seventies--the height of the Human Potential Movement--that exposed me to a lot of resources. And then more formally, I got involved in formal psychological training in my thirties, becoming a psychologist. And along the way, I was also interested in contemplative practice because these people in the different wisdom traditions around the world that have made the upper reaches of human potential their life work. We can learn a lot from them. Just like you can learn how to swing a golf club from people that are really, really schooled in that.

So pulling all that together, that got me very interested in what I've been doing roughly the last ten years; you know, taking modern psychology and also modern brain science, illuminated by ancient wisdom, in terms of understanding the mind, and then translating that into practical tools for everyday living. That's my deal, if you will. And it all started way back when; I can honestly go back to my earliest memories—this kind of poignant sense, honestly, as a preschooler—at wow, people just seem sad, or angry, or scared, a lot more than they really needed to be.

Erin Matlock

So you were a child who was very in tune.

Dr. Rick Hanson

I think factually true; I mean, you can't credit yourself for that. It's just genetics and who knows what X factors, but that was true. But I think it's not just me; I think a lot of people, if they go back to their early—kind of the background take in their mind about what was happening around them as a kid—they would find two things that I found, myself. They would find a recognition of needless unhappiness, irritation, conflict, stress, and so forth. Worry, depression; and they would also find in their own mind, a knowing that more is possible.

Erin Matlock

So in your opinion, and from your research, can we “think” our way to happiness?

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Dr. Rick Hanson

The short answer is, absolutely! The longer answer is, it's a little more complicated than that. And what I mean by that is—how can I put it?—what we think and feel is continually changing the structure of our brain. The brain learns, for better or worse. For example, on the one hand, as you well know, one episode of clinical depression dramatically increases the likelihood of an episode of clinical depression. In other words, another one.

So, trauma. Stress. Or not even trauma, but I'd say strong stress and emotional pain actually sensitizes the brain to pain, to upset, so it becomes even more vulnerable to it in a vicious kind of cycle. So, yeah, you can change the brain for the worse. But you can also change the brain for the better. This is the science of experience-dependent neuroplasticity: the idea that targeted mental activity involves underlying neural activity. And repeated patterns of neural activity change neural structure. So, if you understand something of the underlying circuits, to use that kind of mechanistic and simplistic way of putting it, if you understand something of the underlying circuits of happiness, or love, or resilience, you can then deliberately stimulate those circuits, and by stimulating them, strengthen them. Because in the saying in neuroscience, neurons that fire together, wire together.

It's a little bit like building a muscle if you go to the gym, or just go for a walk with a friend routinely. A little bit of practice can make a little bit of difference. But a little bit of practice day after day after day after day after day can make a lot of difference. And in the same way, by using your attention carefully, and by being skillful with what's in the field of your attention, you literally can re-sculpt your brain for greater well-being, greater happiness, greater love, and greater functioning. And a lot of studies support that statement.

Erin Matlock

So, if someone's listening and they're saying, "OK, I hear you, and I understand that, and I'd like to have a happier life, what would be one step, kind of that small step, they can start to take to rewire their own brain?

Dr. Rick Hanson

Yeah, exactly. I think the most powerful think people can do, honestly, and I've been exposed to so many methods in graduate school, plus the wild and woolly world of the Human Potential Movement, plus the major contemplative traditions in the world, especially Buddhism, the one I know best. Yeah, I've been exposed to a lot of tools.

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Honestly, I think one of the most powerful ways to change your brain, maybe THE most powerful way, is to routinely take in the good. What I mean by that is, when you're having, or you could authentically be having, an ordinary positive experience—not a million-dollar moment—but literally, the sense of pleasure in drinking water when you're thirsty, or taking a breath of air, or looking outside and seeing something beautiful, or the relief in finally getting the kids to bed or your head on the pillow, or honestly finding a bathroom, or the sense of connection with a friend, or someone smiles at you in the deli where you're getting a sandwich.

Just basic, simple stuff. Or you get an email done, or you finish a load of laundry. Whatever it is, in that moment, don't waste it by taking the extra ten or twenty seconds to stay with the experience, to keep enjoying it, and to do some other little things to turbo-charge the experience like I talk about in my book, Hardwiring Happiness, where you really take in the good. You really feel it in your body; you really sense and intend that it's soaking into you. You will start encoding that experience in neural structure.

But if you don't deliberately take in the good, most positive experiences are wasted on the brain, which is really unfortunate because everyday positive experiences are the primary source of the inner strengths inside like resilience, or confidence, or feeling cared about or loved, or positive emotion, or optimism. Positive experiences are the primary source of those inner resources, of those inner strengths, but unfortunately the brain is bad at turning positive experiences into lasting inner strength. There's a kind of bottleneck there because the brain has a kind of negativity bias. It's like Velcro for negative experiences, but Teflon for positive ones. And the way around that, the way to resolve that, to pop open the bottleneck a handful of times every day, is to take the extra ten, twenty, thirty seconds to enjoy the experience, feel it in your body, get as many neurons firing together as possible, so they wire together as many as possible. And bit by bit, you'll be actually changing your brain for the better. So that would be my number one recommendation, taking the good routinely.

Erin Matlock

And I think that makes a lot of sense. One thing I like to do here is I'm a sucker for a moon; I love moonrise. And we live around the mountains, and that moon comes up and it's so gorgeous. And I know, every time I'm out walking Zoë, my dog, I just look up and I take that moment and say, "Ah! What a gorgeous moon!" And, even though this isn't a religious talk, I believe in God and so I'm always thanking God for that moon and this moment, and I do think that that helps me in being

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aware of other things because I notice throughout the day I do take a moment, get out of the auto-pilot mode and just appreciate whether it's a great cup of coffee or, sometimes when you live in the desert it's the fact that you have wonderful cold air conditioning.

Dr. Rick Hanson

Exactly! I was just literally in Hong Kong about two days ago, for a conference there where I spoke, and I came back and it's humid there! And I grew up in L.A. and I like dry heat. I'm a fan of the desert, too, and, man, air conditioning in a humid context. Not having air conditioning is, of course, a first world problem, and a lot of people who would love to have the problem of not being able to have their air conditioning today; that would be the least of their worries. But still, you're right! That's something to take in, how good it feels to come into a cool space out of a hot and humid one.

Erin Matlock

Now, we now know how many disorders and health issues can be changed by our amazing brain. You mentioned this just a little bit earlier: why does our brain want to keep us in pain?

Dr. Rick Hanson

It's a kind of two part answer, OK? So part one of the answer is that actually, the brain wants us to be happy. Or I'll put it more broadly: Mother Nature wants us to be happy. Because when you're in a happy place—and I don't mean by that, jumping up and down for joy, although that's great when it happens—I mean basically . . . stable well-being. You're engaged with life, you're functioning. You get exasperated sometimes, but you're basically in a good place. That place feels good because it is good for the body and for long-term health, and for survival, and for passing on genes, which is the fundamental engine of biological evolution.

In a nutshell, animals that are in—I call it the Green Zone, the responsive mode of the brain. Animals that are in the Green Zone that are just kind of hanging out, they live longer and they pass on more genes. On the other hand, Mother Nature also endowed us with a second setting, in effect. The reactive mode of the brain. It fires up when we experience in the moment that one or more of our three core needs—for safety, for satisfaction, and for connection—which link to the reptilian, mammalian, and primate human stages of biological evolution. When we experience that one of these core needs—for safety, satisfaction, or connection, very broadly defined, umbrella terms—is not met, BOOM! We go into fight or flight stress response mode where we'd go into the Red zone. And the body fires up, it burns resources, long-term building projects are put on hold, and the mind

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is colored with a broad sense of fear, frustration, and heartache.

Now, in the wild, most of those episodes end quickly, one way or another. Right? You know, unfortunately, the one zebra gets nailed by the lion, but the other several hundred, let's say, in the herd, they escape, and they go back to eating grass within minutes. But we humans, while on the one hand we're not usually running and screaming in terror from a lion, on the other hand we're exposed to chronic mild to moderate stress, which keeps us in the Red Zone. Or if you will, the Pink Zone. And then, if we recover from it, back in the Green Zone, we often do that in modern societies by doing things that have short-term benefits but long-term costs. Like over-eating or consuming junk TV, doing drugs and alcohol Yeah, that's pretty much it. Those are the nasty ones; those'll get you long term.

And so, the takeaway point from this is that we have these two tendencies. On the one hand, the good news is that the resting state for us, our ongoing, sustainable way of being, is a beautiful place. We're not enlightened; it's not white light. We're still very engaged with life but on the basis of a fundamental underlying wellbeing. On the other hand, we're very vulnerable to being knocked out of that Green Zone place into a Red Zone place for immediate survival purposes. And then, to your question, Mother Nature wants us to learn incredibly well what happened in the Red Zone, and therefore, how to stay out of it in the future. Because when you're in the Green Zone and you don't get a carrot, if you will, or a mating opportunity, you'll probably have a chance at one tomorrow. But if you don't get away from that lion, or you are forever after not going to have any opportunities for carrots or mating opportunities at all.

And so she wants us to learn incredibly well, either by observing others—you know, what made that one zebra get nailed? I'm going to learn from that experience so I don't get nailed myself the next time. Or, if I barely escape with my life, I'm going to really, really remember this one. So lots of studies show—and this is true for kids and it's also true for adults—that we tend to learn faster from pain than pleasure, if we have a negative interaction with somebody, that's much more memorable than a positive one, we go back and think about it. You know, think about a key relationship in your life; let's say ten things happen in a day with that person. Five are mildly pleasant, four are neutral, one's mildly unpleasant—kind of a weird, irritating, awkward, whatever—interaction. You really feel hurt or let down. Which one are you going to be replaying in your mind as you fall asleep?

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Erin Matlock

Yeah, we're going to be thinking about the bad one.

Dr. Rick Hanson

Yeah! Yeah, Mother Nature wanted you to learn it! But that's how it goes together. In other words, the good news is that when you have a bone deep sense that your core needs are being met, you default to a really good place. And the bad news is that we're very, very vulnerable to feeling that our needs are not met, and then we tend to overlearn from that experience, which then makes us feel down the road that our deep needs are not being met, when, in fact, maybe they actually are.

So the takeaway from this is to be really careful about tipping into the Red Zone; get out of it as fast as you can. And more broadly, a handful of times every day, even five or ten times a day, take in the good. Let it sink in that your core needs are met because that's a very important way to build up resilience. And so you start moving through life with, in effect, if you're like a sailboat, a much deeper keel. So that you have this kind of unconditional sense of wellbeing and worth and strength and fearlessness inside you. That life hits, and you might experience momentarily being stressed, or rattled. But it doesn't get to the core of you; it doesn't drag you into depression or anxiety. And it doesn't make you lose your temper, and you recover really quickly and get back into your fundamental Green Zone place of wellbeing.

Erin Matlock

So we have, think through the good, and recognize the good, and be mindful of it, but what's another way, a practical example, of how to shift this focus that we tend to have on the negative thing that just happened?

Dr. Rick Hanson

Right. And to stress the point, I think it's important to notice good things like gratitude practices or positive thinking. That's good; that's really good. But if you think about it—I'm going to use a certain type of terminology here—we're good, in psychology and human potential, at activating good states of mind. We're good at that. You know, there's a lot of technology about that; you can read books, we're good at that.

We're bad at installing those useful mental states in the brain so they have lasting value. There's very little research on that, there's very little development of skills in that area and the broad world

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of psychology or mental health, very broadly, or even coaching. And to me that's the Achilles heel; that's the weakness. Because if you don't take the ten, twenty, thirty seconds to install that useful experience in your brain, it's momentarily pleasant, but it has no lasting value.

And for me, as a long-time psychotherapist and teacher and, now, meditation teacher, it's been humbling, Erin, to appreciate how many of the hard-won activated useful mental states in my clients or students or whatever, or even in myself, have had no lasting benefit.

So I really want to underscore the point about bringing intention to helping these good experiences sink in so we don't waste them, right? It's like we're going through life and we're leaving all kinds of money on the table. Someone smiles at us . . . I mean, step one, do we even notice the good facts in the first place? Step two, if we notice a good fact, do we feel anything? And then step three, even if we notice a good fact and have a good feeling, do we take the ten extra seconds to help it sink into the brain so it has lasting value? You see what I mean? So for me, all those are important, but it's especially important to help it sink in; if you've earned it, why not keep it, rather than wasting it, right? So, OK, in addition to that, if you're thinking about what else can we do to change the brain for the better maybe target it at something in particular, like anxiety or depression or anything else, can you guide me a little here?

Erin Matlock

Yeah, well, for instance, we all have friends. I think I used to be this way: I had the privilege of doing a lot of inner self-work to recover from depression and to get to a healthy place, but the whole thing, like you said, we have great things that happen to us throughout our day, and then there's that one thing that goes wrong, and we catastrophize! And we take it to the worst possible outcome. And then it starts to go over and over and over in our brain and our stomach is on fire, and we can't settle down, and we don't know what to do, and then we don't sleep at night, and—that's what I'm wondering, is how do we just normal human beings who don't have a Ph.D. or who haven't done ten years of self-work, how do we start to calm ourselves down?

Dr. Rick Hanson

Oh, yeah. Well, first off, I'm really with you, and that's what interests me a lot is, what can we all do, right in the trenches, right now? Well, let me just say a few things, OK? First of all, it's really important to calm the body. And I think of the poet Mary Oliver's line, "The soft animal of the body." You know, in my own mind, I feel—for me, it's kind of a humorous way of putting it—but inside

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my mind, related to the brain stem sub-cortical and cortical stages of evolution of the brain, in my mind are an inner lizard and inner mouse and an inner monkey. And I think that my inner lizard is scared a lot and he needs a lot of soothing; I've got to pet my lizard. Then I have my little mouse, it's hungry, it wants stuff; I've got to feed my mouse. And then my monkey is lonely; it's very social; it's always afraid of being left behind, you know? I've got to hug my monkey.

So it's a way of thinking about ourselves as vulnerable, and calming and soothing the body as the very first thing. So if you're starting to get upset about something, as appropriate, try to take care of your body. Step out of the situation, pull your body out of it as best you can; sometimes you can't. As soon as you can, run water on your hands, put water on your face, eat something that tastes good. Physical pleasure is Mother Nature's way to bring us back to the Green Zone. Take a few deep breaths. It's what your grandmother told you, but now we understand why it works on the brain. Calm the animal of the body.

I think of my body: sometimes it's like a horse that is jumpy and, just like you would put your hand on the side of a horse that's nervous because you know there are flies buzzing around, or weird things happening, or it smells a mountain lion in the distance, who knows? You put your hand on the side of that horse, and you calm it down. Calm the body. I think that's really important.

A second thing is to bring to mind a feeling of someone who loves you. And it doesn't have to be a perfect relationship, but a person, perhaps a group of people, maybe a bunch of friends. It could even just be people that the relationship is not super-duper deep, but still you know they wish you well. They're your softball team, or you're in a mother's group with them, or something like that. Bring them to mind. Because feeling included, cared about by other people is a primal signal to the social brain that we're OK. So that would be the second thing I would do.

You know these are things I do myself routinely. I try to calm my body, and I also try to think about feeling loved. Another thing is, we're incredibly vulnerable to fear. Rule one in the wild is eat lunch today, don't be lunch today. So it's very easy for us to feel threatened when we don't need to be. So one of the things I do when I'm dealing in a situation is I try to sort out very quickly, is this a lethal threat? Will this kill me?

And almost always, no. It might make me uncomfortable; I've done a lot of things in the mountains, especially rock climbing. And my bottom line is, I just want to live to see the sunrise. My feet are kill-

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ing me, I'm sitting on a ledge, literally. I'm sitting on my ropes with my feet in my climbing pack next to my buddy, huddled in a space blanket, shivering, at 12,000 feet in October. But I'm going to live to see the sunrise. So I try to just establish my safety sense: am I going to die from this? Am I going to go bankrupt? Is this going to be a catastrophic breach in my relationship with somebody?

Once in a while, it is, and then we have to come to terms with that. You know, we get a diagnosis of a terminal illness or we realize with a lot of regret that this long-term relationship—maybe a marriage—it's just not going to last, and we've got to figure out what to do about that. But usually these problems are not serious threats and we're experiencing what are called "paper tiger paranoia." You know, we're caught up in dealing with a threat level Orange, when it's really, really not.

And so I do that to myself too. I remind myself that this is not a lethal threat; I'm going to survive. It's going to be uncomfortable. I remind myself of all the upsets I've had that within two weeks, if not two days, are behind me, and I don't even think about it anymore, I got through them Well, if I got through them, I can get through this one, too. So calming yourself in terms of fear: that would be my third big suggestion after soothing the body and feeling cared about. You know, try to calm down on the anxiety side.

Now I'll give you a fourth and last one, that's based on a lot of research. One of the major pathological factors for people is what's called "negative rumination." Exactly the way you describe it: we're looping, over and over. I call it the simulator; we're in the simulator. We're re-running in our action, or we're imagining again and again and again a catastrophic future. Or we're again and again criticizing ourselves: How could I do that? How could I say that? What kind of an awful person am I? How stupid! Oh, my God. You know what I mean? Again and again and again. And I think about this meditation teacher that has a line: think the same thought again and again, fine; but ten times is enough! You know what I mean? (laughing)

Pick a number, and at some point you want to break the cycle of rumination. And sometimes do something intense; do some intense exercise; jump up and down; turn on a TV show; make yourself watch a comedy that's hysterically funny and you can't help but laugh. Indulge. Have that chocolate brownie. It won't kill you. You've just got to break the cycle of this looping rumination because that's really bad for you and it's really bad for your brain. Because neurons that are firing together are wiring together, including in the simulator. When you're running this negativistic loop, that's building structure in your brain, and you don't want to do that.

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Erin Matlock

OK, that makes a lot of sense. Now, is there a way to use your work and your research to clear out, kind of, old pain and trauma, not things that are happening today?

Dr. Rick Hanson

Yeah, there really is. And I find this to be really exciting. One idea that's OK, if you'll indulge me, I'll just offer to people, if you want to know how to take in the good, I'll tell you right now how to turn positive experiences, ten, twenty, thirty seconds at a time into lasting inner strengths inside you. And I summarize it in these four steps that have the acronym HEAL, H-E-A-L. And the fourth step, L for Link, and I'll get to that in a moment, is the one where you use positive experiences to clear out old pain. So let me create a little bit of a frame, and then I'll go into that four-step, OK?

Erin Matlock

Awesome.

Dr. Rick Hanson

OK, great. So step one is to have a positive experience in the first place. Usually because you notice you're already having one, you're already feeling a sense of completion at getting an email done. Or you're already feeling pleasure in finally getting to sit down and have lunch. Or you're already feeling good about yourself because you were nice to somebody, and that felt good inside your heart. But also, maybe you want to create a positive experience, you know, think about things you're grateful for. Or bring to mind someone who loves you or help yourself turn a good fact into a good experience by staying with it for a moment so you actually feel something when you notice that flowers are blooming or you hear the children laughing.

OK, first step, have the positive experience: H for Have. You know, activate it in the first place. You've got to get that song going in your mind to record it. That's a really important point; you cannot build brain structure by just sticking stuff into your brain. It doesn't work that way. You record the inner strength by having a sustained experience of it. You've got to get the song playing to record it in your brain. OK, Have it.

Second step, E for Enrich. Enrich the experience, which begins the installation process. Stay with it for ten, twenty seconds in a row. There are five major factors that have a lot of research behind them in terms of building brain structure from learning. Any one of them is good. They include the

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five hour duration, in other words, help it last, ten, twenty, thirty seconds in a row. Second, intensity. Help it become as intense as possible so that it pervades your mind. Third, multi-modality. Feel it in your body as much as you can, help it be as emotional as possible, move it out of being a concept. If you want to, enact it in some way, like sitting up a little straighter to feel strong leaning forward, just being in interaction, putting a hand on your cheek to have a sense of care and compassion for yourself. . . you know, multi-modality. The fourth factor is novelty. Try to notice new things about it. The brain is a big novelty-detector. We learn what's new, what's fresh. That's why they call it news, because it's new, right? And so try to see what's fresh in your experience, even a familiar one, like a sense of gratitude for a wind, a cool breeze at night or the stars above your home in the desert. And then, last, personal relevance. How does this matter to me? What is salient about this experience? Why should I care about it? That, too, builds memory structure.

You don't have to do all of those. Just staying with it for ten, twenty, thirty seconds in a row is enough duration. But if you add some of those other things, you'll increase its encoding. You'll take it into yourself more deeply. That's the E step for Enrich.

A for Absorb. You want to prime memory systems so they're extra receptive by intending and sensing that this experience is going into you. And I elaborate all this in my book and so forth, but these are the basics. You know, HEA, OK? That is all you do much of the time. Strictly positive. Only positive, right? And by positive, I don't mean it so much morally, I mean it pragmatically. What helps you feel good and function well personally, and usually it creates happiness and benefit for other people as well. That's what I mean by positive or good.

Now the L step for Link. Lots of science shows that if you hold a positive and a negative in awareness at once, if the positive is bigger, and more prominent, and more intense in your awareness, it will start going into the negative. In other words, again the line neurons that fire together wire together, so if in your mind, let's say, you are aware of this awkward upset, let's say with a friend—maybe a friend was weirdly critical of you—OK? Or you were at work and your boss hassled you unfairly. And you feel hurt and you feel let down by it. If in the back of your mind you're aware of that, but simultaneously you have a strong sense of your grandmother who loved you deeply, and you also have a sense of your best friend, your girlfriend or guy friend, whatever, who, their voice to you would be something like, "Huh! Don't worry about it! You're amazing!"

You have that with you. And not just an idea; this is the important point. You're experiencing it;

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you're having a strong experience of feeling cared about, kind of on the front stage of awareness, if you will. While dim and in the shadows there's also this awkward sense of weirdness with this other person.

Well, guess what? If you do this for five, ten, twenty, thirty seconds in a row, the positive experience will start associating with the negative, and then, when you're no longer aware of the negative, and it goes back down into memory to be reconsolidated in neural structure, that negative material will take the positive associations with it. So the next time it comes up, it'll bring some of that positive with it.

And you can use this as well, not just for a moment, for a current upset, some kind of awkward thing, but let's suppose—play with my example here—that your boss, or your friend, was critical of you. And, if they were on a zero to ten critical scale, let's say they were a Two. It was unpleasant, it was a little unfair, but it was just a Two. But you grew up, let's say, in a school system, or in a neighborhood, where you had older siblings, or you had parents or stepparents—fill in the blank—who were very critical of you. And as a vulnerable and innocent child, you were on the receiving end of a lot of fault-finding and put-downs and sort of dismissal as unworthy or unwanted.

So this Two, here and now from your friend or your boss, let's say, hits this internalized, you know, again and again and again collection of experiences as a child, or even as an adult—let's say in your first marriage or something like that or an early career choice you made. It hits that kind of like a pre-empt and it jacks up that Two on the zero to ten criticism scale so it feels like a Seven or an Eight! AAARGH! You know? IT REALLY GETS YOU! And you're totally plugged into your history.

Well, what you can do, and I'm speaking from experience—I hope it's clear—I've known what this is like from the inside out many, many times. If you can take a here and now experience of, let's say my example—feeling cared about, or feeling valued, or being praised, or being successful in different settings, whatever—if you can then bring to mind that positive experience of, like I say, being cared about or successful, etc., etc. and have it connect with that old pain, those issues from childhood that are turbo-charging the ups and downs of today, turbo-charging the downs, if you will, of life today, you can gradually, again and again and again, slowly but surely clear out that old pain. And often the way into this is you happen to know what your old pain is. Let's say you have to know that you were criticized a lot. Or you happen to know that you're vulnerable to feeling unsafe. Maybe you grew up in an unsafe neighborhood or you were traumatized or you're just personally a very

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temperamentally anxious person. Or maybe you've had some losses in your life. There's some frustration, some disappointment, some grieving there.

Whatever it is, if you know what your issue is—for me, it was around feeling excluded and unwanted. Because I was very young going to school; I skipped a grade and I had a very late birthday. So I had a lot of feelings of being left out, kind of kicked to the curb, not seen, dismissed. Narcissistic injury, we call it in psychology. So I knew what my issue was. If you know what your issue is, then the question is, "What's the medicine for it? What's the soul food that will reach that issue?"

And that's where I go into this whole idea of antidote experiences, or key resource experiences, that really address your specific issue. Well, when you know what that is, when you know what those high-value, high impact experiences are, or when you know what would be good to have more of inside your mind, then daily life becomes an incredible opportunity to look for legitimate ways to have that key experience once or twice or five times a day, you know, thirty seconds at a time. Not a big deal.

And when you have that key experience, get a sense of it going down into those bruised places inside, filling up those hollows where you didn't get enough. Or soothing that child in you, or that young adult in you, who was mistreated, and finally giving to her or to him today what she or he has always longed for.

Any single time you do this practice usually will not change your life, but the gradual accumulation once or twice or a few times a day of taking in your personal medicine can truly, radically—it has for me—make a profound change inside you.

Erin Matlock

I love this, and I think that's an important point you just pointed out was that sometimes we try things, and the first time we don't feel a whole lot. We don't feel differently, and then we give up, like "Oh, this doesn't work" or "I don't have time for this." This is a practice and it's a process, and the more you do, the easier it gets and the better you feel.

Dr. Rick Hanson

That's exactly right. You know, it's funny. To pick up your point about what to do if you're not someone who's got a Ph.D. in whatever or been doing it ten years . . . the interesting thing to me is to take

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very powerful and academically legitimate concepts or ideas and then bring them down to earth and apply them in everyday life.

For example, there's this very well-researched idea in learning theory where you move from deliberate to automatic. And that's exactly, Erin, what you were talking about there. In the beginning, it's deliberate, you know what I mean? In the beginning you're deliberately looking for your own personal vitamin C, that key resource experience, whatever it is. As one of the multiple ways to grow, and heal, and so forth, that you and I have talked about.

In the beginning, it's deliberate, and in the beginning you also have to deliberately kind of call up a resource inside. Let's say that you've got somebody intimidating in your world. Maybe your partner is kind of pushy, or you've got an in-law or a co-worker, something like that. In the beginning, you may need to deliberately call up—activate, in my language—an inner strength of confidence or setting boundaries or putting things in perspective or feeling cared about by others, even while this jerk is putting you down, let's say. So you do that deliberately.

But after a while, what was deliberate increasingly becomes automatic. And that's what you want to do; you want to move from doing things deliberately so that increasingly your way of functioning and your way of coping become automatic, and you don't have to think about it. It just is there. So when you're in that, let's say intimidating situation with this person who's hassling you, you don't have to think to yourself, "Remember people who love me." or "Call up my sense of inner strength from the last marathon I ran." Or something like that. It just, baboom! is there for you, which is great.

Erin Matlock

That is. And it's inspiring because we all know at least one person who is that bubbly, seemingly always happy, optimistic person. And you look at them and think, "Wow, that must be nice to go through life in a bubble and just feel so happy." And now we know that we can actually do a little work to turn ourselves into these types of people so that we're automatically dealing with situations in an optimal and positive way.

Dr. Rick Hanson

Yeah. And if I could just stress a point, it's funny, you know, one way to hear what you and I are talking about is, "Oh! Rose-colored glasses! Oh! Pollyanna! Oh! The power of positive thinking!" And

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the way I think about it is, in a sense, the opposite of that. It's because you and I recognize that life is difficult sometimes. Because we also recognize that our brain is very good at learning from the bad. It's because we have a tough, clear-eyed recognition of the challenges that we say to ourselves, "Wow! I need to build up my inner resources! I need to get good things going inside me."

And then the question becomes, How? How do I get that good stuff inside myself? So that I can see all the problems in the world and not tune them out, but I have the strength inside me to deal with them in world both locally, but also if we're motivated, to help in general the world become a better place, certainly for our children and our children's children. So, to me, that's where I think you and I are clearly both coming from about this. We're building up strength inside, and looking for really skillful ways to do that.

Erin Matlock

That's a really excellent point because it can seem, sometimes, like a lot of work to try to change all these types of behaviors when maybe we don't see the point. And it's easy to say, "Well, I'm just not that person; I'm different." You know, I have a different personality. And I was guilty of that; my mother is one of these people who's just eternally happy. She's in that bubble. My personality matches much more closely to my father. And it was interesting: not until I really started suffering from such a deep depression that I was forced to say, "You know what, it's not just about having, like you said, a Pollyanna existence." For some of us, there will be health reasons to why we need to take these steps.

Dr. Rick Hanson

Oh, absolutely. And you know, it's interesting. One thing we haven't talked about yet: I do this—I think you know about it—I do this freely offered newsletter called "Just One Thing," where I talk about a practice each week. And it's freely offered, I never share anybody's email addresses with anyone, you can unsubscribe—I'm the easiest guy in the world to unsubscribe from. All that said, over 90,000 people now get it. It's just incredibly touching to me. And the one I just did recently was called "Accepted." Because, for a variety of reasons, I've really been seeing lately that there's certain painfully true things in the lives of other people that I love that are just not changing for the better very fast. And I've got to accept that, and I've got to accept certain irrevocable turns I've taken in my life. And I have to accept aging. You know, believe it or not, I'm actually getting older! I mean, who knew, right?

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There's something very deep about that. The mourning, the grieving, the opening, the feeling, the tolerating of our own pain and the pain of the world, and having the compassion to tolerate pain in other people. How do we build up the capacities inside to do that? Right? That's a good question here. How do we build up the capacity to hold depressed mood—or shame or loss or anger—in a way that doesn't consume us and eat us up, and, using the language of the Buddha 2500 years ago, doesn't invade the mind and remain.

We're going to have passing storms moving through the sky of mind. Eventually, sooner or later, something's going to come, but what have we done to prepare ourselves for that day? So that what moves through the mind does not invade the mind and remain. And that's where building up the inner strength, like you're talking about and I'm talking about, is so important.

Erin Matlock

That's powerful. You know, Dr. Hanson, we have a lot of parents listening, and I'm wondering if you have a piece of advice for how they can start to work with their children to hardwire happiness.

Dr. Rick Hanson

Well I love that because we have two young adult kids, and also, I work with kids routinely. I think kids need more, and it's tough. And so I think a lot about building up inner skills inside kids. So I'll give you two suggestions that I've seen have a lot of impact. With kids, roughly four to fourteen, whose parents still put them to bed and kids will put up with some psycho talk to extend their bed-time.

If you're sitting with a child, and it feels right—and I've known a lot of parents that have started to weave this into their routine when they put their kids to bed—they'll take a moment to reflect with the child about something good. It could be something like just an ongoing good thing like Bowser the dog loves you, Mama loves you, God loves you. Or we live in a nice home, we're not out on the street, we have clean running water, we have flush toilets, we have refrigeration, unlike so many people in the world. You know, a moment of gratitude. Or maybe something specific that happened that day, like a nice thing that happened at school or a nice little moment with a friend or in the family, or just something funny that's an opportunity to have a good feeling.

And then, if you want to take it a step further as a parent, you can, besides doing generally nice, good things, etc. etc., you can zero in, if you want, on that child's vitamin C. In other words, that

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child's key strength or resource. Maybe this is a child who's temperamentally anxious and has a hard time falling asleep or sleeping alone in her own bedroom, let's say. Or she worries about things. So you could focus on experiences for that child of, let's say protection, you know, recognizing all the layers of protection around her. Or focus on experiences of strength that that child has had that day. Or experiences of kind of calming or soothing, for example.

Or maybe you've got a child who's struggling in school; got a learning issue, or a spirited, if not ADHD-type temperament, you know, is experiencing a certain amount of frustration, not able to accomplish things at school. Or maybe this is a child who is limited in some way: you know, not that good athletically, or for whatever reason is not successful in things. Well, that child's vitamin C might be things like other kinds of goals that are accomplished. Maybe the child is struggling academically but is strong athletically. How could we celebrate accomplishments in other areas? Or, even though this child is struggling over here, in one area, she or he could be grateful or feel glad about things in other areas. So that would be a vitamin C.

Or maybe this is a child who feels lonely or let down by other people. Or is socially anxious, very worried about being liked. That child would be served, for example, by experiences of feeling loved, or included, or valued by other people, for example. So, again, you're not playing therapist as a parent, you're just looking for natural opportunities, working through the HEAL steps to help this child first have a useful, positive experience before falling asleep, which is the time when the brain is very, very spongy and receptive.

And then, take—you know, I write about how to do this actually in my book, I have a section about how to do this with kids—but take those few extra seconds to talk about soaking in this experience, like a sponge taking in water. Or putting this feeling like a jewel in the treasure chest of your heart. Or getting a sense of the good feeling from that goal in soccer or the girl that smiled at you or the fact that Bowser loves you, sitting at the foot of your bed, panting away, flopping his tail on the floor. Take that experience into yourself like the feeling of warmth coming into your hands from a cup of hot cocoa. You're using very concrete, age-appropriate language like that to kind of gently guide the child in this skill.

I've seen that have a surprising amount of beneficial impact. I've had a number of parents tell me they didn't think—they heard my suggestion, which I've just given people listening, and you, too, Erin. They heard that suggestion, they said, "Eh—I'll try it, whatever." And then a couple weeks later

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they're telling me, "Wow, that one has had a lot of impact." Because it makes sense.

Erin Matlock

It does.

Dr. Rick Hanson

The other thing out of it is you're teaching it to a child as a general skill. So you're demonstrating and modeling it at bedtime, but then increasingly, as appropriate—again, you don't want to, you know a little of this goes a very long way. Kids do not like their parents playing shrink. As I ought to know because I am a shrink! My kids hate it! (laughing) I've learned, honestly, I've really learned. Pain is a great teacher, right? So anyway, you know, a little bit goes a long way, but not when a kid's upset. If a child's mad or sad or upset, you don't want to say to the child in the moment, "Hey, remember your happy place." or "Think about how much good fortune you have." Right? We hated it as kids, when well-meaning adults would do that to us. Guess what? Kids hate it today when we do it to them.

But after a child has started to calm down, then if it's appropriate, start gently guiding the child's attention to something more positive. Or, more generally, not after a child's upset or when a child's upset, but just when a child's having a good moment. You know, they've had a nice little interaction with their younger sibling who they normally hate. Or they've been successful at something. Or there's a sweet moment of contact. As appropriate, once in a while, like once a week, maybe, or let alone once a day, which might even be too much, just kind of murmur to the child, "Yeah, how nice to take this in." "Yeah, it's nice that it's sinking in." "Yeah, this one's a keeper, isn't it?" Yeah, letting it in. Very gentle very small. But you're gradually encouraging the child to make a habit; to move from deliberate to automatic. To make a habit, an automatic habit, of internalizing positive experiences. And then the last thing I'll just say, quickly, with older kids who are like teenagers, very autonomous, you know. I use the language of who's the boss of your brain? You, or other people? Is it you or the teachers, you or your friends, you or MTV. . . who's the boss of your brain? And using the language of autonomy, basically, are you in charge? It's OK with me, whatever, but you've got an option here to be in charge of your own brain. And the gradual changing of the structure of your own brain. So for adolescents, parents of teenagers—you know teenagers are obsessed with their bodies and they're obsessed with themselves, it's kind of natural—why not use that to talk about, well, you know your brain is changing. Do you want to help it change for the better or not? It's up to you. But

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the brain is very vulnerable to changing for the worse. Do you want to take charge of that structure-building process? Or do you want to be pushed around by other people? And I find again, you have to be careful. I use this language like anything, a tool, a hammer, you can use it skillfully or unskillfully. But that language of autonomy and being in charge, and thirty seconds about the brain being like Velcro for the bad, but Teflon for the good, blah blah; that can go a long way.

Erin Matlock

So that's really interesting, and thank you for that clarification because dealing with younger children and dealing with teenagers, you're dealing with two different personalities.

Dr. Rick Hanson

That's right, that's right, that's exactly right.

Erin Matlock

Well you mentioned earlier your newsletter, "Just One Thing." I actually am a subscriber and I highly recommend it. I'm wondering if you could talk to the listeners a little bit about where to find you, where to sign up for your newsletter, and where to get this new book.

Dr. Rick Hanson

Oh. Thanks Erin. Just kind of briefly about this part. First of all, my website, rickhanson.net, is like a toolbox full of freely offered tools. Almost everything I do is free. So I have tons of videos, talks, slide sets from workshops I've done for regular people as well as therapists or psychiatrists; I have all that material. There's freely offered links to other great resources, past issues of my newsletter; it's all just freely offered, rickhanson.net.

So that's the first thing. And at that site, they can find out about this newsletter I do, as well as my new book, Hardwiring Happiness. The newsletter itself, as I said, is free; it goes out weekly. It's a practice; it's just one thing. It's the idea that we're really busy, but, you know, it's nice to have one thing kind of in the back of your mind as you're going through the week. "How am I helping myself grow? Or what am I reflecting on, or what am I using? What's the tool I'm especially using this week to help myself feel better and function better and have more inside me for myself as well as to offer to other people?

So that's the idea. It's a practice; it's super short. I love being forced to write succinctly, you know?

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If you can't say it in under a thousand words, you don't know what you're trying to say, basically. In other words, these things can be read in two minutes. I actually had somebody on a radio thing I did once pay me this odd compliment. He said, "Yeah, this material is great for the bathroom!" And he thought it was a joke, and I took it as a great compliment! Yeah! A paragraph at a time! Great! That's fine with me.

So that's what the "Just One Thing" newsletter is. And then the book, Hardwiring Happiness, the book's available in lots of different places. It's basically all about building up your own inner sense of wellbeing, feeling cared about, contentment, and strength and resilience through the power of everyday experiences, based on modern brain science. And besides the applications in that book, just in general, I also bring it down to earth for people grappling with depression, or people who are raising children, or people who are in a business environment looking for peak performance or motivation, or people in relationships. How do we take in the good in our relationships to stay strong? Or mend, if things have gotten really frayed. So that's what that book's about. Hardwiring Happiness.

Erin Matlock

Well I highly recommend both, the newsletter, and I agree with you, it's nice it comes in weekly for me, and it's quick. I can take just a few minutes and give that back to myself and learn from you. And I like that a lot. So I'm appreciative of the work you do and the book, Hardwiring Happiness. So. Everyone, my guest today has been Dr. Rick Hanson. This is "Reboot Your Brain." I'm your host, Erin Matlock. Goodbye everyone.

SCOTT BARRY KAUFMAN PHD



www.ScottBarryKaufman.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. SCOTT BARRY KAUFMAN TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

Scott Barry Kaufman is a psychologist specializing in the development of intelligence, creativity and personality. He is adjunct Assistant Professor of psychology at New York University and co-founder of the Creativity Post. In his latest book, "Ungifted: Intelligence Redefined," he presents a new theory of human intelligence that he hopes will help all people realize their dreams. Welcome, Dr. Kaufman! Thank you so much for being here today!

Dr. Scott Barry Kaufman

Thanks, Erin! I can't wait to just chat with you.

Erin Matlock

All right! I'm really curious. I read your book. I loved it, so I know a little bit about the answer to this question, but I want you to share it with my audience. Can you tell me a little bit about your childhood and what really happened to you that put you on the course to write a book like "Ungifted."

Dr. Scott Barry Kaufman

That's a good question. My interest in scientifically understanding the nature of human intelligence and success and creativity and all that definitely had its roots in my early childhood. I was labeled with a learning disability very young. For the first three years of my life, I had a lot of inner ear infections. I really was very behind and had a hard time processing things in real time. It always felt like one step behind everyone else. I was placed in special education. I was shipped off to a special school for children with learning disabilities in fifth grade. I was just kept in this special education program all the way until 9th grade.

I really sensed, in middle school, that I had compensated or outgrown whatever earlier disabilities I had, and I really wanted more challenges, but no one really believed in me and we didn't really—my parents and I didn't really question the experts. I was kept in there until 9th grade and this teacher came in to special education in 9th grade who was covering for the regular teacher that day, and

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she totally looked beyond the label and saw my frustration and boredom. She took me aside and asked me why I was still in special education. I was like, "I have no good answer to that question." That really caused me and prompted me to question my own place in this world and my own future just totally inspired me and I just took myself out. I was a D student—a C/D student to straight A's throughout the rest of high school.

Erin Matlock

Interesting. So you're in a special education classroom and your grades are poor because you're bored, right? Not being challenged—is that correct?

Dr. Scott Barry Kaufman

I think that probably is correct, yes, that a large part of it was just boredom and also, I think, I didn't really believe in myself. I didn't really have any purpose or identity and what I've learned, which is what I now try to incorporate into my research, is the real immense importance of allowing children to have an identity, letting them discover it and letting them do something that gives them a sort of purpose in life. It really has transformed people, but we're probably getting ahead, there.

Erin Matlock

Also, I think it's important because we've talked a lot in this series about instilling a higher level of confidence in children. A lot of that is allowing them to discover their passion in life. Sometimes we don't think about, "Do children really know?" We didn't know until we were older, but at that given time in their life, whether they're seven or nine or four, they have some type of passion.

Dr. Scott Barry Kaufman

Yeah. They do. You can clearly, clearly see, even at a very early ages that all of us are captivated by certain things in the environment. I know there's things less interesting. If we really are in tune to look out for these cues, we really can be getting a lot more intelligence and creativity out of kids. But most kids—an interesting finding—most kids, four and five years olds, they're all creative, basically. Because they are so unencumbered by prior expectations, prior knowledge, everything in the world is new to them and everything is bright and shiny and exciting, so they come up with lots of possibilities for things. Then, slowly you see this decline in that ability to generate multiple possibilities as we age.

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Erin Matlock

So, you mentioned something with intelligence. You are on a mission to redefine intelligence. I'm just curious. What's wrong with the way we define it currently?

Dr. Scott Barry Kaufman

Can I tell you 25,000 reasons? Is that wrong? [laughter]

Erin Matlock

I bet you can!

Dr. Scott Barry Kaufman

I'm sure that most listeners have heard of theories of multiple intelligences.

Erin Matlock

Sure.

Dr. Scott Barry Kaufman

Things like that—Howard Gardner or Robert Sternberg have developed and argued that there are multiple forms of intelligence. I think all of that still operates within a basic framework called Individual Differences Framework, but we're still comparing people to each other. We're just adding more ways to compare people to each other, but we're still, at this level of analysis, we're still obsessed with your ability relative to others.

What I wanted to do is really call for a paradigm shift in the way we think about intelligence as more of a developmental level of analysis within a person and look to see difference in behaviors in that—just within one person between their past self and their future self. That's all they're comparing. When you shift to that level of analysis, as I show in the book, it opens up a whole world—a new world of opportunity of recognizing and appreciating so many forms of intellectual and creative expression that would be totally ignored if we're only obsessed with focusing on the individual differences.

Erin Matlock

Well, we have Howard Gardner and Multiple Intelligences as you just mentioned, and I know in the book you made mention of infinite intelligences. What came up for me was: if you're looking for

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each person's unique brand of intelligence, how are we supposed to measure that?

Dr. Scott Barry Kaufman

That's a good question. I know we're a measurement-obsessed culture. Everyone wants to know, "Well, infinite state of intelligence? How do we measure it?" This is a fair question, but I think we need to step back. I want to have a call for us all to kind of step back a moment and ask, "What's the point of all this? What's the point of measurement?" I argue that these so-called intelligence tests, or IQ test, which are labeled intelligence tests, that they're not intelligence tests. They're tests that we could be using—they're not useless, either. We should be using them in an intelligent fashion. So, we're the ones that should be using them in an intelligent fashion: intelligent testing, not intelligence testing.

Think if we thought about the standardized testing in a different way where it's not capturing some sort of potential that we can capture this potential at one moment of time. Instead, if we're using it to identify people's patterns of strengths and weaknesses and passion and use it in that way, we can do much better service to allowing people to realize their goals—personal goals and dreams. We don't really take into account personal goals in school, in most schools in the United States.

There is no prior theory of human intelligence that includes things like engagement and a consideration of the person in the theory of intelligence. Even if there are multiple intelligences, just treat these abilities as sort of static things that just sort of sit there. I may be good at art, but I'm not good at math. But that doesn't take into account the real importance of getting the person personally engaged in the learning process, because everything I've seen is that once you actually get students engaged, they can go—and I can attest to this personally, from my own personal story—they can go from appearing ungifted to gifted in a day.

Erin Matlock

That's something, too. Aren't the schools, then, retesting the kids in just the form of standardized tests each year? Because, I'm wondering, and I did read that and I understand that these kids get pigeonholed, correct? They get labeled and we go through several years later and they're still labeled, still pigeon-holed and they have this internal dialogue going. Why is it? What's wrong with the standardized tests that are going on each year in most schools in this nation that can't identify, "Hey, we might have got this wrong, or this child has experienced growth and is now operating at a different level."

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Dr. Scott Barry Kaufman

That's the key. That's the key. Dynamic testing is really the key there. There is no state that, in their official books, has provisions in gifted education for retesting.

Erin Matlock

Okay.

Dr. Scott Barry Kaufman

Even though that's in contrast in learning disability special education, there are definitely constant IEP monitoring. Are people still in need of special education? But with gifted education we don't—we're very, very quick to put on that label, but very slow to take it off. This creates a whole controversy, of course, because you have a lot of parents who say, "my child is gifted." Of course, they don't want the label to ever be taken off. It's a very controversial issue and I'm always aware of all the complexities of the issue.

What I think we need to do is we need to think openly about, from a limited resource perspective, if students aren't, at any moment of time, benefiting from these limited resources—and there are legitimately other students who would greater benefit from it, I think they deserve the resources more than the other kid that aren't benefiting from it. There is no orchestra or sports team that doesn't have try-outs every year.

Could you imagine being picked for the Varsity basketball team at age five, and just never, ever having another tryout, and stay on the varsity team the rest of their life? Obviously, people grow and develop at different rates and we need to really take the developmental model into account and let people have multiple bites at the apple.

Erin Matlock

Wow. You know, I have not thought about it that way, and you make a very good point, there. We don't just try out once for sports teams, or for band or orchestra. We have to work to hold our spot.

Dr. Scott Barry Kaufman

Right. Give credit for hard work. We give things a challenge. Taking personal initiative—these things count. Can I ask you a personal question, Erin?

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Erin Matlock

Yes.

Dr. Scott Barry Kaufman

Is it true that you're in MENSA?

Erin Matlock

I am. Yes.

Dr. Scott Barry Kaufman

That's nothing to be ashamed of. I won a MENSA Award a couple of years ago. It's a great organization. What are your own thoughts on what the IQ test is really picking up on—what kind of skills?

Erin Matlock

I have to tell you, my interest in MENSA was two-fold. One, there was a time—Listen, I was a gifted student, so I'm very familiar with being tested, being labeled, and having that, and having expectations throughout my whole life. When I decided to go ahead and do the whole MENSA thing, it was a lot about having that on graduate school applications and then further in life, job applications and things like that. I knew it would be helpful. What I actually ended up receiving from MENSA was the community: the group of people who were a lot like me. We didn't typically fit in school. A lot of us came from smaller towns and our schools couldn't handle us; they didn't know what to do. I remember, in sixth grade being shoved into an eighth grade classroom and you can imagine how horrible that was. The kids didn't want me there.

I know I'm sidestepping your question, but that was my interest. I was a testing proctor for the testing organization for a while and I did have to wonder—there is a difference even now with the testing. A lot of people are practicing for this test. Not that they have the actual locked, hidden test, but these questions are now all over the place. We can learn them. To me, I even think, what's the point anymore if these tests can be gamed? So I'm not sure exactly if they're measuring anything at this point if people can go in and game these tests.

Dr. Scott Barry Kaufman

Fascinating. I really do ask you because I genuinely care about different perspectives all over the spectrum. Obviously, the story in my book is science as well as a personal inspiration as someone

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who was labeled ungifted. I've been making connections with people in the gifted community and I really respect what they're trying to do with kids who are academically advanced. I like to hear from different perspectives, how the schools are failing different people. I hear that the school system is definitely failing kids that are four grades ahead as well as they're failing those that are three or four grades behind. I think that this theory of intelligence that I'm trying to propose is really my attempt to make sure that as few people fall between the cracks from all different ends, if that makes sense.

Erin Matlock

Yes. I absolutely agree with you and I think—you know, I spent a short time as a teacher for fifth grade and I loved working with the children. But one thing I found very limiting was, especially in the public school system, we were legally barred from separating those children out and giving them either enrichment to the general curriculum, or—unless they were going to a special education class—to give them a different level of instruction. I remember thinking—I was in my 20s at the time and I think you have a lot of energy in your 20s—I was like, "I can handle this! We can do enrichment over here. I can really scoop back around and grab this set of kids, because I know, because I can look at them, they're not getting it." Then you have that middle group that gets it and they're going and they move at a different level than maybe the other kids, but we were—we couldn't—there were legal issues to even attempt to address the different levels of ability just within that year, that fifth grade classroom. I thought that was a disservice to all of those children in that classroom.

Dr. Scott Barry Kaufman

Yeah. No. I agree. We do a great disservice in lots of subtle ways.

Erin Matlock

You know, I think a lot of times teachers will hear us talk and think we're being hard on teachers. And it's not the teachers, because their hands are completely tied. Then we have school districts and sometimes they have mandates to follow at the state level, so it is something that I'm happy that you're writing this book, that it's out, that it's become so popular and you're speaking, because it's a conversation that I think we need to—not just have, but not let go of. It can't just come out for a few months and be the buzz conversation this year and go away. It's a real problem.

Dr. Scott Barry Kaufman

Yeah. I completely agree, and I'm trying!

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Erin Matlock

I know you are! You're working like crazy and you're doing a wonderful job, especially with your personality and your energy and your own personal story. I'm just eternally grateful for the work that you do.

Dr. Scott Barry Kaufman

Wow. Thank you.

Erin Matlock

I want to turn now to something that I read about in your book called neuro-diversity. For those listening who aren't familiar with that term, can you give us an explanation?

Dr. Scott Barry Kaufman

Yeah. There was this movement that started with autism, where a lot of people's autism didn't feel like—they did feel like they were being defined as abnormal. Their kind of mind, which happened to be different and they process information differently—they felt like they were being outsiders in a negative way as opposed to the way—just different vs. worse or better. So, there had sort of movement, neuro-diversity, and other people in that movement joined forces for this over-arching mission—people from schizophrenia, people with schizophrenia, people with dyslexia—there is this growing movement that recognizes very different kinds of minds, but at the same time recognizes the potential gifts for all these different minds and it's a really important movement, because we're so quick to put labels on—negative labels on people because they think differently. Those labels really permeate and influence their self-perceptions of what is possible in life and really does hinder their development in lots of really profound ways. I think it's a great movement.

Erin Matlock

I do, too, and I thought maybe we could talk a little bit about—it's a lot about the upsides of having dyslexia, the upsides of having autism, or being bipolar. For the parents listening who are, or maybe have children with some of these challenges, can you talk about some of the upsides so maybe they can instill that positive reframing on their particular situation?

Dr. Scott Barry Kaufman

That's great. That's really great to have the opportunity to do that. So, people with dyslexia obviously have certain difficulties with reading, with the written word, but they often compensate in lots of

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very valuable ways that are beneficial for lots of other things. For instance, a study found that those who start businesses, those very creative entrepreneurs, a very high proportion have had dyslexia. They've developed their social skills and their non-verbal communication very well. Also, there is also a very high proportion of people with dyslexia who are artists and sculptors and engineers, because there seems to be a trade-off in the brain.

We all have trade-offs. When we have difficulty learning certain verbal things, other areas of the brain take over and become more developed and you see in people with dyslexia, on average, you see a higher proportion who are very good at 3D Mental Rotation and holistic spatial, so they can quickly look at the whole of something and recognize whether or not it's off, so they're very good at the holistic thing as well as the attention to detail. So there are really a lot of positives there. We could go one by one and talk about all the various disorders and I could tell you that there is new research suggesting that all of these things are positives. We could mention just one more for the sake of time. We could be here all day talking about this.

Another one that I really like to talk about: autism is another very important one. It's really—obviously there is a very wide spectrum of autism that needs to be recognized. From the Asperger end, which is very high-functioning all the way to those who must be institutionalized because they're at the very, very low end where it's very hard -- not "must be institutionalized" but it would be helpful because they have a hard time functioning. But within that spectrum, there are a lot of individuals at the very functional end of autism that are saying, "Hey! I might be less interested in social cognition or in the things you're interested in, like partying and going out and doing all these social things, but I really like putting things together, or I really like—I have a very specific area of interest."

So, you see in autism, they have a lot of special areas of interest, which is what it's called. They become very, very fascinated and obsessed with something very particular, but they develop genius out of that very particular thing. And there is research suggesting that if we engage people with autism in their special area of interest and we allow them—we appreciate that that's who they are and we let them be who they are, you see a lot of symptoms of autism disappear for them—things like bright lights or sensory overload, clapping, and some of the symptoms you tend to see in people with autism is significantly less when they can engage in their area of interest.

So, all of this is that larger point, which is that we really should not try to judge potential or, really

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try to judge anything at one moment at time when we look at someone and judge their intelligence because there are so many tweaks that we can do as a society, and also that those individuals can do, to really flourish.

Erin Matlock

I like that.

Dr. Scott Barry Kaufman

I could go on and on. I could talk about schizophrenia, and you know. That's the general pattern.

Erin Matlock

I loved that part. I re-read and re-read, because I thought what a great way to take a look at something—and a word I've always used about myself is that I'm quirky. I have quirks. As an adult, I'm able to—as a child I was not very good at looking at the positive side of having those quirks, but as an adult, I am so grateful for that journey.

Dr. Scott Barry Kaufman

Yeah! It's wonderful! Your quirkiness is awesome. It's kind of like, "own it," right? Own yourself and a lot of things naturally fall from that that are good.

Erin Matlock

I think so, too. In your book you remind us of the story of Kim Peek, who was the inspiration for Dustin Hoffman's character in the movie, "Rainman." You write, "at nine months old, a doctor recommended he be institutionalized and by the age of six, when Peek had already memorized the first eight volumes of the family encyclopedia, another doctor recommended a lobotomy." We know more, now, right Scott? I'd like to think we'd do a little better now, but this is an example—a reminder of the very limited thinking that we sometimes have with the knowledge that we have at that time.

I like to think sometimes we have children, perhaps, with different challenges and abilities that are currently, right now being labeled and then given recommendations based on that label. One thing that helps me when I look at our current state and try to open my mind, I think about 20 years from now, what are we going to look back on and be horrified at as to how we're labeling and recommending certain things for children? So, it's one of those open questions that is a little bit of a tough

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one, because we certainly can't look into the future, but it helps me, sometimes, to realize that we don't have all the pieces to the puzzle and something may seem like a very hardened, fast rule—a hard and fast label, and really, those same people 20, 30, 40 years ago felt the same thing.

Dr. Scott Barry Kaufman

Yeah. I think it's an excellent, excellent point. That's why it would really do us a service to be more accurate when we think about words like potential and intelligence. The latest research in developmental psychology suggests that potential is the probabilistic function—I know I'm going to get all technical, but I'll explain what I mean—it's not destiny. We don't have this—we're not born with this big destiny in our DNA. Right?

Erin Matlock

Right.

Dr. Scott Barry Kaufman

Everything at every moment in time, our potential for enacting or enabling a dream, or something that we want to do in the future is really a function in large part, up to us—how much we want to engage and how much practice and how much determination we're willing to put into the situation. Every single time we are engaged in something, we're literally changing those odds. We're really changing those probabilities.

There are too many cases of people who far, far exceed expectations of what was expected of them when they were longer for us to think that having a disability or having some sort of disadvantage and then achieving great things is the exception. I've been arguing that it's actually the rule. If we just rethink that and are aware of actually the reality of the world, it's not the exception. It's not these people have achieved extraordinary things despite their low potential. That doesn't make sense in this new framework. They've harnessed it to achieve what they did. It is a very different way of thinking about it, but I think that's my way of answering your question. One good step for the future is rethinking what we're seeing in front of our eyes in children.

Erin Matlock

I like that. So if you have a child who has a label, what do you propose you do to unlabel that child? How does that even happen, because our records follow us throughout school?

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Dr. Scott Barry Kaufman

Our records do, our expectations and our own self-perceptions follow us.

Erin Matlock

Yeah. You're right.

Dr. Scott Barry Kaufman

So, our gifted educator actually recommended I call my book "Unlabeled" instead of "Ungifted" and I thought that was actually a good solid point. I was like, interesting! Maybe I should have called it "Unlabeled!" because at the end of the day I'm not against gifted education by any stretch of the imagination and that wasn't the point of my book. The title "Ungifted" was because that's how I felt. So many kids feel ungifted in school when there is so much amazing brilliance inside them, and that's what I'm advocating for. But, you know, this idea of unlabeleding is very interesting, because in this environment of cutthroat resources, labels serve a useful function for parents allowing them to advocate for their child.

Erin Matlock

Sure. Absolutely.

Dr. Scott Barry Kaufman

But we easily—but like I said, we're really quick to put the label on children and we're really slow to take them off. We're much slower to take them off. That is particularly troublesome, particularly if you have learning disabilities who have the label and been told they're learning disabled. They are fed this steady stream of expectations: "You're learning disabled. You're learning disabled." I know from a first-person view just how damaging that is to my motivation and my resilience. It made me very fragile in the face of failure, because "Oh, I'm learning disabled, so why should I persevere?" You also see this in the gifted community as well. A lot of students are constantly told they're gifted. They become very fragile. They may coast through high school, but then they get out in the real world and they realize that it takes a lot more than just a high IQ to reach their goals, and a lot of them fall apart because they've never really realized the value of all these other characteristics. So, there are dangers and perils in labeling as well as potential positives.

I think the only way to circumvent that, the best solution as far as I'm concerned, is get rid of fixed labels and we can have codes in the school system that we understand that allow people to get

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certain resources, but if we had a very developmental dynamic process, and we had a culture in the schools—shifted the culture of the school so the culture isn't like, "Oh, you have a gifted kid there. You have an ungifted kid there." No. It's just that we have different kinds of minds all in one school-house and we're all learning from each other. It's a very different culture. It's a very different culture but it would be much more conducive to flourishing on everyone's part, as far as I'm concerned.

Erin Matlock

If we could just get everyone on board, right? That's the easy part!

Dr. Scott Barry Kaufman

At least on board the conversation. I don't, by any stretch of the imagination, declare that everything I'm saying is the truth. I'm very open to discussion and conversation, but I think that what frustrates me is just how close-minded a lot of educators are to even just discussing these issues, even thinking there could be a better world—a radically different world. It's frustrating, because I think even at the very least, having more of these kinds of conversations, you know?

Erin Matlock

I do, too. I think it's a massive undertaking and I think sometimes that's why you feel the resistance because we just don't know how we're going to implement all of this. That's not an excuse for not being open to change, especially when, in this country and all that we have been blessed with in this country, we have an education system that is clearly, in my opinion, broken.

Dr. Scott Barry Kaufman

It is. There is no doubt about it.

Erin Matlock

Okay!

Dr. Scott Barry Kaufman

No need to be coy about saying that, because I think it is. We can scream it from the rooftops, "unbroken!" or, no! I meant to say, "It's broken" not, "unbroken!" [laughter]

Erin Matlock

It's broken! Every thing has an "un" in front of it now! [laughter]

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Dr. Scott Barry Kaufman

Exactly! Exactly. What just happened to me there? [laughter]

Erin Matlock

I know. By the way, I love the title, "Ungifted." The moment I saw it, it spoke to me. I knew exactly what it would be about. I think you picked the perfect title for the book.

Dr. Scott Barry Kaufman

Okay. Thank you.

Erin Matlock

For parents listening and they have a child who has been labeled, and they're thinking, "How do I deal with this? I don't like this. I don't want my child pigeon-holed." What's your advice? Because, in one regard, there are accommodations that can be made and protection for the child based on the label, so there are positive reasons to have this testing and labeling, but like we've been discussing so far, there are some negative aspects. So what is your advice to parents who are sitting here saying, "Okay, Dr. Kaufman, what do I do with my child now?"

Dr. Scott Barry Kaufman

Parents play such a crucial role in this process, more so than they really realize. Parents need to be aware of the potential perils of these labels and the impact on the development of their child's self-concept, self-esteem, their sense of motivation, all of the potential detrimental things. They need to be aware of that and they need to instill in the child a sense of purpose and confidence to be their own self-advocate, because parents can't be in school with the child all day. The best they can do at home is to talk with the child and teach them the importance of—say to the child, "if you feel as though you're being misrepresented, if you feel like people's expectations of you are not in line with what you think you're capable of, then stand up and tell us. We'll help you."

What happens is, a lot of these kids get stuck in this trap of special education and they just sink lower and lower and lower and it compounds on each other year after year. The ability level between those who are higher or low, just get broader and broader—that gap widens every year. A lot of that can be circumvented if parents did play more of a role in enabling and inspiring and believing in that child and teaching them the importance of overlooking that label themselves.

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That is something I try to do when I go around and talk to—I go around and talk to special education classes. I try to tell them the importance of being self-advocates.

Dr. Scott Barry Kaufman

Erin Matlock

You have to be these days, I think in every aspect of our lives, right?

Dr. Scott Barry Kaufman

Yep. Even at that old!

Erin Matlock

We do! And speaking of adults, just on a personal level, for adults who are listening—maybe they're in college or maybe they're like me and they're out and they're fully grown and in the work-force—for any of those listening who may have received a label or some kind of testing or some kind of signal during their schooling that said, "hey, you're not gifted. You're not exceptional. You're not special." What do you say to people who have bought into the notion that they are just destined to be average performers?

Dr. Scott Barry Kaufman

It kills me to see that situation for any adult. I think that's why—we live in a very exciting time now where we can create our own businesses. We can come up with our own business models. We can think of creative ways to express yourself and show our value to the world. As far as I'm concerned, a lot of adults who get stuck in jobs and get stuck in environments that are so toxic because of the way they feel. A good indicator is if you don't feel like you are being valued, or you feel as though people's expectations of your work performance are much, much lower than what you know what you know you're capable of showing, that's a good indication that you need to get out.

You need to get out and you need to really think about how you—what really gives you the greatest sense of variety in your own life and really go for it. Take risks to create that. It might require starting a business—starting a website or taking small steps toward that, but take those small steps because they really—those small steps really compound on each other.

What we're seeing with children is that working with this group called The Future Project, where we

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have these dream directors in the school—full-time position dream directors—not guidance counselors, but dream directors. Any child in the school can go to the dream director and be like, “this is my dream.” Then, what they do is they help pair up those children—they don’t make them take IQ tests. They don’t say, “oh, your IQ is not high enough to be able to have a dream.”

No. They say, “Let’s do it! Let’s do it!” And they pair them up with a coach and they meet once a week to do something really radical. But what we see is even small steps toward that goal completely transform those students. We underestimate the extent to which even small steps toward a personal goal gives us that sense of confidence, autonomy and pride which enable future growth.

Erin Matlock

I love that! Dream directors!

Dr. Scott Barry Kaufman

Awesome. It’s called The Future Project, and it’s just a wonderful organization.

Erin Matlock

How cool is that, and how lucky are those kids? But I think parents listening can really implement this at home, right? It is about looking at your child at any given year, any given age and identifying their dreams.

Dr. Scott Barry Kaufman

All parents are potential dream directors.

Erin Matlock

Absolutely! I think sometimes we hear a kid and they’re four years old and maybe they want to be an astronaut or something. In the back of our mind, the parent is thinking, “Okay, we need to get on a practical path, because we need to have an income. There is going to be a mortgage. There is going to be a wife or a husband, or that kind of thing.” We start to let our adult filters take away from just enjoying those dreams and nurturing them that children have when they’re young.

Dr. Scott Barry Kaufman

I don’t think I could have said that any better! I’m like a standing ovation!

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Erin Matlock

Oh, you're very kind. You know, one of the things that I love about you is that you honestly believe that every human being can be great. This is not woo-woo pop psychology, let's get up in front of the mic and say it. This is your belief. I guess my question to you, and we've been talking about this today, is how do we begin to create a system that nurtures greatness in every individual?

Dr. Scott Barry Kaufman

You know, it's controversial to say to all the gifted community that there is a genius in all of us. They'll punch you.

Erin Matlock

Some of them!

Dr. Scott Barry Kaufman

Some of them, that's right. They hate hearing that over and over again, and I think there is a certain—I actually empathize with them because it's a very trite statement to say that there is a genius in all of us, because it's not really a very meaningful statement. What does it mean to be a genius? Are all of us capable of being Einstein? Is that really true?

What I say is that all of us do have potential to be great in something. Why not? Why not? You look at the process of when people do something great. It's usually they find something that they love, they captivate their attention, they spend years and years and years to the exclusion to lots of other basic functions like showering [laughter] by engaging in that thing, and you see eventually greatness emerges from this love, but something deeper than love. It's what I call "harmonious passion." Well, other psychologists have called it "harmonious passion," too. I'm not the only one calling it that. But I think that harmonious passion is really important because you're integrating it into your self. It's not like you like to play basketball, or you like to read books. Okay, that's a bad example. You are a basketball player. It doesn't make sense to say, "I am a book." But that's a bad example.

You know, I like to play guitar. No. "I am a guitar player." You really integrate this stuff into your identity in such a deep way that eventually you are a genius because you've achieved greatness someday, if that makes sense. That does have meaning. I do think that we all do have potential to be excellent at something. I see no reason—there is no limit. There is no objective limit from the sky saying you can't. Everything we know about human development is that the more you engage, the

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more ability grows. So, start today. Why not?

Erin Matlock

Absolutely. I think that's just starting to take those steps. I love this conversation. I think that everyone listening...

Dr. Scott Barry Kaufman

You got me all riled up!

Erin Matlock

I can tell! That's one of those things that's so great about you and this is why you will never stop, because it's inside of you and this is your passion and you are doing exactly what you were meant to do.

Dr. Scott Barry Kaufman

Absolutely, thanks.

Erin Matlock

Absolutely. I think sometimes that's why we have to go through these trials when we're young. We look back and say, "Why was this so difficult?" This is why. It's because there is a nation of children who need you, and here you are. I think it's wonderful. Everyone, Dr. Kaufman is called "Ungifted: Intelligence Redefined." I've read it. I have it on my iPad. I like to refer back to it. This book is chock-full of research. You have done your homework.

Dr. Scott Barry Kaufman

Thanks. I just—did I get an "A?"

Erin Matlock

It's beyond an "A!" I love, too, that you were brave enough to weave your personal story throughout. I don't know about you, but for me, I need to get attached to people to be able to learn from them. I don't want just cold hard facts. I'm not a Ph.D., so I don't learn that way. When I can get into someone's story and relate to them, it just helps everything sink in.

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Dr. Scott Barry Kaufman

Yeah. I think vulnerability is so important. There is a great TED talk by Brene Brown.

Erin Matlock

Yes.

Dr. Scott Barry Kaufman

It was about the importance of vulnerability a book about this. And I've seen first-hand in this process, because I've kept my whole past a secret up to the publication of this book. There are people in my—colleagues who never knew. People like—part of my story is that I was unofficially gifted in senior year and readers that read the book will know what I'm talking about, that the gifted teacher was kind enough to let me in although I didn't officially pass the test. But those friends I made from that year didn't know I wasn't really gifted. So, I've really come out by seeing the great value by coming out—or coming out as ungifted. Because I want to inspire all the other ungifted people out there to believe in themselves. [laughter]

Erin Matlock

Yeah! The more—we're in this age now, and it is so exciting, and maybe it's partly all of the social media and the internet, that it's hard to keep anything under wraps anymore, but I've got to tell you we're in this age where, "hey! Lay everything out on the table! This is who I am and there are no errors about me. Take it or leave it." And we're all cool with that.

Dr. Scott Barry Kaufman

Yeah. Although maybe some people, like my Facebook folks, might think I go overboard sometimes with my updates. I get a TMI a lot.

Erin Matlock

Oh, you're one of those! Well, that's a quirk! What are you going to do?

Dr. Scott Barry Kaufman

Exactly. It's who I am!

Erin Matlock

For people listening who want to follow you and get on board with this project and also who love to

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hear you speak and want to book you to speak for their group, where can people get information and follow you?

Dr. Scott Barry Kaufman

Oh, thank you so much. My personal website is ScottBarryKaufman.com. I have all my information there, and all my papers and articles and videos. If you want to book—I go through an agency, Levinagency.com. You can e-mail them at info@Levinagency.com, I believe is the e-mail address. But all that information is on ScottBarryKaufman.com. Also, if people are interested just more generally in the latest news on creativity and success, I highly recommend the website, CreativityPost.com

Erin Matlock

Awesome. So, it's ScottBarryKaufman.com. The Levin Agency, that's spelled LEVIN, right?

Dr. Scott Barry Kaufman

That's exactly right. Yeah.

Erin Matlock

And then, you have this awesome resource that we didn't even have time to get to is the Creativity Post and you've got amazing content that you put out over there and it's called CreativityPost.com.

Dr. Scott Barry Kaufman

Awesome! I really appreciate the opportunity to plug all that stuff!

Erin Matlock

Well, the thing is, when people hear you and like you, they really want to know how to get hold of you. One thing that drives me crazy when I'm watching interviews with experts like yourself on TV, I love what I hear and I'm like, "great! I need to go follow up. I want to go be a part of this movement." And they say, "If you'd like more information about Dr. Scott Barry Kaufman, you can go to our website." And then it's buried way in the back and you can never find anything. So for the sake of better education, we're putting everything right out there.

Dr. Scott Barry Kaufman

I love it. I love what you're doing!

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Erin Matlock

Well, Dr. Kaufman, thank you so much! It's been an honor and I'm really grateful that you came and you spoke with us today.

Dr. Scott Barry Kaufman

Thank you. It was a fun chat.

Erin Matlock

Everyone, This is "Reboot Your Brain." I'm Erin Matlock. Goodbye.

JIM KWIK



www.KwikLearning.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

JIM KWIK TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guest today is Jim Kwik. Jim, the founder of KwikLearning.com, has taught speed-reading, memory improvement and accelerated learning for two decades. Jim's cutting edge techniques, entertaining presentation style and impressive mental feats have made him a frequent and highly sought-out keynote speaker and trainer for top businesses, organizations and universities worldwide.

He has addressed international audiences with clients including Nike, Zappos, Marriot Hotel, Million Dollar Round Table, Met Life, Virgin, Fox Studios, NYU, Singularity University and Harvard. Welcome, Jim! Thank you so much for being here with us today!

Jim Kwik

Thank you for having me. I'm excited.

Erin Matlock

It's an honor. I just adore you. I want to let everyone know a little bit about your background. We all know you as this superstar, superhuman computer, but I kind of want to know the back-story about, have you always had this super memory?

Jim Kwik

Well, that's a really great question, and hi to everyone who's listening. I feel like everyone in your community, we're very kindred spirits on this path of life-long learning and transformation. I want to welcome everyone and thank you.

My story of how I got started in this world is actually—my inspiration really was my desperation. When people see me on stage doing these kinds of mental feats, whether it's memorizing or recalling people's names or really long numbers or random words, I always tell people that I don't do this to impress you. I really do this more to express to you what's really possible, because when I was growing up, I actually had a number of learning challenges, and a lot of people don't know that

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about me. It's so funny how the people, sometimes who struggle the most, when they come up with a solution, they can't help but share it with the world.

When I was five years old, I had a head injury. I had some brain trauma. It always left me challenged in a way where I was slow to learn to read. I don't know if people can relate to when you have your focus everywhere. My focus certainly was everywhere. I would have these memory lapses at a very early age, thinking that "senior moments" are coming way, way, way too early. I would read a page in a book and just forget what I just read. I would be very absent-minded. Growing up I was just never as successful at school as everyone around me. You know, it made me very shy, because I felt it was hard for me to communicate with people. It reflected a little bit about my self-worth, about how smart I was and what value I could add to people's lives.

That was going all through grade school and middle school and high school. When I got to college I wanted to start fresh and make my family and my friends proud. So, I took these classes and I thought I would be able to do better, but in actuality, I did a lot worse. In order to keep up with my studies, I would sacrifice. I would sacrifice—in this age of overload, I think some people can relate. There's just not enough time. There is too much to be able to learn and to focus on, so I would sacrifice my sleep. I would sacrifice my exercise. I would sacrifice not eating in order to keep up, and that's not very sustainable.

I ended up passing out in public, actually at the library, and my body and my brain just gave out and I fell down a flight of stairs and I woke up in the hospital two days later. I was very underweight, below 120 pounds. I was very dehydrated. I woke up connected to all these IVs and I just thought, "There has to be a better way." When I had that inspiration, coincidentally, the nurse comes in with a mug of tea and had a picture of a pretty smart gentleman, Albert Einstein. It had a quote of his saying to the essence is, the same level of thinking that has created the problem, it won't solve the problem.

It made me think about this problem with learning and how we learn and it made me want to learn better. I asked the nurse for a course bulletin to find out what classes were offered at that school where I could learn how to learn. I looked through the entire thing and, Erin, I didn't find one class on how to learn, how to remember, how to think, how to study. There were lots of classes on what to learn, like math and history and science and Spanish—all great subjects, but there were zero classes on how to learn.

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Really, I made that my focus, this area called meta-learning, which is just metamorphosis. It's about itself and how we learn how to learn. I just really made study my study and I started just to read things on focus. I wanted to understand how my memory worked, so I could work my memory. That really became the beginning of a journey on solving this riddle on how we learn at our best. Very quickly, within 60 to 90 days, my life completely transformed. I don't know if it was—I just started to understand things, sitting in class and things I was reading. I don't know if maybe a metaphorical light-switch went off in my brain, like a smart-switch, and I just was like, "Wow!" I remember thinking "this is so wonderful and why wasn't I taught this earlier? Why doesn't everyone learn these things?"

It really made it my mission the past two decades. I never want people to struggle the way that I did in their lives. Anyone we can help, we are very honored and privileged to be able to share this [06:16 Unclear] the best practices of the way we learn.

Erin Matlock

It's so important, too. You think about all the kids who are in school and so often they receive labels. They're a poor student. They misbehave. They're lazy. They lack focus. They lack drive. Not college material and all of these things. If they could just have the correct intervention sometimes, then they would not have to live this life feeling like they're not enough, like they can't do it.

Jim Kwik

Yeah. Very much so, and I think that's really what our work really is about. Even our common work, with the work that you do, a lot of it is based on transcendence, or transcending, or ending the trance. I think that you're right. There is this mass hypnosis out there that we're not good enough, or that we're not resourceful, or we don't have a power or an intelligence. I think that no matter where you are listening to this around the world, no matter what your age, your background, your career, your diet, your level of education, your gender, your history, it's really—when it comes to memory especially, I believe there is no such thing as a good or bad memory. There is no such thing as a good or bad memory. There is just a trained memory and an untrained memory. A lot of remembering is a skill, but I always thought it should have been a class back in school. You know, you have the three Rs—writing, reading, and arithmetic—and I always thought the fourth R should be recall. How do you get this information out?

Erin Matlock

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Absolutely!

Jim Kwik

Socrates says that learning is remembering, so if you're listening to this, you know that part of who you are, the tapestry of your life, is your memories. But, you know, how do you reconcile from the latest research that we've found out. And this is really—you know, we've discovered more in the past twenty years about how your brain works than the previous 2,000 years. The good news is that you can grow older, but in a lot of ways you can grow better and you have this super computer of a brain, and it can handle so much information, but how do we reconcile that sometimes we walk into a room and we just forget why we're there? You know, we feel absent minded. You're taking a shower and you can't remember if you shampooed your hair or you misplace things and it wastes a lot of our time and a lot of our talent, just a lot of our focus trying to make up for these memory lapses.

Even at work, sometimes we're having memory lapses. Sometimes two small words like, "I forgot" are very hurtful to our lives. "I forgot to bring it. I forgot the meeting. I forgot to do it. I forgot your name"—all these things. We want to be able to close that memory cap, if you will, and help people step into more of their super-hero powers, if you will.

Erin Matlock

Right, because in essence, what you mentioned is so powerful, that our thoughts can predict our future outcomes. So, when we're saying things like, "oh, I'm getting older. This is a senior moment, or I forgot, or I'm so forgetful, or I just can't remember anything any more," we're strengthening those neural pathways—that language in our brain. It predicts how we're going to remember in the future.

Jim Kwik

It does, because our thoughts are really things. Every time we have a new thought, it creates a new pathway, as you said, in our brain. I really do believe we have to stand guard to the doors of our minds, and monitor our self-talk because it becomes programming.

Erin Matlock

Absolutely!

Jim Kwik

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With my name, Kwik, it's kind of...I had to be a runner back in school!

Erin Matlock

You did!

Jim Kwik

My life was pretty much planned out. I have to teach speed-reading and speed recall. But you know, when I was preparing for my first marathon, I remember reading a book and part of it was the psychology of running and it said these exact words, that your brain is like a super computer and your self-talk is the program it will run. So if you tell yourself "I am not good with names" you will not remember the name of the next person you meet because you've programmed your computer not to.

Erin Matlock

Yep.

Jim Kwik

It's very true. I always tell people that your mind is always eavesdropping on your self-talk, so make sure that you're feeding it good empowering information.

Erin Matlock

I like that. "Your mind is always eavesdropping on your self-talk." And it's true. And what's even more powerful, here we are as adults. You and I, we don't have kids, but we have the self-talk that is altering the way we succeed in life, but those parents who are listening, this self-talk is also a model for their children. So their children are growing up with this same kind of self-talk pattern.

Jim Kwik

Absolutely. And I would also reinforce that. Everyone who is listening to this, if you have a child in your life at all, that everything that we're going to talk about in terms of your memory that can be applied toward helping children—your own children, your nieces and nephews, your grandchildren—this is something you'd be able to share with them, because I think there are two reasons to learn anything. One reason is to learn it is for your own personal benefit, but I think the second reason to learn anything is to be able to teach it to someone else.

In fact, to get the most out of our conversation here, I would actually recommend four really quick

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things. I call it FAST—F A S T. The first thing I would recommend is to forget, which is so counterintuitive, Erin. If we're talking about a conversation about how to improve your memory, the first step is forgetting. But as you're on, listening to this conversation, sometimes we're not completely present. I would ask people, since we're here, you have our total respect and in order to get the most out of it, maybe while you're here, really focus and forget about everything going on that is very important, but just set it aside for now and be here.

The second thing—the A in FAST stands for “active,” meaning that learning today is not about just consuming information. It’s really about creating it. What I mean by that is, I think one of the challenges that we have in today’s world is that we all grew up with this 20th century education where we sat passively in a classroom and was lectured to and it’s an okay model that prepared us for more of a cookie-cutter, one-size-fits all, to work in an assembly line or work on the farms, just to follow directions. I think today, to get the most out of your learning, it’s not really passive. It really has to be active, meaning you’re here, taking the time to be here. What you put in is really what you get out of anything.

There is no magic pill, but there is a magic process. My message to people is that you’re not going to have a photographic memory, and anything that’s worth having is worth doing. So, what I would say is, just be active, meaning that while we’re here, ask questions, chat about this, tweet about this, teach it to other people, because what you put in is what you get out.

Erin Matlock

And then, finally the S and the T in FAST. The S stands for “State.” And state is just a fancy word for just the mood of your mind and your body. I would even—as you’re here—I believe that all learning and all memory is state dependent. All learning and all memory is state dependent, meaning that if we’d rather have bought a book or sat in a training or listened to a conversation and we didn’t apply it as much as we needed to, I think that the state, the mood, the feeling that we learn something in is the feeling and the state we’re equally as motivated to use it. I would say that when you’re listening, we control our state. It’s the combination of our psychology, our physiology. Physiology is just a fancy word for how we use our body. For example, as you’re listening I would sit in a way—it kind of sounds silly, but I would sit in a way that you’d be sitting or standing as you’re listening to this that you’re just really interested in the information.

I would breathe in a way that you would take full breaths, because a lot of times when we get tired,

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or we have this mental fog, it's not just a matter of eating more food and having the energy that way. It's really getting oxygen and a lot of us sometimes as we're studying or listening, we have a habit of collapsing our diaphragm and we know that the lower one third of your lungs absorbs two-thirds of the oxygen, and sometimes we get tired, not because we're hungry or we don't have the nutrition, it's because we're not getting enough oxygen. So sit in a way and breathe in a way that you'll be in that proper state.

Finally, the T in FAST is just "take notes." Everyone knows this. I'm a coach, as a mental coach—a memory coach, if you will—I might not tell you something that you don't know, but sometimes a coach is just someone who shares something you already know and when you're successful and just reminds you of something. So, taking notes—just like there is a learning curve, there is also a forgetting curve. Sometimes when we learn something, within 48 hours, 85% of what we just learned could be gone. One of the ways of boosting that upwards of 50% or more can be just taking notes.

I have just a simple way of taking notes that works for me. I just put a line down a piece of paper and on the left side I capture notes. On the right side of the line, I create notes, meaning on the left side I'll capture or do note taking where I learn something, I will write down the strategy. I'll write down the quote, or I'll write down the tip. On the right side, I will create notes or more note making instead of note taking, and I will write my impressions of what I just wrote down. I would ask questions. I would say, write things about how I plan to use it, or how I'm going to teach it to somebody else for inspiration or using symbols to be able to help make it personal for me. That might be—hopefully it's very useful for you as you're listening to this to apply in all your learning for this entire series, if you will.

Erin Matlock

Those are good tips, and while everyone is getting their notes ready and are jotting some things down, I just want to remind you guys, Jim's last name is Kwik. That is his real name—not a stage name—and it's spelled K W I K.

Jim Kwik

It is K W I K.

Erin Matlock

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A great name!

Jim Kwik

Thank you! I had to be a runner and I have to be careful when I'm driving. I don't want to get speeding tickets. There is a lot in a name. Maybe we could talk a little bit about names in this call, about how to remember names. Hopefully everyone will remember my name.

Erin Matlock

Well, you know what? You got right ahead of me! That's what I want to talk about next. Why can't we remember people's names, Jim, right after we meet them?

Jim Kwik

That's a great question. I think there is this—I don't know—remembering names is so important, Erin, and sometimes when we forget names, we communicate to somebody, whether it's in our personal lives or our professional lives—the message we send to somebody is that we don't care. I think it's unfortunate. I think the sweetest sounds to a person's ears is their own name. But I think the answer to your question of why we forget is we don't really pay attention. It's one of those things where there is this six-second syndrome, if you will, that you really need about six seconds to be able to do something with the name before it just gets lost. We've all had the experience of talking to somebody whose name we really should know and we forget it. What makes it worse, is when that person has the nerve to remember our name, or we have to introduce—or we're talking to that same person and someone we know goes to introduce two people and it gets very embarrassing.

The good news is that this is something that is a skill that can be learned. I'll tell you three reasons why we forget things, and the Acronym I use is very simple. It's MOM. MOM. I just think this is the mother of memory that is 80 or 90% of our forgetting usually comes from one of these three elements being absent. The first M stands for Motivation. I think one of the reasons we forget names is we're not, sometimes, in touch, connected, associated with why we want to remember to begin with.

I always tell people that reasons reap results. Reasons reap results, meaning that reasons come first. I tell people that there is a success formula. It goes, I think H-cubed, meaning success goes from your head to your heart, to your hands. You could visualize things in your head, or think things

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in your head, but if you never really used your hands, usually what's missing is your heart—the middle H—the emotion, the energy of the motion, because you can't steer a parked car. You need fuel. So, one of the things for remembering names is just "why do you want to remember it?" I would ask myself, "Why do I want to remember this person's name?" for example, because if I don't have a reason I won't really remember it.

And then the O, the other reason I already mentioned why we forget names is the O is observation. I often tell people that sometimes forgetting names or forgetting everything is not a matter of retention. It's more a matter of attention. Sometimes we're not present in the moment. I remember the first time I got to meet President Clinton and he's known for his charisma and being an amazing connector and communicator, and I asked him—he's also known for having an impeccable memory.

Erin Matlock

Yeah.

Jim Kwik

As often leaders are. Leaders are readers and leaders also have a wonderful memory and a way of making you feel cared for. I asked him—the first question I asked him was, "How do you remember so many people's names? What memory tips, if you will?" He said he doesn't use, actually, any memory or mnemonic device, or memory training. What I found through our conversation is that he had this powerful presence and I think his powerful presence comes from being powerfully present, if that makes sense.

Erin Matlock

Oh, yes.

Jim Kwik

You know what I mean? As you're talking to somebody, I don't know if, as you're listening to this, you've ever been with somebody that makes you feel like you're the only person in the room. Sometimes in this age of overload and distraction and multitasking, sometimes you're meeting somebody, for example at work or at a wedding event and sometimes—we know what it feels like when you're talking to somebody and they're looking over your shoulder to see who else is in the room.

Erin Matlock

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Absolutely.

Jim Kwik

And we've all been guilty of talking to ourselves in our own mind saying, "how do I know this person? Where do I know him from? What should I say?" If there is a conversation going on with yourself inside your own mind and a conversation going on with a new stranger, which one do you think you're going to pay attention to? When it comes to observation, a lot of times we're not forgetting a name, we're just not even listening to it to begin with. That's a challenge. Just a little exercise people can do to test your observation skills—simple things. As you're listening to this, draw a circle on a page and I asked you to just sketch out the back of a dime, or—I know you have participants from all over the world—whatever the equivalent currency is for you, what does that look like? There is a difference between looking at something and really seeing it. A lot of people can't remember what something looks like because they never really paid attention. Similar to Google. A lot of us use Google. It's our search engine multiple times a day, but how many people actually know with 100% certainty what colors the letters of Google are.

Erin Matlock

Good point.

Jim Kwik

There is a difference in paying attention. Then, finally, the third M—the third letter—stands for Mechanics. And these are really—not the person that fixes your car—but really the tips and the techniques. A lot of people forget things—forget names—because they don't have a mechanical skill. They don't have a strategy. That's what we've really dedicated our life is teaching people how to learn a foreign language, how to learn vocabulary, how to learn how to spell, how to learn their to-do list, how to learn pin numbers or passcodes or giving a speech without notes—those mechanical skills. So many things that we could do that would really impress yourself if people knew how to do these things.

Erin Matlock

So, one of the first steps people can take toward remembering names is just to simply be present and pay attention and we should start to see an improvement in our name recall. Right?

Jim Kwik

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Very much so. I find that even without using the mechanical skills, sometimes even just even a conversation like this that we're having sensitizes people to just remembering names and they get better just on that alone because some of us never really think about how it is, this magical black box. A lot of your work has to do with showing people, this is how magnificent we really are, because our brain doesn't come with an owner's manual, but it's the key to so much of our success in life. It's just the control panel, if you will, to our lives and everything flows through it. So, we're kind of demystifying how it works together in these kind of conversations. That's really, really exciting to be part of that.

Erin Matlock

It is. It's fun. It keeps me interested, because remembering names is so important and it is the worst, you had mentioned earlier, when I've met someone and I've lost their name and then I see them again and I'm out with maybe my significant other or a friend of mine and you do—they meet and you know it's your job to make that introduction, and it feels terrible because then you look like a rude host because you're not making the introduction, and it's really just because you lost the name.

Jim Kwik

Right.

Erin Matlock

Oh, it's the worst!

Jim Kwik

I think we can all relate to that. And there are simple things. It's just that people—we can talk about it a little bit here. The little things people can do to just dramatically improve their ability to remember names and faces.

Erin Matlock

Yeah. Let's do that.

Jim Kwik

I think, again, it's one of the most important skills.

Erin Matlock

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Other than paying attention, because that's a big one. That will make a huge difference. What are some of your go-to techniques?

Jim Kwik

Here are really seven quick tips, no pun intended—K W I K—to remembering names. I like acronyms because I think we remember things like going back to school. We remember things like the Great Lakes. If you remember HOMES, H O M E S for Lakes Huron, Ontario, Michigan, Erie and Superior, or Roy G Biv for the colors of the rainbows. Remember this the next time you're out there and you need to be present. As you're getting ready for an event or a situation where you're going to meet a lot of new people. Look into the mirror and as you're checking your make-up or checking your clothing or such, just say to yourself, "be suave. Be suave."

And just really quick, B stands for belief. Just like you said, Erin. Monitor your self-talk, because if you believe you can, or you believe you can't, either way, you're right. Henry Ford said that. Make sure that, sometimes a lot of people end up taking pride and they start bragging about how bad their memory is, and the person that we hurt in the process is ourselves. You want to just monitor that self-talk because a lot of us have this learned helplessness, where we're not good at something. It's kind of like the metaphor about the elephant who—recently, I think there was an elephant that died in a fire at a circus, but it could have escaped, but it didn't, and maybe one of the reasons why is they train these elephants at an early age. They tie it to a rope and a stake in the ground, and for the first little while, it wants its freedom, so it pulls and pulls and tries to get free. Then it can't, because it's small and it's helpless. Then, later on, when it's big and strong and can probably pull down the whole circus tent, it still doesn't get free because in its mind, it's still helpless because it learned. Sometimes, there are areas of our lives that we learned that we're not able to do something. It might not be true, and in certainly in most cases, it's not as we grow older, though we still believe it's not. So, monitor your beliefs and your self-talk.

Jim Kwik

The E in "Be Suave" Stands for exercise. I don't mean physical exercise, although with all the research that's been done on learning, people who are more physically active will do better on memory tests and focus and acuity because anything that's good for your heart is good for your head—all that oxygen and blood flow and such. But I mean practice, because as we know, practice makes progress. It doesn't always make perfect, but it makes some kind of progress.

Erin Matlock

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Right.

Jim Kwik

I think that as the saying goes, what you practice in private you're rewarded for in public. That's what I love about memory training. The more you practice it, the better you get and it improves every area of your life. There is not a lot of areas in our life where you just get better in one area and it gets better in everything, but memory, certainly, it's important for your health, it's important for your relationships, it's important for your work. So you want to be able to practice these skills of remembering names because the bad news is that it does take effort, but the good news is that it doesn't take as much as many people think. If you, for me, I'm very good with names, but I wasn't to begin with. After about 30 to 60 days of practice, it became a habit, where it's just something I do more naturally, just like as you're listening to this, what do you do naturally? You think about driving a car where you're not really thinking about it. Or you're thinking about typing or all the many things that we can do. It's something that can happen just with a handful of weeks of practice.

And, then, finally, in the "suave," really quickly, the tips are S means say the name. So, as you meet somebody, you say their name. The reason why you do that means that, going back to MOM, the O, you observed it. You don't want to have a great 45 minute conversation with Ted, and say "goodbye, Ed" Right? You want to make sure you heard it correctly. So, say the name.

And the U in "suave" is to use the name. You use their name three or four times within the context of the conversation, because there is an auditory component for remembering names, so saying the name really does help to reinforce it.

The A in "suave" is a really great technique for meeting people, when you hear a name that's a little bit different or unusual, because 80 or 90 percent of the names you've heard before, but every so often you meet somebody whose name you haven't heard before, something that's a little bit not typical. You can ask about a person's name. What kind of questions can you ask about a person's name? You can ask things like, "how do you spell it?" Or "Where is it from?" Or "Does it mean something in another language?" Those are all really useful things to be able to ask. And, really, a name is really the sweetest sound to a person's ear. I think everyone's favorite subject, while we think it's shopping, or it's travel or it's golf, you know it really is themselves. Because think about the emotional connection people have with their own name. It's probably one of the first words you learned how to write. Think about the love and the positive feedback you were given around that.

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Finally the V and the E in “suave.” The V stands for visualize, because we know from the research that a significant part of our brain is dedicated towards visual processing and visual recall—our visual cortex, if you will. We tend to remember things that we see. There is a Chinese proverb that goes: “What I hear I forget, what I see I remember, and what I do I understand.” What I hear I forget. I heard a name but I forgot the name. What I see I remember. I saw the face; I remember the face. What I do I understand. Going back to exercise and practice, really connecting and comprehending through the actual doing of it.

The visualizing means that if you tend to remember what you see, then try seeing what you want to remember. So, if a person’s name is Matt, then the technique for visualization would be turning the name into a picture. So, we can imagine meeting someone named Matt and using their hair as a doormat, for example. And you would do this in the privacy of your own mind. People say, “Well, that’s kind of childish,” but as we remember, who are the fastest learners in the world?” They’re children. And they have a way of playfully, even growing up,

I think most of us had our names made fun of growing up. I know I certainly did. And that’s how children learn. They make fun of things. They make images and they play games and so if a person’s name is Mary, you can imagine meeting someone for a split second imagine getting married to that person and imagine them in a wedding gown, if you will. If the person’s name is Mike, you can imagine them jumping on a table and singing karaoke on a microphone. By the way, these images, they disappear once you remember the person’s name long-term. You don’t start seeing the images all the time, but it allows you to overcome that six-second syndrome that I talked about. You have to do something with the information before it gets lost, almost forever, if you will. So, you visualize it.

Then, finally the E in “suave” stands for just end. I like meeting people. Imagine going into a room and meeting ten strangers, and then when you leave that gathering, saying goodbye to every single one ending with their name—saying it. I think that’s a skill where they all end up remembering you, and that really is important in today’s world to be able to show that you care.

Erin Matlock

You hit a very good point. As you know, I’m a very shy and introverted person and going in to rooms of people that I don’t know is very awkward for me. I never know what to say. I have found that practicing with names and the recall of names has given me quite a bit of confidence, because it

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gives my brain a task to do. I've got work when I'm in that room. And it's really work focused on making other people feel good and comfortable and it takes all the focus off of, "Oh, my God! I'm going to have this anxiety attack because I'm with all these people and I don't know them!"

The other think I anted to say was, you mentioned, ask about someone's name. Talk about their name. We often don't do this because we're afraid we're going to look stupid or that they're going to be annoyed. In my life, I have never met someone who didn't want to talk about themselves, at least for a little while. Like you said, we want this attention. WE want to know that the person standing in front of us is actually interested in us. So, we can take that step of yours and ask about the name. How is it spelled, or is it spelled like this, or where does it come from, and how did you get that name? These are things I often hear from people: "Oh, You know, Erin. I'm going to feel stupid." Don't because I use that technique a lot and I've never encountered someone who didn't really want to talk about their name.

Jim Kwik

I think, whether it's in life or in business, let's say that you're listening to this and for work it's important for you to remember names to build relationships, because sometimes forgetting someone's name it could hurt a relationship. Sometimes it can kill a sale. I think sincere interest in doing it for the right reasons and, you're right, it's a wonderful practice. What I notice, remembering names, it's a wonderful practice in being present with people. Just being here, not in the future or in the past, but just being here, like I was talking about with President Clinton, just being in the moment. That one thing could serve in so many areas of our life.

Erin Matlock

One thing about President Clinton. We hear a lot about his charisma. I'm willing to bet, that in that moment that you met him, he did make you feel like you were the most important person for that moment; that he was really interested in what you had to say. And this is a former president of ours!

Jim Kwik

Right! I think that's what leaders do. I think it takes sometimes, each of us can be a leader in our own world, because even though I was in a world with many more people who could be much more important or much more interesting, if you will, it's just that feeling that you're just in that moment just being heard. I think it's an important skill to have with children, it's important in our profession,

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and I think it's the difference that makes a difference.

These are the kinds of things I love talking about: Conversations where we talk about memory. It's not just being able to give a speech without notes, or learning another language or—the things that come out of it is just this ripple effect that's created. Memory, for me, is a magnifier. It's a multiplier in our life. They say we use a very small potential of our brain if you will. I think we use all of our brain, but it's how we use it that is dramatically different. Getting the proper memory training, like we're doing right now, could magnify your life in so many different ways and just serve you to be able to step into your highest self and really go beyond what you thought is really possible for everybody. It's within our grasp.

Erin Matlock

It absolutely is, and one thing we talk about in this series is life-long learning. So, whether we're working with young students who are just starting out and getting all of this, or people like you and me, Jim, who are grown adults. And then we look at seniors, boomers and seniors and beyond. This is an excellent way to give your brain some exercise. Let's just start new with these memory techniques.

Jim Kwik

Very much so.

Erin Matlock

Absolutely. You know, another thing I hear from the community all the time, and also in my own life, is "I'm not good with numbers. I'm not good with math. I can't do facts and figures." What do you say to people who, we already know we shouldn't be having that language because we're setting ourselves up for failure, but what kind of tips can you give them to help them with numbers?

Jim Kwik

Well, numbers is one of those things that is so important to be able to—numbers is kind of like the universal language, if you will. It's used cross-culturally and in every country. It's something we can all relate to. The challenge is, sometimes—let's take common numbers, like a phone number. Think about, now-a-days, how many numbers we know compared to how many phone numbers we used to know maybe 15 or 10 years ago, even. Think about how many phone numbers we used to know of friends and family members ten years ago that we don't know now.

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Sometimes when it comes to one of the challenges is technology. I think technology serves us in so many ways. It makes our lives so much more convenient, but in a way, also it kind of confines us or cripples us, meaning that I believe that our brain is like a muscle. Obviously, our brain is not a muscle, but metaphorically it's a muscle. I put my arm into a sling for six months or a year, it won't grow any stronger. It won't even stay the same. If anything, as we know, it will get weaker. It will atrophy and a lot of times our brain is the same way when it comes to remembering things like numbers.

There are two declines people tell me about, is when their mental acuity and their memory usually comes from when they graduate school, because they're not getting that—if your mind is a muscle—you're not getting the exercise that it wants, and sometimes when people also, when they retire. I don't know if people can relate to this, but even for our retirees, sometimes when we retire out of work, we retire, sometimes, some of our mental faculties, and there is such a link between life-long learning and longevity.

On the cover of Time Magazine, they did this report on the super-nuns. This community of women are living well into their 80s, their 90s, even above 100, and they wanted to find out where their longevity was tied to, and part of it had to do with their gratitude and their faith, but the other half had to do with life-long learning. They spent their lives really engaged mentally. They were reading. They were having deep conversations. They were doing puzzles, doing all these different things to keep their brain active. They found that it not only added years to their life, but also life to their years. So, I think that's very, very important.

Numbers is one of those things we often forget because we outsource our brains or our memory to our smart-phones, because your phone can hold dozens or hundreds of phone numbers. You don't have to, which is okay, but sometimes we lose that ability to remember numbers. So, I would say to somebody who's struggling with numbers, number one, it's not your fault because technology allows it and enables it. Number two, there are things that you can do to be able to remember those numbers better.

If people have gone to our websites or Googled me, they've seen me do these things where I pass around a microphone maybe 50 or more times and people shout out numbers and I memorize it on stage forwards, and then, if there is time allotted, I'll do it backwards. Everybody has that ability. Everybody. So, no matter what your age, and whether you're a student or a senior, that's a dormant

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skill that we all have within each of us. You can claim that power at any time.

Erin Matlock

Yeah, I think sometimes we just decide, at some point in our life that we're not going to be good at numbers or math or figures or facts and it's just simply not true. We know that's not true.

Jim Kwik

Anyone can do it. That's really the message we have with Kwik Learning and our cousin, Community Superhero You. We all have superpowers inside of us and it's time to let it out. We could do it and it's very attainable for anyone. Again, no matter your age, your background, and your level of education. We know from studies that IQ is not necessarily effective way of measuring your real intelligence. It's not a matter of how smart you are, it's more a matter of how are you smart?

Erin Matlock

I like that.

Jim Kwik

It's not how smart you are. It's how are you smart.

Erin Matlock

that's wonderful.

Jim Kwik

We all have these superpowers within us. Again, it's not your fault if you're not activating it right now in this moment. It's because, you know, we grew up with an education system—and I love our teachers and our professors. My mother is a teacher and I have a lot—I come from a family of educators. It's just the system itself that's just a little bit old and it hasn't progressed as much as the world has progressed. The world is doubling the amount of information that exists. The president of Google said the amount of information now since the dawn of humanity to the year 2003, which is a lot of time—that amount of information now is created every two days online. So, it's kind of like we're drowning in information.

Erin Matlock

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We are drowning.

Jim Kwik

It's like we're trying to take a sip of water out of a fire hose. That's why the work we do in the area of, whether it's speed-reading or memory improvement, or just focus skills, we basically—we want to teach you that anyone can be a quick learner, if you will. Anyone can activate their superhero mind.

Erin Matlock

I just want to give people one more reason, if just actually having the confidence to go out and be able to learn and recall anything as well as read things faster, because you are a master speed-reader. I want to go back. You mentioned the nun study, and that's one of my favorite studies of all time. Whenever I'm feeling a little bit maybe too comfortable in the work that you and I do, or I'm not practicing what I'm preaching, I'm not working my own memory, I'm not working on my own reading comprehension or my brain exercise, I review that study and the one thing I found so interesting is, all of these nuns donated their bodies to science. So, after they passed, the medical examiners and the scientists were able to go in and study their brain.

The interesting thing, and I know you know this, Jim, is that some of them actually did show physical signs of dementia and Alzheimer's and other forms of dementia, but what they didn't have while they were living were the symptoms. So, they weren't exhibiting the forgetfulness, the confusion, or any of that that has to go on with Alzheimer's and other forms of dementia. But yet, their brains had some of that plaque. So, the point of that and what the study really showed us all is that if we continuously learn new things, try new things, remain social and take up things like memory techniques, speed-reading, learning languages, learning new card games, active socialization, that deep into our 80s and 90s, we can live these rich lives where we're not having to succumb to the symptoms of Alzheimer's and other dementias.

Jim Kwik

Yes. I know you know the work of Dr. Daniel Ammon, and we had met. He's done more brain scans than anyone else in the United States and he's written 31 books on the brain and we met because he interviewed me about our work for one of his books called "Use Your Brain to Change Your Age," where a lot of our work is featured in, But I'm very passionate about the work of keeping your brain active and your own health and well-being.

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That study, by the way, if people want to reference it, there's a great book out there called "aging with Grace." It's "Aging with Grace" by Dr. David Snowdon. It's what the nun-study teaches us about leading longer and healthier and more meaningful lives. Another good resource.

Erin Matlock

Yes. It's inspirational. It really will, if you're ever wondering, "you know, why do I need to do this? I'm done with school," or for some people, "I'm retired." This study will bring it back home as to exactly why we need to be life-long learners. So, Jim, you over at Kwik Learning, you guys do a lot to help people of all ages with learning. Can you talk to people a little bit about where they can go to find out more about your work and what you have to offer?

Jim Kwik

Absolutely. We have two primary sites that you can go to, and there is a lot of information. You can go to www.KwikLearning.com. We have lots of articles there on our work, specifically in the area of memory and personal and mental productivity and speed-reading. Then our sister site is www.CommunitySuperheroYou.com which is all about claiming your mental superpowers. We go beyond just speed-reading and memory. We have a lot of wonderful trainings there and our live events that we do for our annual conference, which I know you and some of our community has participated, Erin, and it's all free. So just go and engage and that would probably be the best two places for people to connect and continue the conversation with us.

Erin Matlock

That's fantastic. What's your Facebook community, too, if people want to go and join you there?

Jim Kwik

Sure. I'm pretty active, personally, so people can always find me and follow our work at Jim Kwik. The two communities are just by name: Kwik Learning—K W I K Learning—and Superhero You. Those are our tribes. We love—we're very active there and we love continuing the conversation and sharing daily mental productivity tips.

Erin Matlock

Jim, thank you so much for being here today. I just adore you. I adore the way your mind works, the way your brain works, and I'm so grateful that you really have dedicated your entire life and will

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continue to help us to be wonderful, enthusiastic life-long learners.

Jim Kwik

Erin. We absolutely adore you. We love you. Thank you so much for the cape that you wear and everyone who's listening who is here at the end, we applaud you.

Erin Matlock

Yes.

Jim Kwik

There is just—you know—I get goose-bumps. I call them truth bumps when I'm around people who are just around growing minds and giving hearts. WE love you and we love your community. We wish your days be full of lots of love and life and laughter and of course, learning!

Erin Matlock

Thank you so much! Everyone, this is “Reboot Your Brain.” I’m your host, Erin Matlock. Goodbye!

SIEGFRIED OTHMER PHD



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be a patient education, does not create a patient-clinician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

Since 1985, Siegfried Othmer has been engaged in the development of research-grade instrumentation for EEG feedback, and since 1987, has been involved in the research of clinical applications utilizing that instrumentation. Currently, he is chief scientist at the EEG Institute in Woodland Hills, California. Welcome, Dr. Othmer. Thank you so much for being with us today!

Siegfried Othmer

I'm happy to be here!

Erin Matlock

Thanks! I want to go right into what got you interested in neurofeedback. It's not something I grew up even knowing about and I wonder how you end up in that field.

Siegfried Othmer

Actually, we got into this field, as many people have since that time, which is through very personal reasons. We had a son with a strange kind of epilepsy. It was temporal lobe epilepsy. The seizures were, indeed, of great concern, because one dearly wants to live life without seizures. In this case, it affected all of his behavior. He was a troubled child in many ways, and this was so difficult for people to figure out. These matters were just not understood at the time. What we think of now is that we're dealing with a subclinical seizure activity that was disrupting his behavior.

After many years of living a very difficult life together—difficult for him and difficult for us as parents—about nine years of that, we found our way to neurofeedback and my wife's background—Sue's background—was in neurophysiology, and this just made sense to her. As a matter of fact, as it turns out, the technique is closely related to her own Ph.D. research back at Cornell. When she heard about it, she immediately said, "Well, we just need to try this." It's not that we were already believers; it's just that it was worth giving a try. We did, and the changes were in fact rather quick.

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Within a month, we were seeing behavioral change, and that was just the beginning.

So that drew us into the field. It was so compelling with us on Brian that we just realized that this was the missing piece here. Just like you hadn't heard of it, we hadn't heard of it. Nobody we knew had heard of it until that moment. This obviously needed to be explored. So, my background is physics. That was suitable in another sense, so we both decided to get involved. It took us years to really get our feet fully into it, but we've been involved with that field, now, ever since.

Erin Matlock

And you even have your son, Kurt, involved in the business.

Siegfried Othmer

Yes. He was a youngster. He witnessed this whole procedure from the beginning. He had to live with his very difficult older brother, this tyrant in the house who was occasionally violent and so forth. Kurt had a difficult time, obviously, being seven years younger than his older brother, but he had a lot of gifts. In particular, he was socially, actually, ahead of his older brother, so he could learn to manage him. That was kind of his task. His task, if you're going to stay alive, was you had to manage this very difficult older brother. So, he's been in on this whole thing from the beginning and eventually, he's made this his career. Now he's managing our company.

The fact was that Sue and I are not natural businessmen. We're more natural scientists, so we kept trying to have the business managed by someone else. That didn't go so well. Then, finally Kurt said, "Well, it looks like you have to grow your own. You have to grow your own management." So, he's now running the business.

Erin Matlock

I think that's a smart move. I've gotten to know him a little bit and I like him very much and I respect him greatly. I want to move right into—since we started talking about neurofeedback—can you explain it? What is it? How does it work?

Siegfried Othmer

Well, you know, we've got something here that is not the easiest thing to explain, but let me try to put it very simply. All of our human behavior is ultimately managed by our neural networks through this complicated neurodance—neuronal dance. So, we kind of know that it would be good if we

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knew how to regulate that dance so that it would perform better. It is the key to better performance in our lives in various ways. Modern technology has opened that up for us. We now can listen in on the neurodance and we can now use it therapeutically.

The secret is very simple. If you think about how we learn in life, we learn by witnessing ourselves in action. When we train motor control by seeing how we do. The dancer watches herself in the full-length mirror at the studio. The person who is practicing foul shooting is constantly monitoring himself. The golfer is constantly monitoring himself. We learn by essentially being aware of and monitoring our own behavior. It's, of course, the brain that is learning this skill of motor control.

Now, we extend that principle. We say the essential ingredient here, is that the brain got to see how well it was doing. If we show the brain how well it is doing in other respects, then the whole behavioral domain opens up for us. In other words, if we show the brain how it's doing in terms of just regulating its own behavior, then the brain recognizes that, just like it recognizes its own motor activity in the mirror and says, "Okay, that figure moving in the mirror, that's me."

So, we now open up the entire agenda of brain behavior and that, in particular, has relevance to when the brain is misbehaving as, for example, in seizures and depression and migraines and Attention Deficit Disorder and all sorts of things that all can be traced back to misbehavior at the neuronal level. If we show the brain that information, we have a chance of doing something about it. Now, the nice thing is, we don't actually have to understand what is being represented any more than the coach of the football team has to be trained in physiology in order to help his team. He has to understand the sport at another level. We, likewise, don't really need to understand the neural dance in order to figure out how to help the brain learn. So we have an enormous advantage over the scientists here, working with brain imagery because we just hand the information back to the brain and the brain recognizes it and acts upon it. So, we have a huge advantage here. That's why we were able to do this work successfully 25 years ago, well before any of these things were really understood in the neurosciences.

Erin Matlock

It's the amazing brain, isn't it? It blows me away some days, the things I learn.

Siegfried Othmer

Well, the complexity is, of course, quite amazing. From the scientific standpoint, we are, after all, sci-

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entists watching all of this. The fact is, that the brain is not letting go of its secrets easily, so there is a lot about the brain we don't know, but we still can proceed. I mean, with the drugs, too. We didn't know how many of the drugs actually work, but we found them useful. We used aspirin for 100 years before we had any idea how that actually worked. We used Vitamin D for a couple hundred years before we knew why. Likewise, the other brain drugs. We used opium for many years before we knew before the opiate receptor. In all these respects, the clinical world is ahead of the research world, right? The research world follows.

Erin Matlock

Absolutely. You know, when you were talking, it reminded me of something I was watching. There was this documentary on, I believe it's HBO. It's called Hard Knocks. Every year they follow a professional football team through training camp and picking the team and the season. It's really interesting because I was watching. They had this injured star player. I'm not great with the names of the players. But they had him in this training pool. I think he was retraining his knee. He was doing moves, or whatever he needed to do on the field to recondition his knee to get it to work correctly, but in the pool so that he wasn't hurting it. They had this huge monitor in front of him that was playing himself back so he could watch everything he was doing. It reminded me of what you just said, because I thought, "Hmm. He must be looking at, like you said, like a dancer looking in the mirror to make sure I'm doing it correctly, but there is an aspect that they're training his brain during that session.

Siegfried Othmer

Yes. That's actually a direct analogy to what's going on here. It's just that in his case, there is no mystery. He looks at the monitor and what he sees is not baffling to him. He sees himself in action and has no difficulty in interpreting what he's seeing. With us, a bit of mystery remains because if a person is just looking at the signal, it doesn't mean anything to him. It's the neural dance, and this isn't expected to make sense to us. So there we are and it doesn't make sense to a person. It doesn't make sense to anybody else watching, and so one wonders, how can just watching that information—we don't even know what it means—have such a strong effect. That has to be understood in this feedback sense. The brain happens to be engaged with that signal, just as it is with the monitor in the example you just mentioned.

Erin Matlock

Now, neurofeedback, how does it differ from biofeedback?

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Siegfried Othmer

Well, actually, it is biofeedback, but it's just that we're using the EEG instead of measures of peripheral physiology like hand temperature, muscle tension, maybe what's called Galvanic skin response, where we're looking at sweat-gland activity or we're looking at heart-rate variability. Those things we relate to. It's not hard to tell somebody why it should be a good idea to train a person to calm down by training their hand temperature up. That might be slightly counter-intuitive, but actually, when we relax, our peripheral vasculature relaxes also and our hand temperature goes up. That's a direct connection. We understand that and there's no mystery. Then we go on with it.

We show somebody the EEG and unfortunately, they remain mystified. "I don't know what I'm looking at." That's okay. Just sit there and do it. Then from that point on, it's like hand-temperature training. You may not understand it, but you'll benefit from it.

Erin Matlock

Let's talk a little bit about that. If we were going to talk about a person who comes into your office and does a neurofeedback session, can you take me through that process? What are they looking at? What are they doing, and what types of things are they trying to work through?

Siegfried Othmer

Well, this actually points to a slight difference that has emerged between traditional biofeedback and ours. If you can draw the person into the process by making sense out of it, and say, "Okay, you're looking at your hand temperature here in this thermometer and we want this value to go up." The guy says, "Okay, I get that. Let me try to do that." Then he's in the boat with you, trying to raise his hand temperature.

Erin Matlock

Right.

Siegfried Othmer

With us, we don't get to do that. We don't get to say, "Do this. Do that. Do whatever with this signal" because it is not obvious. Those kinds of neurofeedback also exist where we set goals for people, but the kind of thing we're doing now doesn't involve that. This is actually the strongest thing that we now do is just having the brain witness its own EEG. We're not giving the person a drill here, "Watch this signal and make it do a dance for you. Make it do this and that." We've gone

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away from that.

The most powerful thing, in fact, for us, is just to allow the brain to witness its own EEG. If that's the case, then the person is engaged in something that he can't particularly relate to, so it's going to be boring." That's fine for the first few minutes. "Gee, look, I can train my own brain." But then it gets old. So, after a few minutes, the person is likely to get bored. "I don't understand this thing. I don't know why I'm here." So what happens is, we actually have gone to the point of distracting the person by showing them movies. Then we embed the feedback information in the movie somehow. It might be that the screen shrinks. It might be that the brightness changes. But the brain is sensitive to that information.

So the brain is watching the size of the movie screen or the monitor while the person is watching the movie. We're actually not engaging the person in the process. We're saying, "This is a process for the brain. We don't exactly know how the brain does this, but we know the brain is interested and the brain benefits from the information, so this is how we do it. But meanwhile, we're not going to bore you to death. We're going to show you a movie or a video game." The information can be embedded in a video game as well. But in any event, the person is fascinated by the video game or fascinated by the movie or whatever. They're not actually actively training their brain. That's because we don't really know how to do that. The brain is training itself in the background just on the basis of this information that's encoded there.

A person could—and this has happened. A high-powered lawyer came in to do this training. She had no idea that she was doing more than watching the movie. At the end of the session she said, "You know, I don't really know why I feel different." Now, the whole process had been explained to her, but she hadn't processed it. She felt different because her brain was watching something besides what she was watching. In other words, this process worked even though she was not aware on the conscious level of the process even happening.

Erin Matlock

Wow. It sounds like something out of a sci-fi movie.

Siegfried Othmer

Yes. One science fiction writer said, "Any technology that's sufficiently far advanced is indistinguishable from magic." So, yes. But, you know, we have to realize, we're bringing technology to bear, but

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the magical thing is, of course, our brain. The fact that the brain can exploit such limited information for such wonderful benefit, that's really the magic here. We're seeing just how competent that brain is in getting us through life.

We see a lot of very deficited people—people with severe deficits. Autistic children; infants that have had near-drowning events and who are very cognitively compromised. Those nervous systems are still capable of doing this and they're still trying to manage as best they can. They're still engaged with the outside world, even when the infant is not making eye contact, or whatever. That brain is still trying to come to terms with the world. If we give it this information, it just sucks it up and acts upon it. It's quite wonderful.

Erin Matlock

That's got to be a rewarding way to live your days, to help people in this manner every day, day in and day out.

Siegfried Othmer

Yeah. It's rewarding and also challenging because, again, the brains of children and adults with severe disorders, they're not similar. They're all differentiated. They're all unique in their own way. So every one of these people has found their own best way to manage in this world. We have to take that as a given and say, "That's the starting point. So how do we make that brain function better?" So, it's also a challenge but of course, what would life be without challenges like that? It's rewarding but it's also—the more confidence we have in this regard, the more challenges we're able to take on, the more challenged we feel.

Erin Matlock

Right. The greater our journey. If a child comes in with autism, what would typically be the results you're looking for from neurofeedback training?

Siegfried Othmer

Okay, the very simplest thing to say about Autism is that here we have another system that has a very difficult time coming to terms with its world—with the outside world—for various internal problems. These problems are physiological and it's not just brain based, but the brain is what's suffering here. So, what happens when we do not come to terms with the outside world? The brain sort of escalates its arousal level. So these children, their brains live in very high arousal as they try

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to manage, even if they don't look like it. They may look behaviorally shut down, but their nervous system inside is still running on all fours; it's running at high levels.

The first order of business for the autistic child is to guide that nervous system to a calmer place. Then wonderful things can happen. That prepares the ground for the learning that that brain then has to undergo. But while the brain is in that agitated state, this is just unlikely to happen. So, throwing stuff at this child to try to make it behave and change its behavior while it's in that agitated state is a very difficult undertaking. It's so simple—well, simple isn't the right word—but it is possible and doable to first guide that child to live out of a calm place.

What we've accomplished here, first of all, is that the child now has a more benign experience of life. He just isn't as tormented by life. So, they're just happier children at that point. And that means the family is happier and so forth. So we've already done something just by calming the nervous system. The family is not so crazy and the child is not bouncing around.

Now the learning starts where language opens up and other behavioral learning opportunities open up. Now, that can be a quick journey; that can be a slow journey. But it depends on what the nervous system offers us. But the initial agenda of just allowing that child to find out, to experience, calm states—that is already a gift that we can give every autistic child. That's just worth doing, just for the child's sake, regardless of how many other functional benefits we may derive, because it's just going to give that child a different life experience.

We want to do all those other things that we need to get those biological systems going again, and that means attending to gut function and everything else. But almost the first order of business—even though we may know that gut function may be disregulated, the immune system is in trouble and all of these things—the first order of business may be, for the sake of the family, for the sake of the child, is just to teach that nervous system to live out of calm states. That, then, is an opportunity for the child to move forward.

Erin Matlock

What's the youngest age that's a safe age for neurofeedback.

Siegfried Othmer

Well, there's an implicit question there that was about safety. The thing is it's safe with anybody.

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The question is, is it effective with everybody? We've had experience with infants as young as three months old.

Erin Matlock

Oh, really?

Siegfried Othmer

Yes. That was actually—I think I'm allowed to say this—the child of one of our practitioners. She's an MD, and when she saw that her first daughter was not thriving as was hoped for, within three months the electrodes went on the head. Her daughter engaged with the video feedback and good things happened right away. So, even the three-month old brain, you see, is already busy with the task of scoping out the environment, "where do I fit? How do I regulate my affairs?" So that brain is already busy with that task.

We don't need maturity there. That's the job, as soon as the infant opens his eyes and is breathing, that's when the job starts of coming to terms with the environment. So, neurofeedback can be done quite early. In this case—no—as one person training is never a controlled experience, we all have the feeling that not only were there short-term effects that were obvious to everybody, but there have been long-term good effects on the functional capacities of this child.

There is another example I can give you, which is of a mother who was pregnant and she didn't really want another child. She, herself, had attachment problems and so forth, so she really did not want this child. But she found her way to neurofeedback. Meanwhile, the child was kicking and apparently didn't want her, either, as a mother. She did the neurofeedback and calmed almost immediately. What was noticed is that the fetus also calmed. So, this is kind of indirect feedback, because the fetus in this case reacted to the calming of the mother. That was its environment. And when that environment calmed, it calmed also. The mother then altered her relationship to the child she was about to bear and became a loving mother. That is such a terrific story, because if you imagine the alternative if that had not happened, you would hate to think what would be the trajectory of that child. So, we turned around, not only the life of the mother, but the life of the infant. Years later, it was very clear, this child was now, what is called, securely attached. She was living in a wholesome relationship with the mother, and all that started, maybe at five months of gestation.

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Erin Matlock

That's powerful. I have chills. Those are the good stories and I wouldn't have thought to use neurofeedback while pregnant. So, I'm glad you brought that up.

Siegfried Othmer

Well, yeah. The question keeps coming up: "Can pregnant women safely do this?" Well, of course they can! We're training the brain, here. It all goes the right direction. Again, these are just anecdotal stories, but people rather consistently talk about having easier labor and no problems with post-partum depression and all that. So, they're better off to have done the neurofeedback beforehand. It just leads the nervous system in a much stronger, more resourceful place to go through that process. If there is post-partum depression, the best thing we know to do is neurofeedback.

Erin Matlock

We've talked about autism. We've talked about pregnant mothers. What other conditions respond to neurofeedback? What do you see in your office?

Siegfried Othmer

What we mostly see is people that are on the tough end of a spectrum. They may come in with migraines, but they've had migraines for 30 years—stuff like that. We do wonderfully with migraines. For most people who just have migraines every once in a while, for whom it's not a huge issue—of course, having migraines at all is a huge issue in my mind. I don't know how people live with these. But basically, there is a high expectation that such people can become completely migraine-free with the neurofeedback. Now, they may still need to take some behavioral precautions. We have to live with the brain that we've got. That means they may still need to abandon the red wine, or the cheeses or the chocolate or whatever is a problem for them. But basically, let's say with some behavioral precautions and some neurofeedback treatment, they should become migraine free.

There is now published data on that and control studies and all of that, so this is now very clear. In fact, even the old traditional biofeedback was better than anything medicine had to offer, and it has been for 40 years. I don't know why this is better known. We didn't have to wait for neurofeedback to come along. We've known how to do good things with migraines for 30-40 years. It just mystifies me that this is not generally known. The first thing to realize is that, of course in psycho-pharmacology is also being done in the service of better network functioning of the neuronetworks. We're not doing it for its own sake. It's not like water on the garden. Yes, the garden needs water and the

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brain needs serotonin, but the brain has all the serotonin it needs. We're nudging the system toward a different outputting point.

The pharmacology is actually after the same objective, but it's so crude and with neurofeedback we can be so much more refined. We can target specific regions of the brain. We can target specifically frequency regions in the EEG. We have a much greater palate, if you will, to work with people. We can deal with the individuality in a way that the medicines cannot. We really have a much larger playbook here.

Erin Matlock

And I think you just hit it. I think with medication, the research—it's a tough, tough job because you get pill A, B, C and it's supposed to treat 100 different human beings, all who have similar symptoms or the same condition, and yet, as you mentioned earlier in this talk, unique individuals and we respond to medicines differently. Some don't respond at all. Some respond in positive ways. Some have dealings with side effects that others don't. And when you have that one pill, it is difficult. It can be limited sometimes to get the result that you're looking for.

Siegfried Othmer

Well, the ultimate outcome is that these will be combined. Of course, to reach that point, that means the field of medicine has to get comfortable with neurofeedback and then those will be combined and the medicines will be used just to compliment the neurofeedback. Right now the neurofeedback is being used to compliment medication. But that will turn around and neurofeedback will become mainline and the medications will be done as needed and they will compliment the neurofeedback and thus will be used only to the extent needed. If you're not trying to do the whole job with medication, they can be wonderful. But try to do the whole job, whether it be seizure management or depression or whatever, then, of course, you're overdoing and you get into side effects and so forth. But if the medications are being used appropriately—and that means in combination with neurofeedback—then the chances are that we will have resolved the vast majority of the problem of side effects because they'll be used at a much lower dosage.

Erin Matlock

Can I ask you—just in your experience—I have a friend with a seizure disorder and it's not something I know a lot about, but I have to think, she's on medication, and the thinking from her treatment team is that she will need medication for the rest of her life to keep her safe in the car or

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whatnot. Is that an issue or you do have some medication the rest of your life or are some people able to get off that medication with seizures?

Siegfried Othmer

Oh, people can certainly get off medications with seizures. It's mainly a problem that seizure incidents are not predictable, so neurologists are naturally cautious. If they authorize a decrease in seizure medication and then downstream there's a breakthrough seizure, they will be held responsible and all of that. They're just being hyper-cautious. If you ask them in the abstract, do they think that most of their patients could get along with less medication, the chances are they would answer "yes." But getting their patients there is the hang-up.

What happens with neurofeedback—if you do the neurofeedback, now that rearranges the deck-chairs and reopens the issue. Now the neurologist may be willing to contemplate a decrease in the medication dose, where he may not have been willing to contemplate that before. Now the responsibility is a shared responsibility. Now there is another professional involved who says good things about neurofeedback and the observations are favorable and so forth. We have a very good history here of seizure control, so basically the neurofeedback should be considered by anybody who has seizures despite being on meds. And if they are on meds and are suffering side effects, then neurofeedback should be considered as well.

Erin Matlock

What about—I have a pretty severe history of depression, and I think I mentioned to you before that this was never introduced to me—neurofeedback. So, I'm interested, as someone who is recovered now, but what's the outcome with people with depression using neurofeedback.

Siegfried Othmer

It's actually very good. We have seen depression in large numbers, mostly in connection with PTSD. That's kind of a special case where we've got soldiers coming back from Iraq and Afghanistan, and a lot of them, the anxiety and depression are off the scale. They're having anxiety and depression. So, what happens there is absolutely stunning and here we have hard data. About 80% of them, of that cadre of people who complain of high levels of anxiety and depression, about 80% of them cut their depression score—self-rated—in half in about a week.

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Erin Matlock

Within a week of neurofeedback?

Siegfried Othmer

Yeah. This is so stunning.

Erin Matlock

It is! Sign me up!

Siegfried Othmer

I looked at those data. I found that hard to believe myself. I'm a scientist here. I don't do the clinical work, so I don't get to live with this on a daily basis the way Sue does, but it's one thing to hear the anecdotes come down one by one. To see these data—and this is on 100 people. This is on over 100 people. There is no question about this. Within a few weeks, those people are no longer complaining. You don't stop after a week just because you've—so they need more training. But within a few weeks, depression and anxiety are simply no longer part of the discussion. It's no longer an issue.

Speaking of PTSD, this really brings to the fore one central thing about the neurofeedback, which is, everybody who deals with PTSD, a VA or whatever, is basically looking at the symptoms. When the person—if they somehow get the person symptom free, then they wash their hands of it. They say, "Okay, we're done. This guy's problem is solved." But of course, it's not solved. The fact of the matter is, there are still—just because they don't have nocturnal flashbacks anymore, that when they walk in to try to get a job that the guy there wants to hire them. Maybe they're no longer yelling at their wife and children. Maybe they're no longer having problems sleeping through the night, but we want to get these people to the point where their brain is functioning optimally again. That's not the same of being symptom free.

The nice thing about neurofeedback is, when we're at that point, it's "Okay we're on with the training, what do we do then? We do the same thing, because the neurofeedback is basically training and brain function. In other words, we're not targeting the particular symptom. The symptom is a guidepost to our success. If we're successful in our strategy of training the brain, then the symptom should subside. But this is different from targeting the symptom. Ours is not like an anti-convulsant that targets specific—that would be tailored for a particular kind of seizure. Ours is basically a brain-training program to enhance brain function overall. So the same program continues until the

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person reaches the point where he's now, you know, the tennis player he used to be, and the conversationalist he used to be. The chances are that they may come out of the neurofeedback training with a better functioning brain than they took into the armed forces to begin with.

Erin Matlock

It almost sounds too good to be true. You talk about soldiers who come back and some of them will suffer for the rest of their lives. Some of them will lose their life to the suffering and the trauma that they experienced at war. To not only be able to relieve their symptoms, like you said, get them to sleep at night, and the flashbacks. But beyond that, to get their brain to a level where it is more powerful, more optimal, better trained than when they went in to service.

Siegfried Othmer

Yeah. Yeah. And of course, there's one connection that needs to be made here. A lot of people are PTSD during warfare, or they are set-up for PTSD. But they don't end up with it. They come back and they recover. That's actually the natural course. The natural course of the VA is very happy. A lot of these problems solve themselves. So, what we are seeing is those people for whom it doesn't solve itself. We're dealing here with—the brain has wonderful natural recovery capacities, so a lot of these problems get solved by themselves, which is the case of the brain just boot-strapping itself back into function, which is quite wonderful. We're dealing with these cases where that doesn't happen, where the PTSD symptoms go on and if they persist, the chances are they will get even worse. That's where we need to come with our rescue remedy and show the brain what is the direction toward back toward normal functioning.

The likelihood is, that we're dealing with people who were probably set up for PTSD before they ever went to war, before they were ever drafted. Well, they weren't drafted. I mean, before they ever volunteered. In other words, they went into combat with a troubled brain. The correlation is very clear with early childhood difficulties and so forth. So, this is simply another way of saying that we can go back and help with early childhood issues: emotional trauma from early childhood, physical trauma from early childhood. We can deal with that at any time, even in people who have been through combat and have made it worse.

Erin Matlock

I want to ask you, now, since we're talking about veterans, can you tell me briefly about your Homecoming for Veterans program?

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Siegfried Othmer

Yes. We've recruited volunteer practitioners from all over the country just to donate some fraction of their time, maybe ten percent of their time, to work with veterans. This is all voluntary. They can give as much time as they want. The point is that if a veteran is in financial need, then they could ask for the training for no cost. If they're in a position to pay, then the free training can go to somebody else, but the practitioner, in any event is offering free training for these people, just so we get them back on their feet and there's no financial constraint on these people. Now, unfortunately we live with the reality in our society that things that are free tend not to be valued very highly. So, it's not like the veterans are lining up. They should be and there is more word of mouth, now and we have more people calling to inquire, but it's not like they're lining up at the door and that should happen. The thing is, again, when you think of neurofeedback as training for optimal functioning, not fixing problems, everybody who's been in combat has suffered for it.

Erin Matlock

Yes.

Siegfried Othmer

They all should avail themselves of this training. The problem is the military mindset is both in our favor and against us. It's in our favor because they're used to a training model. "Okay, you did a lot of physical fitness training. Now train your brain." They get that. But the other part of it is the marine philosophy of "manage your own problems; bear it; stiff upper lip is the British version, tough it out; don't complain." That's just, in this sense, a formula for denial of real problems.

These people imagine living in a situation that is obviously beyond them, and yet being burdened mentally with the dictum that they signed on to, that yes, I take full responsibility for myself. When you've got a squirrelly brain, that's all lovely, but your brain is in your way here and your brain will not behave. Let's take care of that problem. If we were dealing with a sick liver, the guy would not have his ego involve in having that problem dealt with, but when we're dealing with a dysfunctional brain, we're sensitive on that issue.

Erin Matlock

Isn't that the kicker? I even look back to my experience. I'm very vocal now about what I went through and will talk to anyone about it, but there is a stigma. When you have things going on with your brain or mentally, you're supposed to keep it quietly. And, especially our men are more apt to

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think, as you mentioned, toughen up and handle it themselves.

Erin Matlock

Absolutely. Then there is the conundrum that, as we know, a lot of these people use drugs to help get through life and let's face it. The truth is, that for some of these people, this actually does help. Marijuana can help and even we have had situations where a marine comes in. He loves his alcohol and his wife is absolutely supportive of that because she says, "He's a lot nicer when he's..." You know.

Siegfried Othmer

That's the starting point. We can't tell these people, "Don't use. Don't drink. Whatever." We need to train the brain to the point where the person says, "I don't need that anymore." If at that point he still likes his beer or a glass of wine or whatever it is, then it's probably benign. Then it's no longer an issue. But what excessive drug use tells me is that it's a signal of an urgent need to train the brain toward better self-regulation.

Erin Matlock

Sure.

Erin Matlock

That's interesting. Let me just ask you a little follow-up question to that. I'm thinking of all the parents listening who may have teenagers or kids in college—that 20-year-old range who maybe are on drugs, experimenting with drugs or are full-on addicted. Is there a benefit to come in with their child?

Siegfried Othmer

Okay, look. This is a particular benefit for adolescence because you can't talk to them, so what do you do? We don't talk to them either. We let them experience the neurofeedback and when they're ready to talk to us, we're there to talk to them. But this isn't talk therapy. This is brain training. What happens is, they like it. Parents will tell us, "Sometimes when I'm getting ready to go to the neurofeedback session, he's already sitting in the car. He's already ready to go." They want to go. They like this experience. This can be a remedy for the fractured family, which cannot deal with its adolescent. Just do brain training.

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It's maybe hard to sell it at the outset if the relationship is already fractured. Somehow we need to get across to the adolescent that this is in their interest, not in the interest of the parents. We're not trying to solve the parent's problem here. We're trying to solve their problem. They need to get to the point where they realize this. They have to realize that through the experiencing of it, they're not going to get it by rational argument. But the answer here, of course, is that all this is easier if the child has an earlier experience with neurofeedback.

The chances are, the people who are struggling with adolescents now, already had a bit of an issue when those children were younger, where if a remedy such as neurofeedback had been available to them, they would have benefited from it. So we want to see the children as young as possible. As soon as they begin not to form like they should, brain training should be considered. But even starting in adolescence, this can be quite wonderful.

Erin Matlock

That makes a lot of sense. Start when the children are small and they are more apt to listen to mom and dad and think it's a great idea. Then they go in. They experience how good they feel. They have a positive experience with neurofeedback and it's almost as if it's primed in their brain so that later on in life, if something comes up, then their brain says, "Hey. I need that neurofeedback again. Maybe I need to get back in there." And then it's their idea, because we know with teenagers, it's got to be their idea.

Siegfried Othmer

Right. Right. Right. And we have that experience where children will go back to their parents and say, "mom, remember that neurofeedback thing? I think I'd like to go back there." They'll say that to their parents years later. They'll remember it and say, "You know, I think I want to try that neurofeedback again." Of course, by now, if this is years later, the training is very different from what it was years ago.

Erin Matlock

Yes. It's more exciting. They get to go watch movies.

Siegfried Othmer

Let me tell you one thing. You were asking about the range of conditions where this can help.

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Erin Matlock

Oh, that's right.

Siegfried Othmer

I've got to tell you about headaches. I've already mentioned migraines, but basically the lesson is this: if your brain gives you headaches, it is a message to you that all is not well with your brain. This is the brain in distress. What it's telling you is this is a brain that needs brain training. People should not be content to run around with headaches. And, of course, the existence of headaches does not mean that the brain has a deficiency of whatever headache medication gives you.

Here is where medicine has gone awry. It immediately addresses itself to the symptom. Oh, you have a headache. Well, we have remedies for that. I'm sure you do. But I'm going to solve that problem at the more fundamental level. Why do I have a headache? Can I solve that problem? Not, do I throttle back the symptom by using the medication that disrupts the headache. No. I want to solve it at the fundamental level. That's brain training.

So, what happens if you do not follow that path, if you don't solve the problem, then what happens is, years later another symptom will arise and again the MD will have a ready remedy to cover up that symptom. And what happens is, the underlying disregulation just gets worse and worse. By the time people are 65 years old, they are on an average of 7 or 8 different meds, all of them treating one symptom or another. What we know from our perspective is that those systems are just profoundly disregulated. They don't need those. If their system were properly regulated, they wouldn't need most of those meds.

We have these PTSD veterans from the Vietnam Era. Time and again, 23 different meds they're supposed to manage. Well, good luck with that, first of all. Nobody can keep 23 medications straight. These people are practically homeless. How are they going to organize their lives to take 23 medications in such a way that they don't interfere with each other, not taken on an empty stomach and a full stomach, and three times a day and two times a day? This just doesn't happen. But these guys come to us: "Oh, I'm on 23 different medications." By the time they do neurofeedback, they're on maybe one, two or three that they really need.

Erin Matlock

And there it is.

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Siegfried Othmer

And there it is. Headache is the biggie. There's the signal to people, "I should do something about this besides taking headache medication."

Related to that, of course, is—the other thing that is a big issue—if I may mention it, is PMS. PMS is basically a signature of disregulation. It's just brain disregulation. If the brain is trained toward better regulation, then PMS, by and large, is a non-issue. A complete non-issue.

Erin Matlock

For PMS? I had no idea that you could train your brain to control PMS. I've never heard that.

Siegfried Othmer

It's all the brain. It is amazing. This is so persuasive. This is like PTSD in one sense. That is that PTSD has symptoms all over the map and PMS you see symptom descriptions that are all over the map. It's not one condition, right? It's a condition of brain disregulation that manifests in many different ways depending on the nervous system at issue. In some persons, it may be that they have seizures once a month or migraines once a month. It shows up in different ways in different people. Or violent episodes in people once a month.

Erin Matlock

Exactly.

Siegfried Othmer

All of that is basically an indication that the brain needs to be trained. Even those physical symptoms where you wonder, "How can that possibly have anything to do with the brain?" It has to do with the brain because the brain is in charge of managing it all. A temporary weight gain or whatever. All these physical symptoms, they can still be affected because the brain is basically in charge of everything.

Erin Matlock

Well, you heard it here! PMS can be trained! That's a new one for me!

Siegfried Othmer

Yeah. And I think people listening to this may very well react in the following way. They may say,

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"Well, I hear you and I may even believe you, but my issues are really not so severe that I'm going to feel like I actually need to take care of it." But the thing is, you get something else out of it. If you do the neurofeedback, you don't just get out symptom relief, you get out a better functioning brain. This is really the point. Nobody knows, really, what the intrinsic brain competence is until the brain gets trained. It's like if somebody asked me, "how good are you at golf?" Well, I've never done it. I have no idea. So I'm not very good at it. But I would have to train extensively before I had any good sense of how good I could be. Likewise here, if the brain has ever been sent off on the pathway of disregulation through some early childhood event, then the rest of life you get sort of used to your own limitations and you say, "Okay, that's who I am. I'm just not very good at math, or whatever."

Erin Matlock

Yes.

Siegfried Othmer

But that may not be intrinsically you. That may be because you fell down the steps and had a period of unconsciousness when you were six years old or got hit by a bat at age nine in T-ball. It may not be your intrinsic competence at all. When people have symptoms, they should not think just in terms of symptoms in terms of the pay-off here. They should think, "Well, this is an opportunity to get my brain trained because these symptoms are irritating. But what else might I get?" You may get much better emotional regulation, much better control of vigilance, get rid of road rage. There is a multitude of benefits that people haven't even thought about until they train the brain. People have come in for road rage, but when they do come, they're happy to see it go away.

Erin Matlock

Road rage is a difficult one. So many of us are stuck in traffic. You're out there in California and it's just repetitive stress, which is damaging. So damaging to our entire being.

Siegfried Othmer

Right.

Erin Matlock

But that's interesting, because not everyone listening does have severe symptoms or some condition. Some people want to get ahead at work, get that promotion. Some people are trying to get into graduate school, or trying to get into college, or trying to keep their grades up in college, and some

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of our listeners really want the best brain. We have boomers and seniors who want their brain functioning at peak levels. So this is an option for them, too.

Siegfried Othmer

Yeah. Well, the whole aging thing is another issue. Se do a lot of testing in connection with this work and the remarkable thing is, that vis-a-vis, lets say 20 or 30 years ago, the elderly are holding their mental competencies better by and large. There is dementia and all of that, but the functional brain, the people coming to us—not for dementia, but for other ills—we're getting to measure their brain competence in terms of reaction time and so forth. They're hanging in there. It's amazing. The 70 year old is performing as well as a 16 year old in terms of—I was blown away when I looked at the data. We see data coming in by the thousands, of course. So we get a look at a lot of data. This is improving over time. This is better than we were doing 30 years ago. With better nutrition and people are learning to take care of themselves and so forth. And we are living to older ages, which really means people are maintaining brain function better already even without neurofeedback. Add neurofeedback to that, oh my God! So the elderly should also consider doing neurofeedback.

Erin Matlock

I think that everyone should consider doing neurofeedback. The results sound amazing. Where can people go who are listening to learn more about your work, Dr. Othmer.

Siegfried Othmer

Well, we have a couple of websites. We talked about the veterans program, www.HomeComingForVeterans.org. Our main portal is www.EEGinfo.com. And then our clinic is www.EEGinstitute.com. Any of those sites, people will find their way to us. Then there is also—we have a website for the story of our son. That's www.BrainOthmerFoundation.org. And I'm just now finishing a book. The first printing is already out there. We've got a modest-sized printing: Brian's Legacy where I tell the story of our son, Brian, with neurofeedback. He ultimately died in a nocturnal seizure, so we never completely solved his seizure problem. But he left us a diary of his four years in college and that was just a great gift. So, that should hit Amazon in a month or two. I think that will be hopefully a means by which parents of difficult children will find their way to neurofeedback.

Erin Matlock

I know a little bit about Brian's story. When I was first introduced to you guys, a couple of years back and I read into it. I'm really happy that there is a book coming out. I can't wait to read it, because I

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do think that it is so helpful for other parents to learn from someone who has been in exactly what they've been through. That's not always the case. When I look at my friends who are parents they typically are living normal lives. And you may have one friend, or one set of parents who are dealing with challenges. It can feel very isolating and frustrating when you have things going on that your other friends aren't. Like you said, some of these can be particularly difficult and trying. It's a good thing. I hope you'll keep us posted when it comes out. I'll definitely be letting my community know when the book is in stores.

I do want to say the websites again. If anyone listening, if you are a veteran, if you have a family member that is a veteran, or if you know a veteran, encourage them to go to www.HomeComingForVeterans.org and check out the options available to them. It's worth it to go in and try it once and see what it does for you. Also, the website for the institute, which is Dr. Othmer's clinic, is www.EEGInstitute.com. That is in California. There main website is www.EEGInfo.com. And I believe that's the one where you have a directory to providers across the nation. I think you're internationally, too, aren't you, with providers?

Siegfried Othmer

Yes. Right. We're all over the world, in about 40 countries now. So, the European website there for international is www.EEGInfo.ch. They are headquartered in Switzerland. So, that's to a certain extent a mirror site, but that has the international practitioner list.

Erin Matlock

Okay. And then the last website was www.BrianOthmerFoundation.org. And Othmer is spelled OTHMER. So it's www.BrianOthmerFoundation.org. That way you can get information and learn more from Dr. Othmer and his wife Sue.

Thank you so much for being here today and spending—I know we went over time and you're busy, so I appreciate you not rushing and letting me ask all of these questions and keep you here.

Siegfried Othmer

Yes.

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Erin Matlock

My guest today was Dr. Siegfried Othmer. This is Erin Matlock with "Reboot Your Brain," signing off. Goodbye everybody!

MARIE PASINSKI MD



www.MariePasinski.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. MARIE PASINSKI TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guest today is Dr. Marie Pasinski. Marie Pasinski, MD graduated from Harvard Medical School where she continues to serve on the faculty as an instructor in neurology. Dr. Pasinski is a board certified member of the American Academy of Neurology and a staff neurologist at Massachusetts General Hospital. Her special interests include brain health, dementia prevention, and the protective effects of exercise, diet, mental stimulation and socialization on the brain. Dr. Pasinski has been featured as an expert commentator for the today show, Ladies Home Journal, Women's World Magazine, and numerous other media outlets. She is a frequent guest speaker at conferences and symposia, and writes a help blog for the Huffington Post. She is the author of "Beautiful Brain, Beautiful You" and "Chicken Soup for the Soul: Boost Your Brainpower."

Welcome Dr. Pasinski! Thank you so much for being here today.

Marie Pasinski

Thank you, Erin.

Erin Matlock

I am really honored and so excited about this conversation. You know, I want to start off—I'm always curious as to—we reach doctors at the pinnacle of their career, and I wonder, can you tell us a little bit about what got you started into medicine?

Marie Pasinski

Well, you know, it's interesting. I actually started out in college in art. I wasn't really sure what I was going to—what I was actually going to do with that. When I was entering my sophomore year of college, my oldest brother was starting medical school and we happened to be in the same city. I'll always remember. One night he came over and he was like, "Marie, you've got to come see my cadaver!" [Laughter]

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Erin Matlock

That's a brother!

Marie Pasinski

Yeah. Because in medical school you do a course called gross anatomy, where you dissect a cadaver, and he was so excited by that. I thought, "I don't want to come see your cadaver." And he's like, "It's amazing. Just please come." We went over to the medical school one evening and it was kind of eerie walking into the anatomy lab and the bodies—the cadavers—are on these metal gurneys. I was kind of thinking of turning back, but he began to show me what they were working on, and they were dissecting the upper extremity. He showed me how, when you pull on tendons in the forearm, the fingers flex. And when you pull on the opposite tendons on the opposite side of the arm, they extend. For me, someone who had been studying art, it was amazing to see what was underneath the skin, how the body was put together and it was like Leonardo Da Vinci's anatomy drawings coming to life. I was so intrigued. It really was an epiphany for me. That's when I started thinking, "This is really neat" and that was kind of one of those powerful life-changing moments for me.

Erin Matlock

You were hooked!

Marie Pasinski

Uh-huh.

Erin Matlock

So you get on this path and you go into medicine, but you also chose to specialize in something a little different, which is neurology. What made you decide to do that?

Marie Pasinski

Well, it's kind of parallel to that story. When I was a first year student and taking my gross anatomy class, the very last part of the dissection is removing the brain. I'll always remember the first time I held a human brain in my hands and thinking, "Wow! Every thought, every emotion, every mood, every dream that this person ever had was somehow coded within." That cue was just a very powerful moment for me. I became fascinated with the brain and I have been ever since. I absolutely love what I do as a neurologist.

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Erin Matlock

I can't imagine getting the chance to hold a human brain in my hands. That must have been amazing. Of course, now it's probably old news for you, but that's a life-changer right there.

Marie Pasinski

You know, it actually never gets old. I feel in my profession, what I do is I kind of get to know everyone's brain that I'm working with. Every brain is different and it's just such a miraculous structure. Our brain is our essence. That's what makes us who we are. To have the privilege to work with patients in keeping their brains healthy, I can't imagine anything more rewarding.

Erin Matlock

It's an amazing—I could talk about that all day, just the decisions to go into medicine. There is so much sacrifice, so much schooling and then to really dedicate your life to the care of others, it's a wonderful thing. Now, I'm quite a fan of your...

Marie Pasinski

You know what's interesting, though, is that once I was in medical school, I actually found that it was much easier than college because you're studying...

Erin Matlock

Really?

Marie Pasinski

Yeah! Everybody thinks medical school is so hard, but you're finally studying topics that are so fascinating and interesting and it's what you want to do and you're starting to see patients on the wards that I actually didn't—it wasn't hard. It wasn't work. It was incredibly interesting.

Erin Matlock

That's when you know you're doing what you absolutely love to do.

Marie Pasinski

And were meant to do.

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Erin Matlock

Yeah. I like that. Now you know, I'm a fan of yours and I've heard you speak before. I've heard you tell a story about taking entrance exams before you got into high school and maybe not performing so well, and I have to tell you, that shocked me—that story—and I thought it was really important especially when we understand the fact that you are a Harvard educated neurologist. For those listening, can you talk a little bit about that experience?

Marie Pasinski

Umm-hmm. So when I entered high school, I had to take these placement exams. My guidance counselor told my parents that I wasn't college material. I had scored so miserably on the entrance test, especially in spelling and language and instead of taking the regular college prep track, the guidance counselor recommended that I take remedial reading and not take a foreign language. At that time, if you didn't take a foreign language, you could never go on to a four-year college. Now, as a neurologist, in retrospect, I realize I was struggling with dyslexia. But at that time, it wasn't on anybody's radar screen. Fortunately, my mother just wouldn't hear of it. She said, "I know you can do it." And she insisted I take the regular curriculum and I got through it. I will be forever grateful to her.

Erin Matlock

You don't mess with a mother, right? Mothers have this idea of how things are going to go and a little thing like a placement exam is not going to shake them. I get chills when I hear this story, and I also think, "Wow! How inspiring it can be for people who are listening who maybe also struggle with exams or are struggling with educational issues to think that 'Hey, not performing so well on a test or some type of placement exam doesn't have to be a lifetime label.'" Here's Dr. Pasinski and she didn't have such a great experience with the high-school placement exams, and yet went on to Harvard Medical School.

Marie Pasinski

I think we have to be very careful of labels because they are so restrictive. I think my story is a testament to the power of the human brain. Often, when one part of the brain isn't working so well, you compensate in other ways. I see this over and over again in my practice and I think it's an important message to get out there. I think too often we judge the brain's potential as IQ intelligence, basing it on these little boxes of information and how well you do on it, when actually, you can't look at the power of the brain based on the small categories.

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There are so many things that our brain does for us that aren't measured on the traditional placement tests or IQ tests. That's what I love about Howard Gardner's work. Howard Gardner's a psychologist at Harvard and he came up with this idea of Multiple Intelligences. In addition to being good at languages or mathematics, there is kinesthetic intelligence—the intelligence of how you move your body and moving in space. There's musical intelligence, artistic, and interpersonal intelligence. Some people are just very good at reading other people and reading emotional situations. Some people are very good at understanding themselves—kind of intrapersonal intelligence. So, I think it's important to come and look at the big picture and the full spectrum rather than just judging yourself on how you do on these placement exams or IQ tests.

Erin Matlock

I do too. I think sometimes, especially for young people—children, students—the pressure of taking these types of tests or getting these results can be such a hit to the self-esteem and I think it's wonderful that you share, because it doesn't have to be. Like you said, it's just one little box. That's it.

Marie Pasinski

Right.

Erin Matlock

Now, you are a staff neurologist at Massachusetts General Hospital. What would you say is the favorite part of your job?

Marie Pasinski

Oh, gosh. There are so many things I love about being a neurologist. I think probably the most important thing is that it's so deeply meaningful and truly a privilege to care for people through what often can be the most difficult time in their lives, some of the biggest challenges of their lives dealing with brain disorders. You know, what I love about my job is people are always grateful for the work that I do and thanking me.

Erin Matlock

Yes. I bet.

Marie Pasinski

Boy, you can't ask for more than that. I truly am so grateful to have the opportunity to do what I do.

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Erin Matlock

Yeah. I bet they love you. You're definitely one of the most important people of their entire life when they come in to you.

Marie Pasinski

Well, but they enrich—my patients enrich my life in so many ways. Everybody has their own story to share and I love getting to know the stories. That's what makes my work meaningful and worthwhile.

Erin Matlock

It's getting to know your patients.

Marie Pasinski

Yeah. Yeah.

Erin Matlock

I like that a lot.

Marie Pasinski

And following them over time. I've been in practice over twenty years and we've kind of grown together over time—a lot of my patients.

Erin Matlock

I bet that's nice as they follow along as they grow and you grow and life takes its course.

Marie Pasinski

Umm-hmm.

Erin Matlock

You know, one of the questions I get a lot in the Brain Pages e-mail box is, "Erin, what's the difference between Alzheimer's Disease and dementia?" And I thought, wouldn't it be wonderful if we had a neurologist actually explain that to us!

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Marie Pasinski

Okay. It's actually pretty easy. Alzheimer's Disease is one type of Dementia. So, Dementia is the umbrella term for a decline in cognition over time. Alzheimer's is one type of Dementia, and it's far and away the most common type. That's why it's the best known and kind of often used interchangeably. In fact, there are other types of Dementia, including Vascular Dementia. That's Dementia caused by multiple strokes. There is Dementia caused by alcoholism. Other types of Dementia are Louie Body Dementia, Frontal-Temporal, and there is a broad range. But again, Alzheimer's is the most common type.

Erin Matlock

Dementia and specifically Alzheimer's Disease—that's not a natural part of aging. It just seems to be a prevalent part?

Marie Pasinski

No. You're right. It's not part of normal aging or healthy aging. It's a degenerative disease of the brain.

Erin Matlock

I think some of us, with all the information we hear, it's like, "Okay. We'll, that's just part of aging. At one point, we're going to get dementia." But from what I understand and the people I speak to, is, no. We're not actually supposed to get dementia just because we get older.

Marie Pasinski

You're absolutely right.

Erin Matlock

Okay.

Marie Pasinski

And most people don't get Alzheimer's Disease or Dementia.

Erin Matlock

Now, what can we actually do to decrease our risk for Alzheimer's and other types of Dementia?

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Marie Pasinski

This is the exciting news is that there are many things we can do to decrease our personal risk of dementia. There was a recent study in the Lancet Neurology Journal, which showed that up to 50% of cases of Alzheimer's Disease are due to seven modifiable risk factors. So that's huge.

Erin Matlock

That is.

Marie Pasinski

In other words, the lifestyle choices that you make and the habits that you have that are under your control make a significant contribution to your susceptibility to Dementia and whether or not you're going to be able to preserve your mental faculties over time.

Erin Matlock

Do you think we can go through some of those risk factors?

Marie Pasinski

Yes.

Erin Matlock

Okay.

Marie Pasinski

So this study identified seven risk factors which include mid-life hypertension, diabetes, mid-life obesity, smoking, depression, cognitive inactivity or low educational attainment, and physical inactivity. Out of all these factors that they looked at, they also looked at how strongly each of these risk factors was associated with Alzheimer's Disease and you know what the biggest risk factor in the United States is?

Erin Matlock

What?

Marie Pasinski

The number one risk factor is physical inactivity.

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Erin Matlock

Oh! And that is an easy one to change!

Marie Pasinski

It is.

Erin Matlock

It's free!

Marie Pasinski

Yes! (Laughter) And any of us can do it. It's probably one of the most important things I share with my patients to get them moving. When we get our heart rate up, that increases—you know how when you get your heart-rate up, you feel kind of flushed in your face?

Erin Matlock

Yes.

Marie Pasinski

Well, that's from increased blood-flow. When you get that increased blood-flow in your face from your heart rate beating faster, the same thing is happening in your brain. There is increased blood-flow in your brain and that causes this cascade of wonderful chemical changes in your brain that actually promotes the birth of new neurons and the formation of new connections in the brain.

One of my favorite studies actually shows that physical activity can increase brain volume.

Erin Matlock

Yes.

Marie Pasinski

That's amazing. What they did, and it doesn't have to be really vigorous activity. The study was a walking study where they took people who were inactive and they put them in a walking program. They were 65 and older. They did MRI scans of their brain at the beginning of the study and then six months later. During that six months, they walked three days a week for an hour. And what they found at the end of six months was a visible increase in the thickness of the cortex, of the frontal

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part of the brain in the walkers. That's incredible. It's an easy way to keep your brain healthy and decrease your risk of dementia.

Erin Matlock

So, just simple walking. Not even having to hit the weights. Have you heard of the walking book clubs where you go and instead of sitting around maybe drinking wine and discussing your book in your book club? You're out. You read and so you're enriching your brain, but you're also then out walking with your book club discussing the book.

Marie Pasinski

That's wonderful! That actually adds to the brain benefits that it's social because socialization is also shown to be terrific for your brain. What a great way to combine things!

Erin Matlock

I know! I think it's such a cool concept?

What about—are there minimum—I know some people listening are like, "Okay. I've got to exercise now because Dr. Pasinski makes sense. But what's the minimum I need to shoot for because I hate exercise." I'm sure you hear that from people.

Marie Pasinski

Well, you know, I think we need to change—first of all, change our attitude about exercise. We shouldn't call them workouts. When we call them workouts, it just sounds like, who wants to do a workout? That sounds so terrible! [Laughter] You're not going to stick with an activity if you don't find it enjoyable. So I really encourage people to reflect for a moment on when was the last time you enjoyed moving your body? Maybe it was playing Frisbee on the beach, or going for a walk with a loved one. Maybe it was dancing at a friend's wedding. Whatever it is, that's what you need to get more of in your life. It doesn't have to be regimented activity and clocking time at the gym and, in fact, doing activities that you like, that in and of itself is good for your brain. So if you can combine physical activity with an enjoyable activity, you are doubling the brain benefits.

Erin Matlock

I think so too, and the thing is, you're very right. If I had to get my exercise in a gym, it would never happen because just for me personally, I don't like being there. I try to avoid it and I just will do any-

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thing to procrastinate going. But, where I live, I'm surrounded by mountains. You cannot pull me off of those mountains! I'm always hiking out in nature. It's a beautiful way for me to get my exercise. So I think the point you made is so important. We all figure out whether it's tennis, dancing, swimming, yoga, volleyball, or there are those people who love the gym, that we find what works for us, and for some that will be a walking book club!

Marie Pasinski

Exactly. Yeah. It's great to be creative with your activity. One of the other things I like to mention, too, is just trying to weave more activity into your day because there have been some recent studies looking at how, with sustained sitting—if you're sitting for hours on end, your blood sugar rises, your cortisol level rises, and that's not good for your body or for your brain. But just getting up for two minutes can bring your blood sugar back down and your cortisol level. It seems like this is maybe—it probably is even more important for general health and getting those 30 minute blocks of activity and it's kind of changed the way I operate, now.

Let's say—I used to sit at my computer. I could sit for hours on end writing or doing paperwork at the end of the day in the office. Now what I try to do is set a timer every 30 minutes and get up for just a couple of minutes to walk around and get my blood flowing. I used the ladies room up on the floor above where my office is to get an extra flight...

Erin Matlock

Oh, that's so smart!

Marie Pasinski

Yeah. To get an extra flight of stairs in during the day. I think that type of regular activity during the day and avoiding prolonged sitting is really important.

Erin Matlock

You know, so many of us sit at our desk all day long. It is easy to get so engrossed in what we're doing that we forget to get up. Then we're tired, or we have to go pick up our kids, or go to the grocery store and make dinner, and then it's 8:30 at night and everyone is too exhausted to exercise. I think that's such great advice. Let's set an alarm at work and just try to get up every 30 minutes or so and do creative things like use the restroom on a different floor. I hadn't heard that one!

That's interesting.

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Marie Pasinski

Or standing up, talking on the phone. That's another thing that I've started to do. I take my phone calls standing up. I've got a long chord on my phone and I walk around, again, getting a little more activity in. I think it helps clear your mind, too.

Erin Matlock

I think so, too, because you're forcing yourself to do something different. I've also heard of standing up meetings for people who are in business and have a lot of meetings. It's supposed to help with the efficiency because no one wants to stand up forever and it keeps people focused and alert. They're not sitting, slumping in a seat for two hours. They're getting in, getting their meeting done and getting out. There are lots of different ways, like you said, if you're creative, to figure out how to move throughout the day.

Marie Pasinski

I think it's one of the best things we can do.

Erin Matlock

What about for those of us who haven't been so great to our brains our whole life and we're starting to wake up now and say, "Okay, in the next 10, or 20, or 30 years, we're looking at becoming seniors. What can we do to reverse the aging process in our brain?" Is there anything?

Marie Pasinski

Absolutely. One of the most important things is physical activity. Another one is staying mentally active. It's so important because every time you learn something new or you have a new experience, it actually changes your brain. So our brain—I like to think of our brain as a work of art in progress. We used to think that our brain was static and that we were born with all the brain cells we'd ever have. And we now know that's so far from the truth. Our brain is constantly changing. It has the ability to make new neurons and new connections throughout our lives.

One of the things that stimulates that process is taking in new experiences. Every time you think in a new way, and learn something new, you actually have to make new connections in your brain. Often we think of thoughts as this indefinable thing, but thoughts are structurally represented in the brain. Every time you think along a certain thought, you think along that same pathway that carries that thought, you reinforce that thought. But every time you think new thoughts or new ideas and

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have new experiences, you're building up new areas of your brain. That seems essential to keeping your brain vibrant and healthy throughout your life.

Erin Matlock

That is something that some people retire and leave the work force sometimes there can be that tendency to not take on new things—to stop that learning. That's something definitely people need to think about. I know, when my parents—they're retired now. They moved into one of these communities that is an over-55 community. My whole life, when we talked about those types of communities, it was like, "Oh, we'll never live there. That's where old people go." I just have to tell you, those two people—my mother and father—they're the happiest they've ever been because they have new things constantly and whether it's the computer club or the wood-shop. I went to visit them just a few weeks ago and there was this snake guy who came in for a lecture and he brought 30 different types of snakes and they're just constantly enriched. Constantly learning new things.

Marie Pasinski

Isn't that wonderful!

Erin Matlock

Yes. It's amazing. One of the neat concepts I thought that people can do this no matter where they live. I think families, if you have grandparents nearby or if you are over in the senior age, is this country themed, or cultural themed dinner night where you pick a country and—say it's going to be Italy—and everybody needs to bring a dish that is really specific. Not the American Italian food, but really researched. An authentic Italian dish. And everyone is supposed to bring one word in Italian that they're going to teach the others so people are learning and they have to bring an interesting fact about the country that isn't really a popular fact that's known. So, everyone can come together and this is something that doesn't take a lot, because you just go to the grocery store, do a little research, you're enriching your brain, you have this socialization and each month you do a different country.

Marie Pasinski

Wow. I love it.

Erin Matlock

I thought that was really neat and something any of us can do. How fun to do that, just with a group

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of friends or family night. Definitely life-long learning, as you said earlier—it's just about getting a little creative.

Marie Pasinski

That's wonderful for their brain. I'd like to ask people to think about when they were in school and how you were constantly going new places, meeting new people, learning new concepts, learning new skills, taking new experiences, and you know, all of that is wonderful for your brain. Unfortunately, as we get older, we often get into these routines. We work the same type of job or thinking in the same way, solving the same kinds of problems. It's not that we're not learning anything new, but it's nowhere near the pace of our youth. The reality is, there is no reason we can't continue to stimulate our brain like your parents are doing throughout our lives. That's just a wonderful thing to do and it will keep your mind sharp.

Erin Matlock

I also think it's also good for the mental health because it just keeps the mood up and happy. Now, what about, one of the other things I get questions about a lot, is what about this cognitive reserve. We hear about it a lot in popular science and in articles out there. What is cognitive reserve?

Marie Pasinski

Cognitive reserve refers to the fund of knowledge that you've accumulated over your lifetime. As I mentioned, every time we learn a new skill or have a new experience or open our mind to new ideas, we're actually adding to the fund of knowledge. Having a robust cognitive reserve seems to be essential for keeping your mind sharp as you age. Again, there is no reason we can't continue to add to this fund of knowledge throughout our lives. The way to do that is to break the routine, and try new things. As you mentioned, that also is invigorating. It boosts your mood. You feel good about yourself and it's all good. It causes wonderful changes in your brain.

Erin Matlock

So cognitive reserve really is just a fancy name for the rest of us, just trying to exercise our brain, exercise our mind, life-long learn, exercise our body throughout our entire life.

Marie Pasinski

Yeah. So it's kind of like building up areas of knowledge in your brain. I encourage people to do something they haven't done before. You get the most bang for your buck in that way.

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Erin Matlock

Absolutely.

Marie Pasinski

If you never took up a musical instrument, that's a great thing to do later in life. It's a fun way to challenge your brain. Again, I think the other thing is to keep it fun. Do something that you want to learn. Something you're passionate about, because when you're passionate about what you're doing, that causes the release of this neurotransmitter called dopamine, which is a feel-good, pleasurable neurotransmitter. When that is released, it actually helps you learn better. So it's kind of a win-win all around.

Erin Matlock

So when you are releasing dopamine, you learn better.

Marie Pasinski

It actually primes the brain for learning. That's why, when you were back in school and you found a certain subject interesting, you were able to learn it better because dopamine was being released. Or, if you had a favorite teacher, you would pay attention better in the room and in their classes because you liked them and you found it rewarding listening to them and again, dopamine would be released and it would help you remember better.

Erin Matlock

Huh. I always wondered why that is. The things we love, the things we're really excited about are easier to learn.

Marie Pasinski

Absolutely.

Erin Matlock

And they don't feel...so now we know! We're releasing dopamine!

Marie Pasinski

That's the key! [laughter]

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Erin Matlock

I love it! Now, one of your books—you're the author of "Chicken Soup for the Soul: Boost Your Brain Power"—how did you come up with the idea for that book?

Marie Pasinski

The Boost Your Brain Power was actually a collaboration between Chicken Soup for the Soul and Harvard Medical School. What I love about the book is that it pairs short stories of innovative individuals who share what they do to keep their brains healthy. That's combined with my explanations of the science behind their stories. I can't think of a better way to highlight the potential of the human brain. The other thing I love about these books is the stories really reinforce the information. Again, when you make information enjoyable, when you present it in a story, you're more likely to remember it. It also takes advantage of how our memory systems work.

Erin Matlock

Yes. That is true. I always remember the stories more than I remember just straight cold facts. Can you share a couple of maybe your favorite stories from the book?

Marie Pasinski

It's really very hard to choose.

Erin Matlock

I know! I bet!

Marie Pasinski

Every story highlights a different strategy or insight into getting the most out of your brain or improving your brain. I think one of the very important stories is a story about a woman who, she was in her early 40s and was having trouble remembering things. She was worried that she was developing Alzheimer's Disease. She felt very tired, too, and was very concerned. Fortunately, she went to see her doctor, and as it turned out, she had what's called Vitamin B-12 deficiency. When she had that corrected, her memory returned to normal and she got her energy back.

I think it's an important message that if someone is having problems with their memory, it's so important to see their doctor because there are many factors that affect our thinking and our ability to remember and if you don't get it checked, it won't be corrected. Often, people are afraid because

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they're thinking, "Oh! It's Alzheimer's Disease" and they're scared to see someone. But the truth is, they may well have something very reversible.

Erin Matlock

Well, that brings up a question real quick, if I could interrupt. I get that a lot, too. What's normal memory loss, just maybe if we're in our 40s, 50s, 60s and beyond, and then when do we know, "Hey, you know what? This may not be normal. Let's go check with the doctor."

Marie Pasinski

I think if someone has concerns that they feel their memory isn't as good as it used to be, or they're having noticeable memory problems beyond what they think is normal for their age, always get it checked out. That said, as we get older, it is common to have a little difficulty with word finding or we're not always going to remember where we parked our car, or where we left our car keys. [Laughter] things like that. Small lapses of memory like that, I don't worry about so much.

But when memory problems start to interfere with somebody's ability to function, then that becomes a concern. Some of these warning signs include asking the same question repeatedly; forgetting common words or mixing them up with each other; getting lost in familiar places; having trouble doing things that you used to do routinely. Maybe it's cooking a favorite meal, cleaning, tying your shoes, or whatever. If tasks like that become difficult, that can be a warning sign. Difficulty following directions or sudden changes in mood or behavior for no apparent reason.

I can't stress enough, though, that if you do have concerns, just go get checked out. It's always best. There are so many things that can affect our memory: Stress, depression, sleep disorders, thyroid problems. We talked about vitamin deficiencies. You won't really know until you are checked out. So it never hurts to go to the doctor if you feel you have concerns. I think that's the best way to put it.

Erin Matlock

I think so, too. That's the advice I've always been given. If you are worried about maybe slip-ups or things that are going on with your memory. Just go. Go talk to your doctor and if you don't have a doctor, start that relationship. Get that baseline. Get in and begin that relationship, like Dr. Pasinski said. She sees patients over the span of a lifetime. She's been practicing for 20 years, so that's the best person, who is the person who has known you and can watch the changes in your memory over time.

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Now, let's go back to Chicken Soup for the Soul. Can you give us another story?

Marie Pasinski

Another story I love is about a woman, again, in middle age who had been a full-time mom for a number of years and was heading back to work and she felt she just wasn't cognitively ready to go back. She was trying to figure out how to get on top of her game. She wanted something to challenge her mind. She ended up taking improv classes—improv acting. It was a fun way for her to make herself think quickly. She was learning new things, meeting new people, and she found it was a great way to kind of energize her brain.

Erin Matlock

So, improv acting.

Marie Pasinski

Yeah. She found a really creative way to challenge her mind and to boost her confidence.

Erin Matlock

You know, I think this is also so important for people who get to a certain age. Whether it be they're an adult, they're married, they've got kids, or they're older, or they're retiring, or they're seniors and saying "Oh, you know. I'm too old for that, or it's too late for me to learn an instrument. Why do I need that? Or why do I need a new language. Or hey, I'm too old to become an actor or an actress." It really is not just about, "Hey, lets take some time to follow our dreams and follow our interests." But it's also really good exercise for our brain. It's added incentive to really continue to take up new things throughout life.

Marie Pasinski

Absolutely.

Erin Matlock

Now, you talked a little bit earlier about our brain and I think you covered some of this, but I want to talk specifically about the term "neuroplasticity." It's something we as consumers have kind of been hearing about for the past five or six years. It's kind of a new term and it's tossed around a lot, but again, why should we pay attention to this and how do we actually take advantage of neuroplasticity?

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Marie Pasinski

Neuroplasticity is probably the biggest break-through in neuroscience that there has been over recent years. I think I mentioned before that we used to think of the brain as being static, that it was poured cement, that by the time you were an adolescent, things hardened and it didn't change. And we now know that it couldn't be further from the truth. It's constantly evolving. Even if you and I are talking, and having this conversation and people are listening, our brains are changing. We're making new connections in our brain. The brain we have at the end of this conversation is going to be different than the one we started with. That's because of neuroplasticity.

Neuroplasticity should give us pause to really think about how we spend our time, how we're using our brain. I like to tell my patients to ask themselves, "What have you done for your brain today?" If we did that every day and just tried to do something new, something to challenge our mind—but again, keep it fun. Keep it invigorating. In the process of doing that, you can tap into that power of neuroplasticity and build up your fund of knowledge, your cognitive reserve, over time. That's the key to keeping your mind sharp.

Erin Matlock

So it's doing something for our brain every day. I think for a lot of us who are on autopilot, we're so busy, we're stressed, we've got kids, we've got careers, we've got spouses and all the other volunteer projects in our communities is to take time out and just start to think: did I do anything for my brain to protect myself throughout my life? Then we roll into the next step, which is, now that we've noticed that maybe we're not doing something for our brain, we take that moment to pause and we start adding in things, little by little to make those changes.

Marie Pasinski

And the possibilities are endless. I have one patient who again, felt she was kind of in a mental slump and we were talking about revitalizing her brain and things she could do to kind of recharge her brain, something she could feel good about that she'd be learning. She decided to take up singing. She was in her 40s and she always wanted to sing. She started taking singing lessons and in the process of doing this, she would have to memorize songs. She found that in doing this, committing songs to memory, her memory for other things improved. I just think that's a great example of how doing something that you love and working that into your every day life, you're really tapping in to the power of neuroplasticity and you will reap the benefits. In her case, it improved her memory.

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Erin Matlock

It's nice. It's small accessible steps for us. I think sometimes these huge words get thrown around and for all of us normal people, we just want to be healthy and happy our whole lives and it's nice when someone like yourself, Dr. Pasinski, can break it down for us into just little things that we can start doing that don't mean committing to this whole process or this huge time commitment or this large expense. We can just naturally filter new things into your day. It's nice. It's very motivating. It makes it a little bit easier to get started.

Now, I'm really curious as to—the things that go on in our brain, how does that affect our physical health, our actual body?

Marie Pasinski

This is a fascinating area of neuroscience. We have this growing understanding that the way we use our brain does affect not only the structure of our brain, but in turn, it affects our general health. Some of the most fascinating research in this area is being done by Dr. Herbert Benson. He's at Mass General and he was one of the pioneers of mind-body medicine, kind of looking in to that connection. I think he's done what I consider the most amazing research in this area. He actually proved the way you used your brain changes your body physically. So, what he did is, he taught people the relaxation response. It's a 20 minute relaxation exercise that they did for eight weeks as part of this study. At the beginning of the study, they looked at the people's white blood cells and they looked again eight weeks later. Over the course of eight weeks, just by doing this intervention of performing the relaxation response every day for 20 minutes, they literally changed the gene expression in their white blood cells.

Erin Matlock

Wow!

Marie Pasinski

Yeah! It's incredible! It's physical evidence of how the way you use your brain can influence the white blood cells circulating in your system. It's really wild. But we have this amazing technology now that allows us to look at gene expression. Genes are either turned on or turned off. We can look at the overall pattern of what genes are turned on and turned off through what is called gene expression profiling. I like to compare it to looking down at a city at night from an airplane. You know how you see the pattern of lights on in the city. It's like taking a snapshot of the beginning

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of the study and after. You see that some lights that were on, now are off, and some that were off are now on. Even though he couldn't look at all 90,000 genes, when he looked at a lot of the genes involved in the inflammation and the stress response, those were all down regulated. They were actually set to a healthier set-point. This is amazing research.

Erin Matlock

This is why I love the brain and I know it's why you love the brain. We keep finding out all of these things about how important it is and what's going on in our brain and how it can actually affect every part of us, right down to our genes.

Marie Pasinski

Absolutely.

Erin Matlock

Who would have thought! It's just not anything that would have ever gone through my mind.

Marie Pasinski

Yeah. It's a powerful area of research. I think we all intuitively know about the mind-body connection, but this actually demonstrates it in a very elegant way. And again, it should give us pause about the thoughts that we're thinking on a regular basis and the thoughts that we let run through our head. I think the beauty of the brain is that you can learn to reprogram those thoughts and change your inner voice. That, in turn, ultimately will change your general health.

Erin Matlock

That is such a powerful statement, is that you can learn to change those thoughts and that in turn will change your general health. Many of us don't really see the point. "Well, okay. I have these thoughts. I have this negative thought about I'm no good or I'll never be able to do this." We have this self-criticism—those tapes that go on in our head. What we're finding out through science, like you just said, those thoughts are affecting our health.

Marie Pasinski

Exactly.

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Erin Matlock

So, definitely reason enough to start looking at our inner dialogue, our language to ourselves and get to work reprogramming. It's amazing. I feel like our whole world—don't you?—is just opening up because science keeps telling us all of this wonderful stuff.

Marie Pasinski

Yep. And it's through the miracle of neuroplasticity that we can change those thought pathways in our brain. So every time you think a thought, you're making that thought pathway stronger. You're reinforcing it and again, the beauty of the brain, if you can learn to think differently, and refuse to think along negative thought pathways and instead think along positive, self-enhancing thought pathways. As you think along those pathways more, you're going to reinforce those pathways and those negative thought pathways that you're not letting your mind go to will actually kind of wane over time. It's like they become overgrown with weeds. Your go-to thoughts will be the positive pathways. So, in this way, you actually can redesign and change for the better the infrastructure of your brain.

Erin Matlock

Straight from brain science. Dr. Pasinski, what's one thing you personally do every day for brain exercise?

Marie Pasinski

The one thing I do is I try to do some form of physical activity. I try to keep it fun. I personally love to dance, so I take dance classes. For me, the classes are just a wonderful thing for my brain. I'm learning new choreography. I'm listening to music, which is great for your brain. We could have a whole other conversation about that—how music changes your brain. It's social. It actually is very spiritual for me, too. I find there is something kind of deeply meaningful about moving in time to music with women that I've gotten to know over time. I take dance classes regularly. On days I don't take a dance class, I'll go for a bike-ride or go for a walk. I love all kinds of different physical activities. Sometimes I'll just dance in my kitchen. On days when I have a really full day, I'll do things like take the stairs a lot if I don't have time to actually work out or do some kind of activity. I try to make sure I get enough physical activity in my day.

Then, I try to learn something new regularly, whether it's from reading the newspaper. I try to watch a new TED Talk once a week. That's something I've taken up recently.

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Erin Matlock

Yeah. That's a good one.

Marie Pasinski

It's a great way to expand your horizons, your intellectual horizons. It opens you up to new ideas. I enjoy doing that. I try to change up what I do, kind of getting out of routines, whether it's driving a new way to work or stopping by a farmer's market I haven't been to before. What's so interesting is, when you try something new, there is kind of a domino effect where one new thing leads to another. If you go to a place you haven't been to before, you might run into someone you haven't seen in a while, and they may invite you or tell you about some upcoming show that you hadn't heard about and things just have a way of snowballing in a very positive way. I like to kind of mix it up and keep things fresh.

Erin Matlock

Well, that helps a lot. You've given us a lot of ways and especially if a busy neurologist can integrate creativity and different types of movement into her life, then the rest of us can, too. We have no excuse!

Now, where can people go to find out more about your work and where can they get copies of your books?

Marie Pasinski

My website is www.MariePasinski.com.

Erin Matlock

Let me interrupt one minute and let me spell that for everyone. It's www.MariePasinski.com.

Marie Pasinski

Yes. And on my website you can find out what I'm doing. There are links to the books. I'm also on Facebook at Dr. Marie Pasinski and my Twitter handle is Dr. Marie Pasinski. I would love to hear from people. I think the most enjoyable thing for me since becoming an author is connecting with people I never would have had the chance to connect with otherwise.

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Erin Matlock

Yes.

Marie Pasinski

It's been really meaningful for me.

Erin Matlock

It's fun. And Dr. Pasinski is very active on social media. It's Twitter.com/DrMariePasinski and then it's Facebook.com/DrMariePasinski. The books are "Beautiful Brain, Beautiful You" and "Chicken Soup for the Soul: Boost Your Brain Power." Dr. Pasinski, where are those sold?

Marie Pasinski

They're available on Amazon, as well as other online retailers.

Erin Matlock

That makes it easy to grab a copy. I want to thank you so much. This has been—I could really keep you here all day. I won't because I know you have to go.

Marie Pasinski

I've enjoyed speaking with you, Erin!

Erin Matlock

It's lovely. It's nice to be able to pick your brain and get some of these questions asked. I am just so honored to have you as part of this series and to be able to speak to you about all of this.

Marie Pasinski

Well, thank you. It's my pleasure, truly.

Erin Matlock

It's my honor. Everyone, this is "Reboot Your Brain." I'm Erin Matlock. Goodbye!

DREW RAMSEY MD



www.PrescriptionBrainFood.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be a patient education, does not create a patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guest today is Dr. Drew Ramsey. Drew Ramsey is a psychiatrist, author and farmer. Dr. Ramsey is an Assistant Clinical Professor of Psychiatry at Columbia University in New York, and an Attending Psychiatrist at the New York State Psychiatric Institute. His clinical work focuses on the treatment of depression and anxiety with a combination of psychotherapy, diet and lifestyle modification in psychopharmacology. He is co-author of the books "50 Shades of Kale" and "The Happiness Diet."

Welcome, Dr. Ramsey! Thank you so much for being here with us today.

Drew Ramsey

It's my pleasure, Erin. It's really great to be here with you.

Erin Matlock

Thanks! Can you tell me a little bit about your background and how you became so interested in brain-food?

Drew Ramsey

Sure. Well, I'm a physician, and therefore I am always thinking about ways of how I can improve the health of my patients and myself. Then I'm also from a farm. I grew up in southern Indiana. We have a small family farm. We have about 127 organic acres and mainly grow food for ourselves. So, I've always been thinking about food. We always grew a lot of our own food and as I went into medical school and college, I got very interested in health. For a long time I was a vegetarian and I've always seen this great connection between what we eat and our health. Then, as a physician, I specialized in brain health in psychiatry. I'm really interested in depression and mood disorders and anxiety. I trained at Columbia. I had a great experience there.

But it was interesting to me. After I was out in practice for five or six years, no one really talked

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about food. The more I started to talk about food with my patients and the more I started to see an effect of food, I got very interested in what would be the best diet for the brain and for brain health? It has just kind of taken off from there as more and more data is coming out and there are just very clear links between what we eat and the health of our brain. I think people intuitively know that, right? We all know that how we eat affects how we feel.

Erin Matlock

I want to go back to something you mentioned. You said that you were a vegetarian in college. I know right now you eat meat. There are those of us who are trying to figure out, do we need to become vegan? Do we need to give up meat? In your opinion, what do we need to be eating? Do we need to give it up or not?

Drew Ramsey

Well, I'm of the opinion that everybody needs to pick their own diet. The most important diet is your diet. This is a very personal and important choice for people to think about. So, I'm for people being very specific on what their choice is. If you choose a vegan diet—and that should really be done more for moral purposes than nutritional purposes. There really is no nutritional advantage to a vegan diet, and probably some hazards. But there are people who clearly don't want to harm anything or any animals, and you can do a vegan diet with proper supplementation of B12 and probably omega-3 fats.

Now, I have shifted how I've eaten, and I think the criteria we should think about when we think about meat is, we should think about health and what data is out there. And, really, both the quality of that data—for example, we know a lot about meat and red meat. We don't know, really, what the health of somebody is like who eats grass-fed beef a couple times a month from a locally sustainable source. I'd argue that's probably good for people's health, particularly women's health, and probably good for the local environment. Certainly things like seafood—seafood are the best source for Omega-3 fats.

You're getting into one of the reasons that I wanted to create the Prescription Brain Food Program. It's really to help people understand the data and the basics behind what constitutes a healthy meal for your brain. So, something, for example, like seafood—I see a lot of patients who, they don't meet criteria necessarily for depression, but they have questions about eating for better brain health. Maybe there's a little depression in their family or little mood disorders in their family.

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They're feeling a little down. They don't have any dangerous symptoms.

Something, for example, like mussels. In mussels, you're going to get a huge dose of vitamin B-12. We know there are all kinds of links to vitamin B-12 and brain health problems, even brain shrinkage increases over time if you're low in B-12. With those mussels, you're going to get a whole lot of DHA. That's the longest of the Omega-3 fats. One of the things that I love to do is to teach people about the Omega-3 fats. Everybody knows you should be taking them and there's a supplement. I think it and vitamin D are the top supplements in America right now, but Omega-3 fats come from food and I think it's a much better bank for your buck to find the good, health, sustainable sources of Omega-3s out there in the natural world.

So, you get Omega-3s. With all of these bi-valves—that's oysters and mussels and clams. You also get a great dose of iron, which we know is very important, particularly in women, and is very much related to your mood and your focus and your energy. So, that's just an example of some meat—when I say meat, I mean any creature, be it a mussel, be it a fish, be it a cow—but how you as an individual sort out your question about meat and making sure you're feeding your brain enough B-12, enough Omega-3 fat, that's the really important question.

There are all kinds of benefits that vegetarians and vegans have over most meat-eaters, because, one, they eat lots and lots of plants and end up—one of the biggest lessons that I teach people when talking about food, is that how to think about plants as more than "eat your vegetables." How to understand [06:31 interference] health and what it is in plants that are so kind of magical. We know what that miracle is and, I think, when people know about it, they make better choices.

Erin Matlock

I like that, because I think we all are different. We're individuals and we do have different goals in our eating. It's nice to hear that we don't have to follow one set of rules in order to eat healthy. Like you said, if we're going to choose to remove certain things from our diet, we probably should look into a proper supplementation plan.

Drew Ramsey

I think supplements, and I think people have a lot of ideas of removing all the wheat from their diet, and there are miraculous stories of that helping people. I've heard great stories of people going on the Paleo diet and going into nutritional ketosis. I've heard horror stories of people having low

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moods and all kinds of problems. So, it's really about finding what fits with you. That's really been the goal of my work is to help people understand, what are the basics of eating for brain health? Then helping them make the choices that they are most comfortable with.

Erin Matlock

I like that. I like that a lot and I thank you for that. You mentioned vitamin D. How do we know if we even need to supplement with vitamin D or if we're getting enough just by going outside?

Drew Ramsey

This is a big debate. This is a big debate in the vitamin D community, Erin, and in the medical community. We all know that when you get out in that sun, it feels nice, right?

Erin Matlock

It does!

Drew Ramsey

And you get that nice bronze and everybody says, "You look healthy! You look young! You look great!" I was out working in the garden the other day and just, you know, getting some rays, and man, it feels good. So, vitamin D is great because it's one of those things in health and mental health we can just test a level. It's something that I do in all of my patients because it's what we call "low-hanging fruit." The amount of vitamin D deficiency is pretty darn high. I'd guess 80% of my practice at some point or another, I've caught vitamin D deficiency. It's not hard to detect. You probably don't need to do a blood test. We just ask ourselves a few questions. What was the last time you got 15 minutes of nice sun without a lot of clothes on, without a lot of sunscreen on, and not inside a car? Most people say, boy they can't remember the last time they did that. If you just wear SPF 15 sunscreen, you block 99% of vitamin D production.

So, here are the sides of the debate. On the side of the dermatologists, they say, "You get in the sun for just a few minutes, you're causing all kinds of problems and free-radical damage and increasing your risk of a variety of skin cancers." If you talk to the vitamin D expert, who is Dr. Hollick at Boston University. He says people probably can't make enough, particularly in the northern latitudes, and he supplements, I think, all of his patients with 2,000 international units of vitamin D3. Vitamin D3 is a better supplement than vitamin D2 by far. We absorb it better.

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Now, I'm kind of a pragmatist. Coming from a farm boy, I'd be lying if didn't tell you I like to get a little sun, and that's the main way I like to get my vitamin D. During the winter I certainly take a little bit, because I work inside and I'm up in a northern latitude in New York most of the winter, so I don't get a lot of opportunity to sun. But it's one of those things that people should check their level. All kinds of correlations with vitamin D. We're still trying to understand the story. A lot of vitamin D receptors in the brain. Vitamin D is a fat-soluble nutrient.

One of those rules for brain health is we pay attention to fat and we pay attention to protecting our fat. We know vitamin D is part of that. There is actually a vitamin D receptor on the gene that is for the serotonin transporter, which is just kind of a hint, right? That doesn't mean anything other than, like, "Ah! Those two things are real close together on the genome!" So, vitamin D we know plays a role in mood. We know low vitamin D increases your risk, if you've had depression, of getting depressed again. We know vitamin D is linked with multiple sclerosis. We're still trying to understand all the details. Bottom line is: have your level checked, supplement responsibly and under the care of someone—a physician or nurse practitioner. It's one of those indicators that's very important in brain health with an evolving story.

Erin Matlock

Absolutely. It's something I—it's only a few years that I've been paying attention to it, and I do that exact supplementation with D-3, but I'll tell you, I'm backwards from everyone. Living in Scottsdale in the desert, nine months out of the year, I'm outside in the mountains and then in the summer time when everyone else is at the beach and getting all their sunshine, it's about 112 and you're indoors. That's when I kick in the supplementation.

Drew Ramsey

And here's a little fun. This is why I love food. Here's a little fun brain food tip here. What do you think the top source of vitamin D is in the natural world?

Erin Matlock

Oh! You've got me! I have no idea! Fish?

Drew Ramsey

It's fatty fish like salmon. You get about 1,000 international units. So, it's just one of those indicators that's interesting. Most people say you can't eat enough vitamin D in your food. That's what the

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experts in vitamin D say. But it's just—I think it's really interesting to know that actually oysters are another great source. So, it is out there in food and other good source is pasteurized pork. Just to note, as like a little signal, like "Huh! Mother nature is telling us something!" You have all the Omega-3s. You have iodine. You have tryptophan and a complete protein. You have vitamin D. You have Omega-3. It's a good argument of why seafood is so important to our brain food.

Erin Matlock

So, what about for those of us who don't like fish? Can't stand it? What do we do to get vitamin D and the other nutrients that we need from our food?

Drew Ramsey

Vitamin D. People who are deficient, as we said—right now the data says we should supplement with vitamin D-3. Again, the way to do that, usually under the care of someone as you know your level goes up and usually without the burst dose to people in the first month where we'll give people 20 to 50 thousand international units—a good dose because we want it to build up quickly. Also, by the way, there is lots of data connecting vitamin D and cancer risk. We're really trying to keep everybody, not only brain-healthy, but free of illness as possible.

If you don't like fish, and I hear this all the time, again, that's a great time to sit down with somebody—a nutritionist, a physician, somebody who knows something—and just think about an eating plan, right? Because right there, you're saying, "Okay. For whatever reason, I don't like fish. I'm not going to get any Omega-3 until I figure out how to get them or supplement." I always work with people on an I-don't-eat-fish plan. As I say, there are a lot of fish in the sea, Erin. I love to cook and there are so many amazing spices and ways to prepare fish. I was scared to cook fish ten years ago. I was just scared. You think you're going to ruin it. You're going to get—it's so hard to cook. You're going to get food poisoning. Those are all horrible, horrible predilections and preferences we all have. It's easy to cook fish.

The first thing I do is I just ask people, "Why don't you like fish?" When they say, "well, it tastes fishy to me." My sense is, you know, it tastes fishy because most people out there have gotten their fish in fish-sticks or fish sandwiches or fried fish. We know Americans don't eat a lot of fresh fish and a lot of people just don't know how to cook it. That's one of those things we just need to do a better job at educating folks. My first step is to say, "Let's examine that you don't like fish." Then think about, I have a patient that doesn't like fish, and then he says, "Well, I love scallops!" Bam. That's a seafood. I

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made a brain food prescription for him that included scallops. He gets them a couple times a week. And he's eating scallops and he says, "You know, the other day I was out and I got some shrimp." Well, we've just had two great choices of seafood: wild scallops and wild shrimp.

Erin Matlock

Nice.

Drew Ramsey

And he's moving up. You kind of develop your palate. Most fish shouldn't taste fishy. If it tastes fishy, it isn't fresh. The reason those poly-unsaturated Omega-3 fats are very long fast and they oxidize very easily. So, if you whiff your fish oil and it smells fishy, take it back and get a fresh fish. It's going to taste a little fishy when you put it in your mouth because I recommend a liquid fish oil which is what I usually give people, just so they have a little teaspoon in the morning instead of taking five or six pills, or I have them put it in a nice blueberry kale smoothie. You don't even taste it at all.

Erin Matlock

Smart.

Drew Ramsey

So, I challenge people to get into that. I find people love mussels. Either they love mussels or they think mussels are some disgusting bottom feeder. Then you tell them, "No. They're really actually good for you." Oysters are a great choice. And then those mild white fish—they're not as good as a salmon or a mackerel, but they're still a great protein source, good Omega-3 source, and in the Happiness Diet, we actually have a seafood stew that my co-author, Tyler Graham came up with. It's a real nice dish with some whitefish in there. There is a traditional Brazilian dish, a mukaka, which uses a little whitefish and some shrimp and mixes coconut kind of stew. Again, not the fish that most people are used to eating, but all kinds of ways to do fish. The easy way I always tell people to start with: get a nice fresh piece of fish. Slide it—put a little butter on it, maybe a little lemon juice and a little salt—slide it under the broiler, maybe about six inches away for ten to twelve minutes. Pull it out and it's going to be delicious.

If you don't like fish at all; if you don't like seafood at all; especially if you have a history of some mood illness or mood issues in your family, then I supplement people. Most of the data suggests that we need to get up there, and we need more of the EPA, which is the second longest Omega-3

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fat and a little less of the DHA. That's at least what the treatment studies—and these are of people who actually have clinical depression—have shown us. So, I'll have people, again, take a teaspoon of a good lemon-flavored concentrated fish oil. That's what I do in my practice. Again, something you can get over the counter. I always tell people: "talk to a health professional before you start fiddling around with supplements." I always hate it when people come in and they give me a big bag and they say, "well, I saw an ad," or "I heard a doctor and I started taking this, and I started taking that and I started taking this." It's like, "Just be judicious" is what I always tell people, and "remember, less is usually more."

Erin Matlock

That's a good point. Sometimes people are taking medications that can have negative interactions with supplements. It's just a good prescription to go to your health-care professional and talk to them first about supplements that you want to start taking.

Drew Ramsey

That's a great point, Erin, about supplements and medications. We just saw a patient, actually, at Columbia University Residence Clinic where I supervise evaluations. That's, by the way, a great resource. Everybody should know about www.ColumbiaPsychiatry.org. I'm on the faculty there. It's a great department that has discovered a tremendous amount about the brain and also just a great resource. A lot of our experts are top folks in every type of mental health issue you can think of. It has some videos and some posts. Anyway, we saw a patient who'd come in with depression and was treated both taking antidepressant and then added on, not just something like the Omega-3, but also St. John's Wort and some Kava. All of these things have interactions, so it always concerns me when people think, "Oh, something's natural or it's a supplement or I can buy it over the counter." That doesn't mean it's safe.

Erin Matlock

Right. That's a very good point. You mentioned earlier your book, "The Happiness Diet"—one of your books. In your research for that book, did you find specific things that we can eat to actually become happier?

Drew Ramsey

Well, the short answer is yes. There is a tremendous amount that is in your power that can improve your overall brain health. Happiness is way to measure that. When we talk about happiness, you

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know, it sounds like a big promise with food, right? A lot of people in the field, when we think about happiness, we think about positive psychology. We think about gratitude and sort of training your brain to be more positive. Now, that's very important. But, that's only going to work if you have a well-nourished brain. A brain that is low in something like B-12 or vitamin D or low in the Omega-3fats, it's hard to make that brain positive, because that brain is irritable. That brain is a little bit more pessimistic. That brain doesn't focus as well. As a consequence, you don't do as well at work and you can kind of see this almost downward spiral of the malnourished brain, where it's real hard to be positive and to accomplish things, to be a good parent or a good spouse or a good student.

That's, I think, the most important thing the research has shown me. We're not doing a good job of nourishing our brains. All the ways that we've changed food, or many of them, over the last 100 years have shifted our diets in a way. Now you could argue that we eat a diet that shrinks the human brain much faster than the real human diet that we evolved eating: a diet of whole foods, lots of plants and seafood. So, that's really, when we talk about eating for happiness—and in both my books, "The Happiness Diet" and "50 Shades of Kale"—they're really about trying to give people tools to help them make better dietary choices, thinking about food from the brain's perspective, because that's the most important organ we have. It's responsible for everything and it consumes 20% of your fuel. It's a very hungry, hungry organ.

So, the cool news is that, because of consuming so much food, you shift your food. You actually shift brain structure. If you go out tonight and you have a nice bowl of mussels or a nice piece of wild-salmon, or even grass-fed beef. You're actually going to put some Omega-3 fats—more Omega-3 fats up into your brain tissue. We've actually done studies where we measure that change. Those cells become a little bit more flexible, a little bit more pliable, so as I say, it travels from the end of your fork to your feelings. So, there are foods that you can eat to increase mood and increase focus. It's about thinking not just of one specific food.

Sure, we all have done these top ten lists and I will share some of the top ten foods and top five foods for things, but it's your overall dietary pattern that I really try to help people with. It's not about whether you had chocolate cake once this week or a piece of pizza this month. It's about day in and day out: what are your real go-to foods? What is the core of your diet?

Erin Matlock Well, thank goodness you said that, because I subscribe to the notion that I don't have to be 100%. It's not the kind of girl that I am. In my eating, I do like sugar a lot. 90% of the time, it's not in my diet. I eliminate it.

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Drew Ramsey

Erin, let me tell you a secret. We all like sugar a lot.

Erin Matlock

Okay!

Drew Ramsey

We have brains that are hard-wired to like sugar. Anyone who eats sweet and says they don't like it, they've been brainwashed. Actually, tomorrow, we're going to go rob our hive. I was thinking, "What a conundrum! I'm a doctor that tells people about the dangers of sugar and getting off of sugar and refined carbohydrates, and tomorrow I'm going to go pull about 300 to 400 pounds of honey out of our bee-hives!" I was thinking there is going to be a lot of sugar in our barn tonight! But, we all like sugar. It's a signal to us of safe calories. The thing about sugar is it gives the brain a feeling, "Oh, it's getting safe calories."

But sugar is different than anything sweet in the natural world because anything—sugar, high-fructose corn syrup, crystalline fructose, malto-dextrin—any of the ways that you see it on packaged food, it's sweet and it doesn't come with any other nutrients. It just comes with gas, basically. It's just fuel. So, when you think about sugar—even the honey we're going to pull out—it's mainly sugar. But it's again, just a nice contrast food—think of all of the molecules that come with that honey! It comes with—there was one study that found 181 different bio-active anti-oxidants in honey that come from all the pollen and the resins and all those things the bees go around and collect from all the wonderful plants in the forests and in the fields. It comes with some trace minerals. I don't think people should base their diet on honey, but if you're going to use a sweetener, which would you rather have? One that gives you nothing but calories or one that gives you all kinds of interesting molecules that we're now starting to study as ways to lower inflammation. Actually, the ones in honey are some anti-bacterial and anti-viral agents. So, very interesting.

Erin Matlock

Well, I appreciate that. The thought of having to give up everything and never getting a piece of a cake or, I don't know, sticking some honey....

Drew Ramsey

Who can live without ice cream? I mean, really!

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Erin Matlock

Once in a while! It's depressing to think that you just can't have something like that every once in a while.

Drew Ramsey

So, here's a good example of a brain food shift. This is the kind of thing that I like to talk about in prescription brain food. I'm all about pragmatic examples. Listen here: I'm not an extremist. I'm not going to tell you that...

Erin Matlock

Right.

Drew Ramsey

I'm really very curious in my program and my work with people. Let's think about shifts that make sense. Let's not make it outside your budget. Let's not make it ridiculous. Here's a good one. I know a gentleman who lost 15 pounds doing this. He loved ice cream, so he'd have ice cream once a week. The other days of the week, we switched him over to a Greek yogurt with some fresh berries and a little drizzle of honey. And he had that three or four nights a week. After a while, he told me, the ice cream, he didn't really actually want the ice cream anymore. It didn't taste right to him. He had some good pasture-raised Greek yogurt. He got some local honey. He got some fresh organic berries. You can also—a great thing to use frozen berries for this and make a little compote. It's a delicious dessert. Just that little shift, just getting a real nice, delicious, sweet berry dessert allowed him to both lose some weight and to just feel better, healthy, and less guilty that he was making a bad choice. So, that's the example of what I call a brain food shift.

Erin Matlock

Well, isn't it something too? I find this remarkable that as you start to fuel your body with fresh, whole, unprocessed foods without the chemicals, without all the additives, your brain is retrained to like that food, to crave that food, so that when you do have that ice cream or you do have that treat every once in a while, at least for me personally, I find that it's not as addictive. I can have it, but I notice how it makes my body feel after and I do feel differently, and then I like all this other food that I never thought I would like, ever.

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Drew Ramsey

Yeah. That's such a great point. You're talking about, actually, the core of it. The core of my eating programs is literally about changing your brain. What you're talking about—the notion of what you crave—to tell somebody they're going to crave kale. They're like, "forget about it! I'm not going to crave kale!" I've had a lot of guys come up to me and they're like, "You know, I never thought I'd like this kale thing. I'm loving the kale, Dr. Ramsey." It's really fun for me. You're retraining your brain, and then that, therefore, changes your brain. You're really shifting what your brain craves, what your brain understands is feeding it, and that's when it begins to feel good. This is why we know that when people add more plants into their diet, we know that when people get rid of these real, what I consider toxic foods for the brain: all this processed, highly palatable stuff, the food dies, the chemicals. Just get rid of it. The brain responds in a very nice way for a lot of people.

Erin Matlock

It really is amazing. It's fun to go through. You just mentioned kale and I want to go straight there. You are the co-author of the book "50 Shades of Kale" and we're all of a sudden hearing about kale all over the place. I attribute that to you and to the success of your book, because you're everywhere with this. Why do we to be eating it? Why is it important for us?

Drew Ramsey

Well, I appreciate that credit, by the way. I wish it were me and anything I've done to help spread the kale. That would be wonderful. We eat kale because kale is a hero for our health. I refer to kale as "she" because I fell in love. She became my muse about a year ago. Almost everything I've done or written about or thought about for the last year has involved kale. Kale is just wonderful hero for your health, because there are really three ways to think about kale.

First, there is what we call "nutrient density," aka bang for your buck. How many nutrients am I going to get: vitamins, minerals and phytonutrients—these things only found in plants—per calorie? And nothing beats kale. It is just off the charts. These phytonutrients, what people usually consider as "anti-oxidants," and that's one of the things that we teach a lot about in the Prescription Brain Program, is I love to teach about phytonutrients because they're key to understanding why plants are so good for you. Kale is loaded. One called "sulforaphane" ramps up your liver's ability to detoxify things. It's a real detox diet.

My co-author, chef Jennifer Iserloh—and we should mention that the book is 50 recipes plus proba-

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bly 70 different ways to do kale. A whole lot of tips. Jen is a professional chef. She was a chef for the Seinfelds. She has written a bunch of different cookbooks. She is a genius in the kitchen. She took kale and we thought, "What are all the super-foods we can pair this with? What are the good synergies?" But she loves talking about how kale is the real liver detox diet, because everyone is out there selling a detox diet, and we're just telling people to eat more kale.

So, nutrient density. Lots of things like sulforaphane, quercetin and all these phytonutrients—an amazing amount of traditional vitamins. Let's just take vitamin K. It's a fat-soluble nutrient. We know it's important in brain health—an emerging story. Vitamin K is something—and one disclaimer, by the way—if you're on blood thinners out there, you have to really talk to your doctor very seriously before you do any eating of leafy greens. Vitamin K interferes with the way that blood thinners work. If you're not on blood thinners, don't worry. You can eat as much kale as you want.

Drew Ramsey

But vitamin K—just one cup has 33 calories. Let's do a nutritional profile. 33 calories of raw chopped kale. A cup is not a lot of leafy greens. This is like one leaf. You get over 600 percent of your daily vitamin K. You get over 200% of your daily vitamin A. 134% of your vitamin C. You get 2.2 grams of protein. That's not a complete protein, but it's darn close for 33 calories. You get a good does of iron. You get calcium and this calcium, by the way—and people never believe this, but it's true—this calcium is more absorbable than the calcium in milk. So, when you think of a high calcium food, the reason is that kale is a very low, what's called [30:18 oxalic] green, so the calcium is very bio-available. Then you get all these other minerals, so again, for 33 calories, that's what you get. So, that's why I like to sprinkle it into basically everything I eat. I'll have kale on eggs in the morning. I'll put it in a smoothie. I'll have kale chips for a snack. I love it as a side. It just makes every meal healthier.

The second reason: versatility. What I just mentioned. You can put it in anything, right? I've got about 1,000 kale plants growing in my garden right now and I'm always going out and we just put it in everything, but this is the goal of "50 Shades of Kale." I said to Jen, let's come up with some fun recipes. Let's blow people's minds with all the great tasty things you can do with kale. We've got all kinds of funny things from fudgesicles to four or five cocktails in the book. There is a Kale Pisco Sour. We've got Juevos Rancheros with Kale, Beef Kale Tacos, Kale chocolate chip cookies. We just had a lot of fun. We actually shot the whole book. We styled it together out here on my farm in Indiana with an amazing commercial photographer and a good friend of mine, Ian McSpadden.

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So those are two reasons. The last reason is that you can grow kale anywhere in America, and this ties into the big push that Jen and I have had. "50 Shades of Kale" has gotten a tremendous amount of good will and attention and we want to thank everybody for that and we thought, "well, what else can we do?" And we looked around and we realized there's a national donut day. There is a national garlic day. There is a national spinach day. I said, "You know, there is no national kale day." So we decided, let's launch the national kale day. We just had the first one actually a couple of weeks ago on October the 2nd, but we're gearing up for national kale day 2014. We've got great sponsors on board and our goal is to help anybody out there listening who is interested to become a kale hero. We've got a downloadable Kale Hero Toolkit that will allow you to spread the kale in your community and join us on National Kale Day. It'll be the first Wednesday in October. The other thing we ask people to do is please go to change.org and sign our National Kale Day petition. We're asking President Obama to make National Kale Day official.

Those are all the reasons and ideas that we've had around kale. It's basically great for your health. Very nutrient dense. Easy to incorporate it into your diet in all kinds of fun ways and it's just one of these foods that teaches us about our food system. We can grow all kinds of local kale. We don't need to be shipping in food from all over the world. You can grow kale and bump up the nutrition anywhere: in a window box, in a yard, and it's just a great way to add all kinds of nutrients and fibrous whole plant foods to your diet.

Erin Matlock

I like that. It sounds, too, like it's economical, so when we talk about having to get all of these nutrients and vitamins and supplements into our diet, if we can find something like kale that is not expensive, that we can start throwing in throughout the day, we can keep our costs down. Right?

Drew Ramsey

That's exactly right. The cheapest way to do kale is just sprinkle a little seed in your yard. I just bought 75 cents worth of kale seed and I've got about a couple hundred plants sprouting up. The kale sprouts are delicious themselves. The other way is, you're right. Kale is inexpensive. You do want to go organic with your kale. People always go back and forth: does organic matter? Does it not? I do say it does matter, just to vote on that one. There are all kinds of local farmers growing kale, and if it's out of season or you don't have a local farmer's market, some great national brands like Cal-Organics and Earthbound Farms, they have good organic kale and it's going to be—in New York City, when I can't buy a local kale, I get a bunch for \$2.50 and that lasts me for days. It's just,

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again, so many great nutrients for your health.

Erin Matlock

You just mentioned organic. Can you explain to us the difference between organic produce and non-organic?

Drew Ramsey

Sure. It gets to its roots back to our philosophy. It's really about farming philosophy. Our farm is organic and we always have been and we always will be. That's my philosophy that I want to take care of my land and nourish my soil and nourish my farm and I believe that that soil is going to nourish me the best. I don't like to put any chemicals on. One, because the history of where the chemicals came from. We just had these overcapacity after World War II and we came up with all kinds of curious ways to kill bugs. Bugs and insects and all the reptiles, we probably have hundreds and hundreds of species of animals on our farm. Amazing bio-diversity because we've never used any pesticides and no insecticides. No Herbicides. That is at the core of it.

Now, what are pesticides and herbicides? Well, most of them are neurotoxins. And people always say, "Well, there has not been any good data linking those to brain health." And, yes, that's true. But I kind of have to say, "why are we doing these studies?" Let's just put it this way: a good study would then be taking my kid—I have a two and a half year old—and doing a study where she's either going to get blueberries with neurotoxins on it, or blueberries without neurotoxins on it. And we're going to follow her for a long time and probably give her a lot of those blueberries and try to understand if there is an affect on her mental health. Nobody's going to want to sign up for that study.

Erin Matlock

Right.

Drew Ramsey

Because nobody wants to give their kids neurotoxins.

Erin Matlock

No.

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Drew Ramsey

So, it's one of those things that you do kind of ask, "Why are we asking this question?" Now, we're asking this question because with conventional farming methods you can increase yields. I always think the most amazing thing on the planet is our human brain. Boy, it does incredible things. Shouldn't we spend the time, the money, the effort, not just to feed it the cheapest, most efficient food, but to feed it the best food; to feed it the food that makes us optimistic, creative, wholesome, loving human beings? Isn't that what we all want? And we know that eating whole foods—my sense of what the data tells us—that is the type of brain that gets produced on whole, real foods.

Erin Matlock

It's something to think about, isn't it? Can you give us some tips on how to buy organic without absolutely breaking the bank?

Drew Ramsey

Yeah. This is an easy one. We all tell everyone to go to the same place, which is the environmental working group. That is the best place to start. Hit their web page: www.EnvironmentalWorking-Group.com. They've got the dirty dozen, which actually now is the dirty 14 because they added two including kale. These are the things that you always want to go organic. And the tip to going organic is going in-season. So, for example, anything thin-skinned is on there and so are apples, for example. A real popular thing. Apples you can get real inexpensively. I get these organic off-season. I'll get a bag of small organic apples for five or six bucks. You probably get ten or fifteen apples in there. They're a little smaller than your average apple. I make sure I eat one or two of those every day. I love the apple.

Anything thin-skinned, like a blueberry, but go in-season. Blueberries freeze really well. And there are all kinds of tips in the Happiness Diet about how to read labels and how to store food, because one investment people can make is get yourself a chest freezer. Stick it down in the basement. Buy ten pounds of organic blueberries when they're in season from your local farmer and freeze them. You'll have great organic blueberries all year round. So, that's one tip, and that's where to find the information.

They also have the clean fifteen. These are foods that you don't ever have to worry about it. You can buy them in any way, but it's surprising to people, things that I think you should go organic. For example, something like celery. I think there was a study recently that found dozens of pesticides

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on conventional celery. Potatoes: another great thing to go organic, especially—a potato is a great place to shift things around, right? Instead of a big giant white spud, get yourself a sweet potato. Get yourself some fingerlings, some baby potatoes. Baby potatoes have three or four times as much folate, vitamin B-9 in them. All kinds of things to do to lower the cost.

Erin Matlock It's funny, with the sweet potatoes. I grew up and we had thanksgiving, right? The whole sweet-potato casserole. I don't know what you pour in there, or if it came out of a can or what, but it was really the most...

Drew Ramsey

Marshmallows. That's what people in Indiana put in there: marshmallows.

Erin Matlock

Yeah! It was the grossest thing! And I was just like, "I will never eat those sweet potatoes!" And as I learned some years ago, I need to be incorporating them into my diet, I thought, how am I going to stomach this? And really, it's just, I clean them, chop them up and I drizzle them and put them in coconut oil and spice them up and I bake them. I will tell you...

Drew Ramsey

You just—see how it's not hard to cook? I mean, everybody listening to Erin there, that didn't sound complicated, and man, that is the—you're talking about oven roasting and that is the best technique with vegetables. If everybody in America just got a big jug of olive oil and did what you did every time they wanted a carb, we would be one step closer to fighting obesity, diabetes, brain health disorders. That's such a—that's economical. It's simple. You didn't talk about complex in there and it's delicious. The sweet potato is such delicious food. That's exactly how we do them. I have not used the coconut oil. That's real smart, Erin. I'm going to incorporate that in my next dish.

Erin Matlock

I'm always trying. Sometimes we'll use the olive oil, but I'm loving the coconut oil. Of course, different brands and different ways that they are—whether they're refined or not will make a difference, because you shouldn't taste the coconut if it's a good coconut oil.

Drew Ramsey

It's a huge—I always feel there's a little hint in there, but you're right. It's where I go raw and I go real, unprocessed, real virgin coconut oil. It's going to be solid. People freak out because it looks a

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little like lard to them.

Erin Matlock

It does!

Drew Ramsey

It's going to be solid under 76 degrees.

Erin Matlock

Get ready!

Drew Ramsey

I use it for everything. I put it on my skin. I rub my baby's feet with it. I think it's the—it's one of those—I know people see it and it costs \$10, \$15, \$16 for a good jar of coconut oil and they're like, "Wow. That's a lot." But again, unlike a lot of these foods that people are used to eating where you go through it quickly, a nice jar of coconut oil will last you a month or two and it's worth it. It's a great—one of my favorite things.

Erin Matlock

It really will—It does last. I will tell you I also put it on my feet. I put these little booties on, and I dab it around my eyes. I'm like you. I use it for every thing and I never thought, because I'm not really a coconut girl. I was like, "Oh, this is gross!" And it is! The first time you see it, it looks like a jar of lard and I'm thinking, I can't use this. But you get used to it and it's wonderful!

Drew Ramsey

And it teaches you a little something about a fundamental rule. This is one of the other big teaching points in the Brain Food Prescription, is helping people understand fat. Americans are so confused about fats. I ask people all the time about their diet and they say, "I'm trying to eat a healthy diet, Doc. I'm eating low-fat. I'm counting my calories and I'm not eating any cholesterol." And those are three things that are probably horrible ideas and don't have anything to do with you getting healthy. It'll probably make you much less healthy.

This is a good example where coconut oil is something you can use in your diet. It's a great replacement for vegetable oils. It's a great way to—you don't have to use a lot, right? It's like another fat

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that I recommend and this really surprises people. I tell people to cook with a little lard every now and then. This really—people think I've lost my mind, but if you use just a little half-teaspoon of lard, like with some Brussels sprouts, because lard is half mono-unsaturated. Half of it is just olive oil. About 20% of it is a saturated fat called Steric acid, which just gets turned into olive oil. So now we're seeing that lard is mainly olive oil. And the last little bit of these saturated fats is that it stands up to heat a little bit better. So you get that nice browning on the Brussels sprouts. MMM. Very food.

Erin Matlock

I'm glad you brought that up about the fat. That's something, especially when you're struggling with your weight and you're going on a diet or your changing your eating plan, it's "Remove the fat!" And then you walk around and you've already given up sugar, simple processed carbs. You're starving, cranky, angry and you need the fat! It's not making you fat!

Drew Ramsey

Oh, you do need the fat! Every cell is made of fat. Your brain is 60% fat. Fat is the most interesting part. Fat makes you human. Period. There is one thing that universally seems to be true to me about most people when they're dieting is that they're hungry. There is one thing that is certainly true about the human brain. When you're hungry, you're in a bad mood. You're grumpy. You're irritable. You're thinking about food. You're not feeling good. You're not feeling content. You're not feeling happy.

So, one of the reasons there is always going to be fat in my diet—this is something people say: "Oh, you're going to flip-flop." I'm never going to flip-flop on this, Erin! There is always going to be a fair amount of fat in the diets that I tell people to eat and it's going to always around 30 and 50 percent fat, because all studies show that humans really don't like to eat less than 30% fat. In all these dietary trials where we look at people, a lot of time they don't have as good data as we want because the research group where they're trying to get them to eat low fat, they couldn't get them below 30% because they like it!

Understanding fat is one of the most important things to help people eat better so you're not hungry. Something like, for example, a handful of walnuts. I have a patient who's really struggling with her snicker bar addiction. She really loves her candy bars. That was her treat in the afternoon. She'd get kind of tired in the afternoon and start craving something and needed a snack. She'd eat one, sometimes she'd eat two. Sometimes she'd have it with a soda. And what she's seeking there, mid-

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way through the afternoon, naturally our melatonin naturally starts to spike, so especially for people in the office. It's a time when I can struggle in my practice. Everybody gets a little slowed down then. What do you eat to help keep yourself going?

That's where, rather than a snicker's bar, let's do the brain food swap. Deconstruct that. You get a handful of walnuts or a handful of almonds, or a little small handful of dark chocolate chips or some small chunks of dark chocolate. Put those two together. My patient said, "You know, that's basically the good version, just like a snickers bar." I was like, "Good!" And think what you're getting in that: omega-3 fats in those walnuts; you're getting all kinds of trace minerals that come in whole nuts.

The dark chocolate, instead of just sugar, people will say, "What's that number when it says, 60 or 70 percent cacao in the dark chocolate?" Well, the other percentage is sugar. So the higher you go, the more of the good stuff you're getting, because cacao is a plant amazing for your health. A really, really interesting plant. A really, really interesting food. Great for brain stimulation. Actually some studies show that a little dark chocolate actually can make—one of the few foods that there is a little bit of science that can acutely increase your mood and your concentration. But you ask anybody about the mood part and they'll say, "Oh, I already knew that!"

Erin Matlock

Right? That's why I love what you do, because I've got to tell you, I understand where people are coming from. I had that same addiction to the candy bar and cokes. Coca-Cola was a horrific addiction of mine. It was ridiculous. It's providing me no nutrition and it's a cycle of, you grab that, and as soon as you finish, you need more and you need more, and then you get fat.

Drew Ramsey

Right? You're exactly right. When you just think, all you're taking in is calories. What I also—one way you can think about is, a calorie goes into your body and it's a very complex thing. You have to combust it, just like fuel. The octane you run your car on has eight carbons. Glucose—that you run your body on for most people—has six carbons. So, you combust it, and then just like a combustion engine, you have exhaust. You have to deal with those free radicals and it takes a lot of other things to take a molecule of sugar and turn it into fuel. So, that's just one of those rules. Never eat anything that doesn't come with the necessary vitamins and minerals to deal with it. That's one of the brain food rules.

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Erin Matlock

Right. I love the exchanges that you do, because this hard-core dieting where you have to give up everything for life and eat this certain way like you're in the military. It's horribly depressing and it just, for me and for many, many people—we're looking at Americans—it doesn't work. So the fact that you can do these healthy exchanges with dark chocolate, with walnuts, with almonds and things like that, and your brain does, as we spoke earlier, it starts to crave the healthy version. You don't think it's going to. You don't think you're ever going to be able to give up that....

Drew Ramsey

It's like any addiction. You can't imagine when you're on the other side of it that you're going to be saying, "God, I haven't had a coke for a year. Gosh, I have ice cream every now and then, but I don't really crave it."

Erin Matlock

Right!

Drew Ramsey

It becomes integrated into your life. You know, I think, Erin, the reason that people know that they can kind of trust me about food is, one, I'm not selling anything. I don't have a supplement or, I don't have a medicine that I'm hawking. The other is that I like to eat. Boy, I like to eat. I'm an eater. I'm not a trained chef, but last night we went out to the chicken coop, got a couple of eggs, got some kale. We were making pizza and I got this crazy idea: why don't we make spicy kale egg pizza. So, we made this with a couple different types of cheeses. Man, it's incredibly, calorically dense, but it's also nutritionally dense. You don't eat three or four pieces. You eat a slice or two and you get—it just turned out great, real nice and spicy with some fresh peppers and some fresh kale. I don't think a diet is ever going to work, because I think human beings love to eat. We love to enjoy food and celebrate food.

Just one little piece that I do also try and talk about with people is when we talk about the nutrients and the brain chemistry and that stuff gets me all excited, but I do also want to mention that it's more than just the nutrition. It's also the experience of the food. Are you eating on the run, in a big gulp? Or are you sitting down and spending that meditative 20 or 30 minutes. And it doesn't take that long to cook a nice meal, just preparing your food and sitting with your family members. Someone sets the table and you sit down. This is the traditional kind of American family time—traditional

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family time period has always been around the dinner table. I think it's so important to—that's a huge part of the mental health aspect. It's about enjoying and sharing food.

One of my favorite steps to help people do is connect to their local food by telling them to start going to the farmers market. I don't just tell people, "Oh, just start eating more of this and more of that." Instead, "Okay, where do you buy your eggs? Where do you live in New York? Your local farmer's market is right over there on 12th Street and 8th Avenue, or over on Columbus Avenue at 83rd Street. There's a farmer over there." Just go and meet the people growing your food. Talk with them a little bit about it. You start seeing things like garlic scapes and purple potatoes that you just haven't incorporated into your diet that are great for you. And they all have tips for how to prepare them.

And suddenly people just come back and they've used their money to support a local farmer. They've met the person who raised their food and they're just feeling a little lighter; a little more connected to one another. That's an important piece of it as well.

Erin Matlock

You know, it's actually really important. This past spring I, for the first time ever, had the chance to go to Paris. It's one of those life-long dreams I had. I was there and what I noticed immediately was, people are not A) running through drive-thrus and shoving food in a hurry in their car. They're not walking down the street with giant extra venti large Starbucks, 1,000 calorie frappuccinos. When they eat, you don't see them have the sandwich in their hand walking down, or running. They're all sitting. They take their time. They take small bites. They have conversation. They interact. It's a life-style there. It's built into the lifestyle. I think that we used to have that as a country here in the US.

Drew Ramsey

We did. We had a huge culture about eating, about sitting down together and that's something we need to get back to.

Erin Matlock

We do. We do. I think...

Drew Ramsey

And that's something—even more than "we." This is one of those things—the "we," let's hope. But

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for everybody that's listening in, it's the "you." I always—people ask me what my feelings are on food policy and the sugar tax and the soda ban and, I'm like a simple country boy at heart, Erin. I only care about you. Are you going to sit down with somebody tonight? Are you going to share your food? Are you going to spend your dollar this week? Just change that habit? The other day, I've been drinking nothing but coffee in the morning, which I love coffee. It's a great way to start the day: coffee with some pasteurized milk, I think is my favorite breakfast, honestly. But I thought, "I'm doing this so much. Nothing wrong with that, but I just want to change it up. What would it take for me to start drinking green tea every day?" So, one day, I just didn't buy any coffee and I just loaded up with green tea and put a couple bags in there with a little honey and that we had green tea in it. It's fun to just shift or change things up for a little while.

But the question is, will you, as an individual, how are you just going to take a little shift—a little brain food shift and change how you think about your food and improve your relationship to your food in a way that improves your brain health. That's my hope for people.

Erin Matlock

Right. And you know, it was very overwhelming when I first started all of this. There was no way I was going to give up everything right from the start and be able to function as an adult, in a relationship, with a business. I took the first step of changing my morning routine from, again—totally guilty of waking up and having a coke. So, all I did was replace that with a smoothie because a friend of mine had promised me that if I would give my brain the proper fuel, that it would eventually start to crave that, and that's what you teach, too. Of course I didn't believe her. And it does. And now it craves—I have a glass of water upon waking up, room temperature. I just down it and I go into a smoothie. That's just what my brain wants now. I can tell you, it took time, but that was just the one step. And when I was taking that step, that's all I could handle.

Drew Ramsey

That is a perfect example. I love what you say: it takes a little time. Well, so does everything in mental health, because we're changing the brain. It's not like people have one psychotherapy session and they're like "wow! You really got me! I get it now! I'm better!" it's not like we give people a medication like Prozac or Zoloft for one day. Those medications all take between four to eight weeks to work. It's the same thing with brain food. You feel some immediate differences. I change a lot of people's diets and I would say, within the first week, people feel something. But certainly, I feel the real changes, the big changes, happen.

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It takes one to three months of consistently eating and being in that habit. Then, inevitably, people have a day where they eat a bunch of garbage, and that's always the best day, because they feel horrible and they understand how much they've changed their diet and they change their relationship to food, and how much better they've been feeling: just lighter, less reflux, and less gassiness.

One way to think about this is that you're gut is really one of the most important ways to think about brain health. Keep your gut healthy. Keep healthy bacteria down in your gut. Eat some fermented food. Eat a lot of fibrous foods with these things and don't feed them a bunch of garbage. These healthy bacteria down there actually produce all these anti-inflammatory signals. If you're eating the bad stuff: eating the sugar and the garbage and the processed food, we know you grow a different population of bacteria down in your gut. Those bacteria that live on those kind of modern foods, they produce more inflammatory signals. And those signals travel all the way from the gut into the bloodstream and into the brain. So we notice this huge brain-gut connection; this interaction crosstalk constantly happening between these two systems and it's another reason that these healthy, wholesome foods keep our brain healthy because it keeps our gut healthy.

Erin Matlock

I could just go on and on! I have about 100 questions! I just love the way your brain works and it's so easy to understand. I love how gentle you are with all of us as we are making these changes and even as we have these off-days, because we're going to have them. SO, I have one last question before I let you go. What would you eat before you had to, either take an exam, or go to a job interview, or some kind of important presentation for work? What would be your go-to food?

Drew Ramsey

I love this question, especially during finals week. I talk to all my younger patients about what they should eat in terms of having optimal focus, and also just energy. We know that things like exams and interviews are very stressful events. You're going to be stressed. You're going to be nervous. By the way, I think that's good in the sense that a little anxiety really drives us to new heights. Nobody hits that winning goal without a little anxiety on board. So what foods help you tolerate that and do well? I always like people to think about 1) anticipate the stress and eat well for days if not weeks before hand. Again, we want to have a lot of plants in there to kind of keep yourself regular and lots of phytonutrients and anti-oxidants. We want you to eat some seafood.

My favorite food before an exam would probably surprise people. I love to have just a little bit of

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whole-wheat pasta and some good tomato sauce and some veggies on there. That's just one of my favorite meals. I don't want to eat anything, though, with lots and lots of—too many sugars. I always want to have protein in the morning. I always like to have an egg or two. Usually two eggs with something like kale in the morning, or if I'm in a hurry, I'll put the ingredients for a smoothie in my vitamix, my blender or a blendtec blender—you know, a real good blender—the evening beforehand as I'm settling down. Then I'll be able to just put that think on and get a nice smoothie. I don't ever like to get hungry during an exam, so I really like to plan during the time of day. Especially if it's an afternoon exam, you want to be real cautious with lunch. Any type of carb-heavy lunch, like that pasta I mentioned—I wouldn't do that in the afternoon because it's going to make it much harder to stay alert.

Most of you may tend to [57:41 DISTORTION] and also to snack, sorry. I always love to tell people, "Boy, a couple weeks before finals, you've got to go to the bulk-food sections of your local food store or whole foods; any place that has good organic things like organic nuts. Get yourself your little brain food snacks." A little brain food snack is always going to have nuts, some dried fruits, a little bit of dark chocolate—things that you like because you want to keep yourself well-nourished during those times of stress.

Erin Matlock

Nice. Thank you for that. So, where can people go to find out more information about your work? Where can they follow up with you?

Drew Ramsey

Sure. A great place: I just worked to develop a program, and here I want to teach people the fundamental tools that I teach people in my clinical practice in New York when people come in to a consultation. I thought it would be a real nice thing to just give people some of the basics about things like, what is the brain food prescription. Talk more about the data. Talk more about the foods you should be eating. And then I've added in some bonus materials like some brain buster foods and trying to explain some of the latest science. You can find that at www.PrescriptionBrainFood.com. Other places you can get information I try and post regularly. You can check out my website: www.DrewRamseyMD.com. I've got some blogs, some basic tips on Huffington Post and Psychology Today, like my Holiday Brain Food Swap, just to help people as they're thinking about feeding the whole family during the holidays, how to do that in a way that's good for your brain.

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Erin Matlock

I like that one.

Drew Ramsey

I'm also on Twitter at DrewRamseyMD and I've got a Facebook page and a Google+ account. I'm DrewRamseyMD on both those platforms. Feel free to send some comments, check out my posts. I always like to be in conversation with people, learning about how individuals are being influenced in terms of their food, and just some of the great stories and swaps that people are doing.

Erin Matlock

Sounds good. I want to say the URL one more time if you want to get information from Dr. Ramsey. It's www.PresecriptionBrainFood.com. Dr. Ramsey, thank you so much. You've spent a lot of time with us here. I love to pick your brain and you allow me to do that so often. I feel very honored to have you. I personally want to thank you to coming out, not judging, and for allowing all of us to be individuals and kind of have our own way to follow this journey towards better brain health.

Drew Ramsey

Thank you so much, Erin. I think the main message we should all hear is that all of us can do things to eat to build a better brain. And what an exciting prospect that is in an era of the new neuroscience telling us that our brain does grow and it does change and we have something in our control—a powerful factor in our control that we can do to influence that growth.

Erin Matlock

Absolutely. So, I salute you with a kale cookie and a kale cocktail from your recipes, "50 Shades of Kale" and I thank you so much. Everyone, this is Erin Matlock, Reboot Your Brain." Goodbye everyone!

CHRISTINA RASMUSSEN



www.SecondFirsts.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

CHRISTINA RASMUSSEN TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. The information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient/clinician relationship, and should not be used as a substitute for professional diagnosis and treatment.

My guest today is Christina Rasmussen. Christina is the author of the upcoming book, *Second Firsts*, and the founder of the non-profit, The Life Starters. Her personal story and fresh approach to Life after Loss has garnered international attention. She's been featured as "A Woman Working to Do Good" in the White House blog, and she blogs about life after loss on Huffington Post. Christina worked as a therapist and crisis intervention specialist. But after losing her husband to colon cancer, Christina experienced the agony of sudden loss first-hand. With two daughters in tow, she began the tender process of transforming her tragedy into a new career, a renewed sense of purpose, and a life of joy and laughter.

Welcome, Christina! Thank you so much for being here today.

Christina Rasmussen

Thank you so much for having me here today. I'm so looking forward to this interview.

Erin Matlock

It's my honor. Can you tell me a little bit about your story and what brought you into this work?

Christina Rasmussen

My story began when I was living this perfect life; I was happy, in love, enjoying every moment of my life. And all of a sudden, everything kind of ended that perfect life when my husband was diagnosed with stage 4 colon cancer. At the time, we had a nine month old baby and a two and a half year old daughter. And I remember the moment it happened, I became dehydrated, I remember I felt that my whole life was being removed from my body. I threw up in the bathroom. It was the worst day of my life; I couldn't believe it, and they were giving him only six months to live.

The one thing that I need to mention about me is that I was a trained grief therapist. I studied counseling psychology; I did my Master's in psychology and my thesis on the stages of bereavement, and

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I never expected that I would be thirty one years old and my life would be stopped so dramatically. I got very angry; everything I was taught about grief did not match the reality of grief. And the stages of bereavement did not feel right to me. Everything was upside down, and I was screaming inside. I was in so much pain that I lost my identity, I lost everything.

He died in 2006, leaving me behind to raise two young daughters. And the pain, and finding the strength and the ability to get through all the pain: I was in love with a dead man, and there was nothing I could do to bring him back. I remember walking back from the hospital, the silence of grief. I remember that silence, and time stopped. Grief is an inhuman experience, happening in a human body, that lives outside of time and space. I really believe that. And our capacity to experience it and live through it has to expand so dramatically that I had no tools, and nobody to help me. I remember feeling like I was an alien living on the earth. I'd just moved from Mars, and everyone just seemed as if their life was going by normally and I was stuck in that place where I could not move on.

My time in grief was very painful, excruciating. And I had lost all hope that I would ever, ever feel better, or that I would ever stop missing him or wanting to see him. I thought I was going insane; I thought I was going to lose my mind. It took me years to actually get myself back up again; I took a few steps, I learned a lot of things throughout that time.

That's when I discovered neuro science, and that's when I discovered that the brain held the keys to hope, to me living again, loving again, laughing again, and being able to create a brand-new identity and re-enter life after loss in a grander, bigger way. I know, for people who are listening to this, who are going through a very traumatic experience, they probably think what I thought: that it was impossible to ever feel happy again.

But not only is it possible, but it is the only way that we should live life after loss. Grief is here to help us rebuild our brain, our life and get us to expand our consciousness; I really believe that. And for me to say this, it took me a long time to believe it, but my life serves as evidence that this is possible.

Erin Matlock

It does. And Christina, it is so interesting to me that you were literally called into this work: starting out, getting training as a therapist, going into grief counseling, before your husband ever got sick.

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It's as if we know, intrinsically we know our path in this world, and we are preparing from a young age for the journey. And it's a difficult one that you've gone through, but because you went through it, and because of what you've learned and you're going to share with us today, I am so grateful because the rest of us have you as an example of what can happen when we lose someone that close to us.

Christina Rasmussen

It is very true, and I couldn't understand, at the time when I first chose to do my thesis on the stages of bereavement, my professor turned around and told me, "Christina, you? You want to do this work? You're so happy, and so bubbly, and what makes you want to do this?" And I remember—I was in my twenties—and I remember saying to her, "I want to know how to help people get to the other side of this terrible pain of losing someone they love so much, whether it's divorce or death, or whatever that is. And at the time I think it was so hard for me to understand why I was so driven to do this. I spent time sitting next to the dying, giving them water in their last days, and people used to find that very strange about me. Why? Why is she in her twenties and wants to do this work? Well, I guess I know why now.

Erin Matlock

Right. Powerful. So what I find a little interesting about your work compared to some of the other work on grief and loss is that, you talk about your story, you went through it. Anyone who's lost a loved one knows that pain. But that's not where your story ends. You choose, instead, to focus on re-entry into life, and not just life, but a fantastic, thriving, happy, joyful life. And I've gotten to know you and we've become friends, and you are so bubbly and so positive and—I won't share your whole story because I don't want to spoil it for this talk, and I'll let you do that—but I just am in awe at what you've been able to do.

Christina Rasmussen

Thank you.

Erin Matlock

And I wonder if you can explain a little bit to the rest of us what grief does to our brain.

Christina Rasmussen

Absolutely. And trust me, when I started to research neuro-science, I felt stupid. I felt so dumb, and

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I said to myself, "OK, I've gone through all the grief books . . ." I read everything there was for me to read, and I stumbled upon brain science books, and I started just looking at them, and everything looked so complicated that I should have given up. I should have just said that this is not worth my time, I'm grieving, I'm upset. But something kept me from giving up, and I kept going forward. And I promised myself that if I was to come back, to help other people use those tools, I would make it simple. I would make it easy for them to understand. I would make them feel that they could do this.

So everything that I'm going to talk about today is going to be simple, nothing complicated. I want everyone who's listening to this to feel like they can do this. And I'm going to start by saying that the brain, as you all know, controls our reactions to the world. It controls our emotions, our habits. And it kind of runs certain programs that are based on our past. So when we experience something, neurons in our brains make connections between one another. And these connections tell our mind and body how to react to the world around us. And they're called neural pathways, or brain maps. And the more we use them, the more ingrained they get. And I want to really say this again: the more we use them, the more ingrained they get. And the more ingrained they get, the more likely we are to react in this way.

But these brain maps can be changed. They can be changed! Our brain is plastic, so we can experience the world in new ways, and we can create new habits, new behaviors, by working to rewire our brains. And don't be confused by what this means: rewire the brain. It is actually something easy; you just need to repeat certain things, and your brain starts to change. We have to set the right environment around us to push ourselves out of these brain maps into a new landscape.

And what happened to my brain while I was grieving was that my brain was focusing on my grief instead of my life. So I had repetitive grief thoughts that were creating the map of grief inside of my brain. Whenever I thought about my grief, I was reinforcing those brain maps. I was contributing—I really felt like that—I was contributing to my own suffering by making grief my default. And I want to be very careful when I say this: I'm not talking about when we first experience a loss: when our husband just left us, or when our spouse just died, or when our child just died. It is when we continue to live with this grief for many, many years, and we experience the same thoughts over and over again. That's when we are repeating the maps and we are making those maps stronger and bigger. And it's harder to get out of it. And we focus our attention away from positive thoughts and we think of all the negative things that could possibly happen to us in the future.

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I couldn't believe that I could actually change my thoughts. I really couldn't believe it. And grief is a habit. And people are going to talk about this, I am sure, but I really believe grief is a habit when it takes place over years and years and years. Grief does not last forever.

Erin Matlock

It's kind of, something you just said: do you remember, in high school, when you're taking, or maybe junior high now, typing classes? And when you grow up and you're on the computer, we just haphazardly type, and I peck and I get really fast at pecking along the keys and then I sat in for my typing class, and you can't look at the keyboard, and you're supposed to put your fingers in certain places that feel uncomfortable and all of a sudden my typing speed, because you always do an initial typing speed, that I was like, "Yeah, I'm awesome," with my pecking, and then we have to do it with the new way, like you said, the new mapping of our fingers, and my typing speed tanked and it was hard and uncomfortable and it makes you want to go, "Nope. I'm going back to the old way!" Because it's comfy, it feels good, I'm actually living this way. The new way is uncomfortable, and that teacher forces you, because you're not allowed to peck. And then all of a sudden, you get down the road a few months into the school year, semester, however long your typing class is, and you are a speed demon on that keyboard, typing in the correct manner. And I think that's what you're talking about with grief, a simple explanation.

Christina Rasmussen

Yes, this is such a big metaphor, as well, and the one thing that I discovered was that it wasn't grief that was keeping people stuck, it was actually fear. And it is so important to understand the relationship between fear and the brain, the amygdala, right, which is this almond-shaped mass of gray matter inside your brain. This amygdala is doing a lot of alarming and alerting. If an experience is deemed safe, we react in one way; if it's deemed dangerous, we act in a different way. And when the amygdala senses threat, that triggers these hormones, and we stimulate this fight-or-flight response I'm sure people have heard of this before. So you're in an alert of danger.

So after a great loss, the world is so uncertain and confusing. Everything seems like a threat because all that you know is no longer here. You thought you were going to be with the love of your life forever, that you were healthy, that you were safe. All that is different. So we perceive our entire world as a dangerous space. So it's not just grief that gets in our way to starting over and creating an amazing life, but fear.

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And I have found that fear has been the number one feeling that has kept people from starting over. It is an unconscious habit of fear; you're unconsciously afraid. And people get stuck in what a cold place between the two lives, the life you get left behind and the life you're yet to have and I call that place the Waiting Room. Go there and wait. Wait to feel less scared, we wait to feel less pain. And we get so comfortable waiting, and that grief becomes safe.

I couldn't believe it when I realized that I was in a Waiting Room, and I was waiting for time to heal me. And I was waiting for years, and nothing happened. And I have met during this journey so many people who are stuck in this place between two lives. They're stuck in the Waiting Room, and that Waiting Room gets really comfortable and holds the, it's like a beautiful waiting space with a flat-screen TV and a big couch, and you get to sit there and think about loss and all the things that you've lost, and you get comfortable in that space and your brain keeps repeating the same thoughts over and over again. And when you go to open the door to get out, your amygdala starts to get activated and say, "Don't go out there! It's not safe for you! You don't know, life is not the same anymore; you don't know what you're going to find. You're going to get hurt again; you're going to lose again. Stay in." And we close the door. Then we go back and sit on that big comfy couch in front of the big giant TV. And we're living that infinite loop of loss.

Erin Matlock

What would be the first thing that you would suggest, maybe the first step for someone to do right after a loved one passes away?

Christina Rasmussen

What a great question. We need to learn to ignore these threats. And I know that this is not an easy thing at all but how can you move out of the Waiting Room without ignoring those threats? We have to gradually learn to let go of our fear and start practicing doing things that are different from the comfortable, self-protected Waiting Room that we have found ourselves in. And we have to learn to overcome our natural fear of change, and this is the basis of my whole re-entry process. I call these steps the Plug-ins, where we plug in by five percent only, so the alarm or the alert in our brain won't be huge.

I remember when I first started coaching folks who had gone through terrible things they would come in and we would build all these big dreams and we were going to go do this and that and the

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other thing and they would say, "Yes, yes, yes!" but as soon as they left this amazing bubble that we had created together, their brain told them to be very afraid, and they got nothing done. And I realized that big dreams after loss are not the way forward. So I called it the Plug-in so that they would plug in, step by step, five percent: change their hair color, go to work a different way. When people said, "Go out on a date," I wouldn't just go out on a date. I would go and buy the dress first. I would maybe set up a profile on online dating. I wouldn't just go and get myself a date; that's too scary. Nobody's going to do that, they're too afraid. So small steps, small steps.

Erin Matlock

I like that: "Get the dress."

Christina Rasmussen

Get the dress; fix the hair.

Erin Matlock

Right! Because it is just putting yourself into motion, having the brain learn that you're going to be doing new things, that you're going to be putting yourself back out there without having to just put yourself out there all at once.

Christina Rasmussen

Exactly. And when people do that they get so scared and so afraid, they go back to that comfortable space. And it will take them a long time to try again because they're too scared. Too hurt. Things happen outside in that big life, right? And our brain told us to be very afraid of what's outside there.

Erin Matlock

Right. And then when our brain is right, it's really difficult to argue with it! Like you said, it's hard to get out and do it again. So typically, if we look back, we have these defining moments that separate us from the person we are, living in grief and loss, from the person we are as we emerge from it. And you kind of mentioned this space as the Waiting Room. Can you remember, what was the turning point for you, where you really took that step out of the Waiting Room?

Christina Rasmussen

And, you know, it is such a simple experience. And the reason why I use this as an example—I've used it onstage, I've shared this story so many times, it's inside my book. Maybe I even shared it

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with you last time we talked, but people expect this huge, big opening to happen in their life for it to change, and it's actually not like that. For me, the turning point happened about four or five days before Christmas, about a year and a half after his passing. I was alone at home with my two daughters, feeling really miserable, and feeling really sorry for myself and really unhappy. I told my parents that they couldn't join me for Christmas because I wanted to really experience Christmas as my reality—it's just me and my daughters now, so I was really living in the identity of loss. And I used to live in Boston. And in Boston, as you know, there is a lot of snow, and my mail guy would not deliver my mail for many, many days. I hadn't shoveled in such a long time, so he couldn't stop. So I woke up that beautiful Saturday morning and I said to myself, "You know what, I'm going to get the shovel."

I took the girls out to play with the snow, and I shoveled. I shoveled for two or three hours; I really did a great job. I created enough space for his little mail truck to come by and stop there. So I went happily back to my house and I said, "OK, let's see what happens. Will I get my Christmas cards?"

So I'm watching from afar, and I see the mail truck just driving, driving by my house and not stopping. In that moment in time, my brain said this: "Poor you."

This was my thought; this was my identity; this is the repetitive thought that I've had all this time. "You can't even get your Christmas cards. Not only do you have no husband, you have nobody to help you with, and nobody is spending Christmas with you, and you can't even get your Christmas cards."

And then all of a sudden, something different happened. And I believe the reason for that new thought that emerged was because I was starting to do a lot of meditation at night and I was putting a lot of new thoughts into my brain. And I was falling asleep like that as well, so I was repeating all these new thoughts.

All of a sudden, in that moment of self-pity, when I was feeling so sorry for myself, this new thought came and said, "Go get those cards. Go get them."

I put on my snow boots—I still had my pajamas on, I remember—I put on my snow boots, and I started running like a madwoman. I ran so fast, and trust me, I was not fit, I was not a strong athlete

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or anything like that, and you know the mail cart just stops and starts, right? Delivers the mail and then keeps going. So it took me about four blocks to actually catch up, when he stopped delivering his package to one of the houses.

So out of breath, in tears, I get to the car, and I said to him, "You didn't stop." He said, "Well, you didn't have enough space for me to stop." And I said, "Well, I shoveled." And then he said, "Well, you didn't do a good job." I mean, can you imagine this conversation? And then he said to me, "Why didn't you ask your husband to do it?"

Oh My Goodness! That's when my new identity literally started to emerge. I really believe that. And the portal to this new life opened in that moment, because I went after it! And I chose the self-love, and this is my life and I deserve it.

And I said, "He would if he could, but he's dead. Now give me back my mail!"

If you could have seen this man, the mail guy, he looked red—or white. I think all the color left his face. He gave me my mail, and I never missed my mail since that day. Not only that, that portal—and I call it a portal—I think we create in our brain with new brain maps, a new space for these brain maps to develop and expand.

I got a new promotion at work, and I met my current husband a few weeks after that. So many wonderful things happened from that one decision to choose life instead of grief. To run down my neighborhood like a crazy woman and go after the mail. But it was a metaphor; it was a pathway to a new life. And I have chills just saying this after all those years. It still affects me, and I still remember that woman who was so lost in the repetition of grief in the Waiting Room, waiting for everything to happen to her. And she took on her life again, and that's the woman who I am today. I go after everything I deserve in my life. I'm not just tough, I have guts. Because of those new maps and new way of living.

Erin Matlock

I get chills from that story, too, and you do have guts. And I think the important thing for anyone listening is, you don't feel like you're ever going to have guts again when you are in deep loss when you are going through, and I think that's something that I really like talking to you about this because you are so honest and open with the long period of struggle you had and the fact that you did

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start to identify as the victim: this happened to me; I'm always going to be sad. It's just me and my girls for Christmas; we're not going to be around anyone else. We have to live like this. And that's real difficult because we always want to give people the time to grieve in their own way. And then there becomes a point—sometimes we can't see it for ourselves—where it's time to start taking baby steps again, and sometimes those baby steps turn into running down a snow-filled street in Boston, yelling at the mailman. That poor mailman, he had no idea who he was dealing with.

Christina Rasmussen

I felt really bad for him, but I don't think he'll ever forget it, and I don't think he'll ever say anything like this, and I think it was some kind of intervention in my life. I mean, everything changed from that day; I couldn't believe it! And I think everyone who's listening to this call, they need to find their portals. And what I say is that the portals are small little experiences. They're not winning the lottery, they're not the prince coming to your house on a big white horse. It is not like that. Other little things, your neighbors that you no longer like. They keep walking on your flowers, tell them. These are the little portals that we have around us and our identities change through those portals and I was able to use neuro-science to articulate this and explain it and why our brain chooses life. The more we're choosing life, the more life will come to us. It has nothing to do with Law of Attraction; it has to do with expanding our brain in the direction that we want to take our life. It's in our hands, completely and totally.

Erin Matlock

I absolutely agree with you. I hear a lot of opinions on how people should grieve or how long this process should take, and I'm just wondering, what are your thoughts on this?

Christina Rasmussen

So this is such a great question, and I get asked this question a lot, and I really believe what people say, everyone's journey is theirs. And my grief does not match someone else's grief, and how long it takes for me will not be the same as you. But I really believe we judge other people because we feel . . . and I'm going to turn it around a little bit and tell you what was happening to me when I started living again , dating again, traveling again, taking my kids on adventures—and we did a lot of great things after that mailman story.

I felt that people were confused around me; they couldn't understand because I loved my husband so much. I mean he was everything to me. And their perception of me had to do with my relation-

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ship with him and we had spent three and a half years going into hospitals and to therapy, and my identity was wrapped around our relationship so much that when I started becoming this woman that I am today, my old friends couldn't understand it.

So they judged, and you have to be very strong to not let that judgment take over because when you hear people, or you think people are thinking these terrible things about you and your new chapter, your brain wants to keep you inside that Waiting Room. And why do we feel the need to judge other people?

I think it has to do with the ego. Our own, and how it makes us look. And I was judged, because maybe I moved on too fast. I mean, it wasn't fast at all; it took years! But for everyone else, it looked like yesterday. When I was remarried again, four years after my loss, people couldn't believe it. How quickly it happened. But it was four years, and for me, it felt like four centuries. It felt like forever. So no judgment from you, and don't worry about the judgment from others. Let that be something that has nothing to do with you. You control your own brain, your own thoughts, and your own Second First—your new chapter. Judgments are here for people who are still grieving their own life. They don't belong with you at all.

Erin Matlock

Why do you think some people naturally recover faster than others? Why are some people ready to maybe start over, have their second first a little bit quicker?

Christina Rasmussen

I think there are people who are more resilient, and I've asked myself this question as well. If this was to happen again, I know my brain does a lot of tricks with me. "Oh my gosh, Christina! Can you imagine if your second husband dies!" And there's a fifty percent chance that this will happen, right? One of us will go first. And I might be widowed twice. I'm laughing just even at the thought of that. And I think that I would recover faster because of what my experiences have been so far.

So some people recover faster because they have a different personality; they're more resilient. They really believe who you are today after loss, and how you live your life after loss has to do with who you've been before loss. So if you're a negative person—I'm going to be very blunt about this; I hope that's OK—if you're someone who lives in negative thoughts every single day before your loss where you have used other life experiences to create your identity, you will be exactly the same

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after a bigger loss. And you will use that loss to create a bigger identity of loss after that experience. And it is what it is.

And I have seen people who, no matter what tools we give them, no matter how simply we explain the re-entry journey, they will not shift from their grief. Because it has given them so much attention, the ego actually enjoys that, and Freud has said that as well. I have read about this so often, so it's not just me saying something like this, but the ego is looking for a new attachment. But the attention that it gets from the experience of loss is an amazing experience for some people. Not for everyone, but I have met some that subconsciously would rather be in the state of loss, in a way, than actually start over.

Erin Matlock

That's tough. Sometimes it's tough to reach people.

Christina Rasmussen

Yes, yes it is. And you know, we can't—and I'm sure the people who are listening, they know some people like that, something about them, and yet my advice to them is give them the support they need. But if they can't take it, that's nothing to do with you, it's time to move on from them.

Erin Matlock

Yeah, and that gets difficult, too. And we all watch, and we know people, and we want to be there, but we also have to be realistic about the process of getting back into life.

Christina Rasmussen

Yes! And, Erin, can I share one more thing here that I want to make sure that people . . . really, this is such an important thing. I posted a question a while back on my Facebook page, and it went like this: Are you willing to risk the possibility of more grief so you can find your way back to life? And when I posted this question, many people responded with comments like, "No. I'm not willing to risk pain for the chance to start over. I'm afraid to walk out of my house, never mind trying anything else." They have no trust. And having no trust is a huge reason that millions of people choose not to look for that new chapter. Many who have gone through this terrible loss believe they can never trust again.

So grief actually brings a lot of trust issues. They choose to be alone at home every night with their dogs, watching TV. And they're unwilling to risk again; they believe the future will be sad and painful,

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and our brain, again, is telling us this: "Don't go out. You're going to be sad again, and you're going to be in pain again." So it's all about risk, it's all about believing that there's hope. I have read tens of thousands of comments from people who responded to this question and, to my surprise, a lot of people said they're not willing to try again. They're not willing to risk again. And learning to trust, for them, is almost impossible. We have this amazing brain, but we also have to have the willingness to use it. If we're not willing to use it, we might as well not have a brain on our body.

Erin Matlock

This is the thing, Christina, about my love affair, your love affair with the brain: it runs hot and cold. Because it's a big, beautiful, wonderful brain, but it also has this negativity bias, and it learns so quickly from pain, which is what you've just showed us, that we do, we can all—whether or not those of us who are participating in this call today have lost someone close to us, we have probably gone through something traumatic, some type of loss, pain, hurt, from someone we care deeply about. And the brain immediately learns, "Ah! I don't ever want to go through that pain again!" And it's going to do everything possible to trick you into, like you just said, not taking those risks, to put yourself out there again. And I feel like, God, it's so unfair! You have someone, like yourself, who loses a spouse, some people lose children, some people lose their parents, their best friend, and it's hard enough to grieve and just go through the loss, but now we have to out-play, outsmart our own brain that's going to try to keep us in this grief stage because it's—crazy enough—it's safer than getting back out there and possibly, like you said, getting hurt again or losing someone again. It's really difficult.

Christina Rasmussen

And I love what you just said, tricking the brain, and I think it is exactly that. I want people to think of it as a relationship, that it's a back and forth experience, and we have to trick it. We have to say, "Hey, I can run down my street and get those cards. What's the worst thing that can happen? Obviously, nothing. Nothing can happen." And that's why the plug-ins are so important. Five percent. What's the worst thing going to happen from buying a new dress? We're not talking about dating, we're talking about just go get a dress! So we are tricking our brain to keep moving forward. It's a game, actually.

Erin Matlock

It is. Whether we want to play it or not, this is what we're dealt. You know, sometimes when people lose, especially a spouse, or a partner in life, they can have a guilt that comes up when thinking

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about dating, let alone falling in love again. What would you say to them?

Christina Rasmussen

Oh my goodness! I remember writing a blog about this and I called it "Ear Plugs on a Secret Mission." And people loved it so much. I wrote that about two years ago. I still remember the blog so clearly because it is so hard to put ourselves out there again with that guilt. I remember even buying a wedding dress. You know how guilty I felt in that moment when I was getting my wedding dress for my second wedding? My goodness, I could have run out of that store and never gotten married again!

But this is what happens, and I remember writing this blog about when you're about to go out on a first date, you're looking at yourself in the mirror and there is guilt on one side and shame on the other. And they're both talking to you; they're talking to you so loudly. They're telling you, "Who do you think you are? What makes you feel like you can start over? What about your kids? You're not a good mom." I mean, you hear all those things that they're telling you. And then, "What about the people? What are they going to think? Don't wear that dress; that's too nice of a dress. You should not look good."

And that's when I say put ear plugs in and disconnect from shame and guilt and disconnect from people that are going to judge you. And actually, the secret mission part is that I didn't tell anyone when I went on my first date with someone else, and that was with my husband. Nobody knew. My best friends didn't know; I didn't want to tell anyone. So I had quite a few secret missions because I didn't need more guilt and more shame. I had enough thoughts of my own in my brain to keep me back. So I hid it, and I didn't tell anyone until much later when my brain was getting stronger. So I would say, Go on secret missions, wear your ear plugs, and start over.

But remember to buy the dress and do the small steps before you go out on this big date. The guilt will be more quiet when you're not jumping, when you're not leaping, but when you're just taking a crawl, a small step, out of your house.

Erin Matlock

I like that: wear ear plugs. You know, you and I are so alike! I'm at an age now where I have seen it all, done it all. I know the people in my life and, I don't know if you're like this, but I know their reaction to certain things I'll do. So I'm the same way; I don't need that. It's poison, I don't need those

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reactions. They don't get to know things that I'm doing until I'm strong enough and ready enough to let them know about it. Because I'm a sensitive person, and you have to learn to protect yourself.

Christina Rasmussen

Yes, exactly! And you know, I don't want people to feel guilty for not sharing with their parents or their best friends. That's when we build our new identity, and unfortunately, after divorce or loss, we have to become independent and we have to build this gutsy personality, and I wrote a blog called, "Are you just tough, or do you have guts?" It's not about being tough to do this, it's about having the guts to step out on our own without sharing it with everyone else, believing in ourselves that it's the right thing. We have to believe in ourselves that it's the right thing.

Erin Matlock

Yeah! And I think we have to give ourselves room to make mistakes without added criticism.

Christina: No kidding! Yeah. And you will make mistakes, as well: "Oh my goodness! The first few dates were a mistake, but they got me out."

And I have to say, I was on TV, it was in Philadelphia on Valentine's Day a year ago, and I said, "Date Mr. Right Now. Don't date Mr. Right because your identity is being created and who you are today is not going to be who you get to be a year, two years down the road. And Mr. Right Now will not be Mr. Right. And Mr. Right Now needs to like you more than you do, love you more than you do, think that you're better looking than you think of him."

We need to grow your confidence. We need to get you to believe that you're worthy again. Sorry, this is not about dating, but dating's just a big part of starting over, that people just lock themselves in, hide themselves, don't take care of themselves, they have no self-care, they don't do anything with their body, they don't move, and then it's harder to get out again.

Erin Matlock

Yeah, and I think it's important that we're spending this much time on it because we all need love. We need that love of a partner throughout life, no matter what our age. And I hear excuses too, sometimes. I know someone who is in their seventies and has lost her husband, and I hear a lot, as she goes through her grief, that "Why try again? I don't need anyone else. He's the one I had; we were married for fifty years. So I'm too old for this." And I think, Wow, you are too young to not have that partner love for the rest of your life.

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Christina Rasmussen

I so agree. And people will say, "Oh, it's time for me to learn to live alone." I say, "Really? Is this really your goal?" And people just look at me, shocked. "No, that's not my goal, but don't I need to learn to live alone first?" I'm like, "No! You need to go out on a date and have fun! Please don't stop because you need to learn to live alone." That's the brain telling you just stay by yourself; you don't need anyone else. And that's a lie! Our brain lies to us. And confuses our goal.

Erin Matlock

And when we have that type of language: I'm too old; or I can't do this again, it hurts too much; I'd rather live alone; I don't need anyone, we are strengthening those negative maps, as you call them, in our brain. It's tough, it can be really tough. But the key, and that's what you've shown us, is the knowledge: to know that this is actually something that's happening in our brain, and that we can control it.

Christina Rasmussen

Yes, we can. And we have to be willing to do that, though. We have to be willing.

Erin Matlock

You're right. So, when someone's going through a loss, oftentimes we don't know what to say to them, and so I find that sometimes we'll just not say anything or distance ourselves. And of course we feel horrible; I'm like, "Ah! I'm a horrible friend!" But I don't know what to say when I call her or call him. Can you help us out? I mean, what can we say to someone who has just lost a loved one?

Christina Rasmussen

So imagine your best friend is getting divorced, or losing her husband or her child. We are terrified of when we're going to see them again; are we worthy enough to help them through this? What can we do? We actually feel insecure about our ability to help, right? We feel like whatever we do is not going to be good enough. But it's actually very simple, and educating people who have not experienced a loss, but they have someone who's experienced a loss. So I always say to them, "You need to help your friend plug in to this new life, habit by habit, routine by routine. And slowly, but surely be able to change their old pathways in their brain. And they say, "What do you mean by that?" So I explain to them, "Your friend is used to having a certain routine, and she's about to create a new grief routine. What you're here to do is to help her create a routine of life."

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Because the habits of grief are so strong. But they're not something we cannot surpass. So the friend will be able to help her get out again. Go and see a movie. Go out to dinner. Try and get them out. And I know that sometimes it's really hard, and we're afraid to go on, but even if they say no, keep calling.

I remember after my loss, I couldn't pick up the phone for about three months. I remember it took me three months to answer the phone. And I was still grieving. And a lot of friends called the first few weeks, and then they gave up calling because they thought I was ignoring them; it was all about them. And I was going through hell; it was the worst time of my life. There were two or three friends that kept calling, and one day I picked up the phone, and I talked to them. And we went out for coffee, and we went for dinner, and we went out. And I started living again. They're the friends that I still have today. The other ones are gone.

So if you're a good friend, don't take it personally when they don't call you back. Keep knocking on their door. Keep trying to get them out of the routine of grief. And I want to tell people that grief and life need to walk hand in hand. They need to be going together. Yes, they need to cry and shed all the tears and cleanse their grief, so you need to be there and listen to them. But then you also have to bring in the balance of life, and tell them, "OK, tomorrow let's go for a walk. Let's go shopping." And they will not want it, so tell them, "Let's talk fifteen minutes." Don't plan a whole vacation with them. They're exhausted from grieving. Plan a half an hour coffee break.

So plug in with your friend at five percent as well. Give them something small that they can't say no to. Give them something easy to do that will get them outside of the Waiting Room and the life of grief. But it's important to grieve as well.

I remember I was working with a mother who lost her own daughter, and she was very traumatized. And our sessions were all about grief. In the beginning, I would say 95 percent on grief. And then towards the end I would bring in some life, I would ask questions about life. And you could hear her voice changing dramatically. Her voice would go from this very upset and sad and crying, and that was very difficult, very, very difficult. And all of a sudden, that question would take her out of that grief into a new place.

So ask those life questions without giving them stress: "What are you going to do now? What job are you going to have?" That's not the question! But it's about, "Hey, there's a new coffee place

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around the corner. I thought we should go for a walk over there tomorrow; just grab it and walk back. What do you think?" Simple, small steps of life.

Erin Matlock

I want to add a couple things to that because it's so important. You know, when I was struggling with depression years and years ago, my dearest friend, who like you said, is still my dearest friend to this day, never gave up. And I was not fun to be around. We were living in different states—I grew up in Texas—so she would call all the time to check on me. And I would rarely take a call, and that's what happens when you're just in a very dark place, and she would check in with my mother, and I remember as I started to get through the process and started to recover, like you said, some friends fall off. And that's OK, because we can't expect people to constantly check on us if we're not giving anything back.

And she flew in, and it was a big outing because I wasn't leaving the house at all at that time. I was terrified to go outdoors. And we were going to a restaurant, and it was giving me a lot of anxiety. But she's a strong woman, and she was not taking no for an answer. And here are my parents, and you see these big eyes, like, I don't know if we should be doing this; she's not ready to go to the restaurant.

And my dear friend—her name is Krista—and it was so great! I remember she and I were in a car, my mom and dad were in another car. And we're driving down the highway and my parents had called her on the cell phone and she was talking. And I could tell what it was: they were trying to decide where we were going to go where I wouldn't have some type of catastrophic meltdown and need to be hospitalized again. And it's all comical now, but it was horrific back then. And I remember I could tell my dad made a suggestion of kind of a big TexMex restaurant, because we're Texans and we love our Mexican food. And she was just not having it. She's like, "Oh no, we're not going there. That's just too much . . ."

And it ended up, like you said, we went to a smaller, quieter place, and we had a really great dinner. And no, it didn't cure me; I still had issues for months after that because mine was a very severe depression, so the recovery was intense; it was long. But what I remember about that was she never gave up, even though I know she wanted to. She wouldn't take no for an answer, and she helped with my parents, who I think were so close to the situation because I'm their baby girl and I was sick. That she came in and took control. And we all did what she said!

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Christina Rasmussen

These are the kind of friends, and she was determined and she loved you and she wasn't going to give up. And she didn't take it personally, and I'm sure it wasn't easy for her. But it wasn't about her, it was about you. So that's a great, great point: always remember this has nothing to do with you. It has to do with their pain.

Erin Matlock

Yeah! It does! And don't be afraid to meddle and be a pain in the booty! Because that's what we do as friends. And, at some point, it will all come back around, and the person who is going through loss, or going through illness or some kind of pain in their life will see the love and the care and the kindness that went into that kind of help.

Christina Rasmussen

Yes, and after many years, I see the people that just kept going and they said, "I'm here," and I listened to the messages, not all the time, but sometimes I would listen to them say "Whatever you need, you let me know." And they kept calling and kept calling. And one day I picked up. And that was my lifeline. And many people give up, so I think that would be really great advice for people who don't know what they need to do. We know; they should know now!

Erin Matlock

You know, the flip side to that, too, which I found interesting in my case, was there are some people who just kind of filtered out; the process was really intense and, even after I recovered and I was kind of back in life, maybe I'd get a phone call six months down the road or a year down the road, and you know what? We picked up right back where we were when I was a much healthier person. And that has always stuck with me because sometimes, we as human beings, maybe we don't call. Or we wait too long to call. Or we wait too long in between calls, or yeah we're guilty of saying, "You know what, I can't handle this right now. I have my own stuff going on."

And then all of a sudden it's six months down the road. And I just want to encourage people that it's never too long, too late to pick up that phone and check on that person. Because I never held it against anyone. I always felt like, you know, I wouldn't want to deal with me anyway at that time in my life. I wouldn't have wanted to be a friend to me, and I'm just grateful that they're still in my life, and that you pick right up. It's amazing!

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Christina Rasmussen

Oh, it is amazing, and they just have to ask themselves, is the friendship worth taking the risk and picking up that phone after a year later, two years later? The only thing I would say is that sometimes we change so much after loss, and I know, Erin, you changed so dramatically after your experiences, and I have too. Some of the friends will not be there, that we will have to leave behind. And be OK with that because your brain has created this new identity, these new thoughts, this new life, this new experience, and even when they come back and we want to kind of make up and be there, it might not be as exciting as before.

And that's OK. You're not the same person anymore. I cannot recognize myself today, and I have only about three friends from that period of time that are still here with me. In those days I had so many friends, but from those years, there are only three friends that are still here with me. They took on the journey, and they are loving me as much as they did before, even though I'm so different today.

Erin Matlock

Isn't it interesting to you, after you go through something so intense, your BS-meter goes up? Or as my dad says, the bull corn, to keep our language clean. Like you said, some friends, there's nothing wrong with them, they're just not going to make it. I find people with drama do not have a place in my life anymore. I just have to keep a clean, healthy, simplified life.

Christina Rasmussen

The friends with drama are all gone, there's nobody else. I can't even hear it; like my brain is like, "What is that? What is that? No, no, no, no!" and it's a turnoff for me because I really believe if we train our brain, with positive thinking—yes, bad things will happen again, bad things will happen again, right? Maybe not as bad or not as catastrophic, but there's rejection, there's fear, there's a lot of things are going to happen but our brain is trained to say, "OK, I've got this. Let's try this. Let's go this way instead. Let's get off the highway and find the small exit and create a brand new map right here." And you're so much more able to do all of this now. I would be afraid and still jump. Take the exit off the highway because the highway, we build maps. It's not where you need to be. At all.

Erin Matlock

It's true. I know that you have a book coming out very soon. It's called Second Firsts, that's S-E-C-O-N-D F-I-R-S-T-S, with an S at the end. Can you tell us a little bit, what does Second Firsts mean?

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Christina: Ah, yes. . . . Just after the mailman story, let's say the mailman experience happened December 20th, I discovered the words Second Firsts around December 28th. Amazing how that portal opened up so many different things! And I was sitting at night—three in the morning—really trying to figure my life out. I didn't like my job in the corporate world; I didn't want to be there. I wanted to create an organization, and all the names I wanted were taken away. All of a sudden the words Second Firsts came to me. Your first, second time round, and I registered the domain name. And I didn't use the name for about two years after because I still stayed in the Waiting Room and stayed in that world, even though I was exiting the Waiting Room quite often—I had fallen in love again, I had a better job in the corporate world—I was still in my comfort zone.

So Second Firsts was ignited during that Christmas vacation, and now it has become a coaching practice, a huge Facebook page, an amazing blog, and now a book from Hay House. It's called Second Firsts, and it's being released November 4th. And it's a true book; I remember when I was going through my loss, I could only find books on grief memoirs or other people's stories, and it was great to read those so I didn't feel alone, but nobody really told me what I needed to do. And I'm not saying the steps that I'm sharing with you in my book are going to be perfect for you. They're going to give you how-to: they're going to tell you how to use your brain differently, how to create new maps, how to have new thoughts, how to plug into the brand-new life, how to create the life that you want, and how to learn to be willing to trust again so that life that you're dreaming will come knocking on your door. So this book is about starting over after divorce or loss or any life interruption you've experienced. It's a book that you will read over and over again, and I am so excited to have this book come out.

Erin Matlock

You know, Christina sent me a copy of this book, and my first thought, too, was, "Oh, let me get the tissues ready, this is going to be tough for me to read." But I wanted to read and understand more about her. And I read it all in one night! Poor Christina, I emailed her about sixty times that night, and she was nice enough to email me back because I just fell in love with it! You do talk a little bit about your story at the beginning, and then, literally, you go into a very easy to understand explanation of what happens in our brain, which I appreciate because I get lost sometimes with the neuro-scientists out there, and how they speak.

And then, the book is, like you said, it's a how-to. It gives you the tools and the techniques to re-enter life after loss. And I think it's such an important book for anyone listening. If you're going

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through a loss, if you've lost a loved one, or if you are a clinician, a provider, or if you know someone at your church, in your extended family, in your friends, who is grieving, this is such a wonderful book! And I think the timing is perfect, and I'm grateful that you wrote it. Because, like you said, it's not a memoir, it's not this deep, depressing book. It's "Hey, how do we fix this?" And it's kind, and it's loving, and it's gentle. And I think that's what we need when we are going through something as major as a loss.

Christina Rasmussen

Oh, thank you so much. I took some risks writing this book because I felt that everyone was treating grief with gloves, and, "Oh, we don't know what to say; let's walk on the other side of the street from this person." I want to bring grief to center stage and help people see that we can raise the bar of life after loss. We don't have to grieve quietly; we don't have to start over in shame and guilt. And the most important thing is that we have the tools to interrupt grief and start living life fully. And it's inside our brain, and whatever you believe in—the universe, God—we have been given this amazing toolbox that sits right on top of our body, and we get access to it every single day. All I'm asking people to do is to be willing to trust again and take a small step towards their life and trust that everything else will work itself out.

Erin Matlock

What about where can people go to find out more about your work? We know the book will be in bookstores soon, and on Amazon November 4th, but can you give us your website? Also, if you wouldn't mind, giving us your Facebook URL so people who want to go and be a part of that community can join there, too.

Christina Rasmussen

Absolutely. So my website is www.secondfirsts.com, and that's with the words second firsts, not the numbers, and the Facebook page is www.Facebook.com/secondfirsts. We have about 84,000 folks on there, and the posts are very direct, authentic, and there's a lot of engagement. I'm also building a non-profit organization that's called the Lifestarters, and it's going to change the way we communicate after loss. It's going to use social interaction online to help people reenter life after loss and get out of the Waiting Room. That should launch in 2014, and you can find some more information on that on www.thelifestarters.org. It's a big project, we're very excited about it, and when it does launch, it will change a lot of things about how everyone communicates after loss across the world, globally.

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Erin Matlock

You are a busy lady!

Christina Rasmussen

Yes, that's for sure!

Erin Matlock

Well, you know, grief and loss are all around us, and we all have or will lose someone close to us in our lifetime. And, I have to tell you, on days when I don't have great patience, or I find myself short with people, I try to remind myself that people walk this great earth with invisible wounds. And you never know what they're dealing with. It's something that has been a great lesson for me, and it's just a way of looking at life and the strangers who surround us all, and I know for me, it helps me in my practice to be a better person. And you've been a great teacher for me in not only how to recognize this in people, but also how to not feel helpless in what I can do to help my friends and family who are going through loss. And I appreciate you for that.

Christina Rasmussen

Oh, thank you so much, Erin! I appreciate your words. And one thing that we know for sure, that seven billion people will go through loss, are going through loss. We've all gone through loss, and it's the invisible losses that are actually harder to heal because they don't have a label—widowed, divorced—they have happened over time; we get stuck because of them and we don't even know why. Getting out of that Waiting Room—everyone has a Waiting Room; I have one, you have one, everyone does. And we get to go there and we think we're living our life when all we're doing is waiting for a better day, to feel better. Or for something to happen for us to try again. And that day never comes until our last day on earth. And I'm going to be very dramatic and say don't stay in your Waiting Room from now until the last day on earth. Get out today. Do something today to create a portal that's going to push you toward life. And not towards your Waiting Room.

Erin Matlock

Thank you, Christina Rasmussen, for being here with us today. Thank you for the work that you do and for sharing your story, your loss. And your journey back into life.

This is Erin Matlock. You're listening to "Reboot Your Brain." Goodbye, everyone.

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Christina Rasmussen

Thank you. Goodbye.

TOMMY ROSEN



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

TOMMY ROSEN TRANSCRIPT

Erin Matlock

Welcome to Reboot Your Brain. I'm your host, Erin Matlock. The information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health-care provider for guidance about a specific medical condition. My guest today is Tommy Rosen. Tommy Rosen, a certified Vinyasa Flow and Kundalini Yoga Teacher is a leading authority on addiction and recovery with 20 years of experience helping others overcome addictions of every kind. He is the founder of the Recovery 2.0: Beyond Addiction Online Conference. Tommy's first book Recovery 2.0: Moving Beyond Addiction and Thriving in Life will be out from Hay House in 2014. Welcome Tommy. Thank you so much for being here with us today.

Tommy Rosen

My pleasure to be here. Thank you so much.

Erin Matlock

Can you tell me a little bit about your history with addiction?

Tommy Rosen

Yeah, uh, well it's a long story. I'll make it short [LAUGHING] for you. I look at addiction as sort of an underlying condition that compels us to behave in certain ways and create and do certain behaviors that we continued to do despite the fact that they bring negative consequences into our life.

Erin Matlock

Uhm.

Tommy Rosen

Because I look at addiction in that perspective really- the history of my addiction would begin with sugar addiction as a child. And the sugar addiction in all of its idiosyncrasies is no different in a certain perspective than drug addiction which would- would plague my life throughout my adolescence and into my early 20s. So the feeling of getting excited to get high if you will-

Erin Matlock

Uh-huh.

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Tommy Rosen

And then a feeling of elation and being high for however long that lasted and then a dread in a terrible depression coming down off of an experience. It was always the same for me whether it was sugar or marijuana, some psychedelic drugs or later on cocaine and heroin. For me, it was just a question of trying to feel better in life, trying to get beyond trauma that was stuck in my mind and in my body. And in my whole life was an effort really- was focused on the effort to try to just feel better. So that's- that's a little broad overview of addiction in my life.

Erin Matlock

I certainly think people listening can relate. I certainly can.

Tommy Rosen

Uhm.

Erin Matlock

Just wanting to feel better.

Tommy Rosen

Uhm.

Erin Matlock

Now, I've heard you say that addiction carries a certain frequency. Can you explain that a little bit for us?

Tommy Rosen

Yes. I- I'll- you know, a lot of people will look at a person's behavior and so a person maybe, you know, let's just say they're drinking a lot of alcohol and some of them will say, "Well, that's an alcoholic," you know, they're drinking to excess. That's their addiction. And actually, that isn't exactly their addiction. Yes, a person might be physically addicted to a drug or alcohol where there's a period of time where they have to clean out their body physically to let go of a- of a physical addiction. But the way I look at addiction, addiction is there before the drugs and alcohol or before the addictive behavior comes in. Addiction is this feeling, this underlying condition of disease, a lack of ease and the whole thing to me is fueled or has its roots in a certain frequency. Literally, like a measurable frequency of energy that would surround and be within your body. And I call it the frequency

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of addiction.

Erin Matlock

Hmm...

Tommy Rosen

And when a human being operates at that frequency, there are certain things that we can sort of infer that are going to happen. That person will be thinking of certain kind of way. They'll be behaving a certain kind of way all because when you live at the frequency of addiction, you are not clear on what the problem is. You're looking away from the core issue. You're just trying to feel better in the moment. So at some point in the past, there was a series of events or chain of events set into motion which unfolded in your life to create dis-ease, a disconnection, a lack of comfort in the body, a lack of ease in the mind, and because you have that dis-ease, you spend your time trying to get out of it. The only problem is the methods that we employ to feel better typically are so destructive. So, the question would be, I would say to you there's nothing wrong with wanting to feel better.

Erin Matlock

Right.

Tommy Rosen

That's a noble pursuit. That's a great thing and I would encourage everybody to try to feel better if they're not feeling like they're on cue. But we want- we want an upgrade. We want to- we want to try to break out of the frequency of addiction. So, the way that we behave and the choices that we make and the things that we choose to elevate ourselves won't be destructive. There'll be sort of short-term gain but also long-term gain propositions.

Erin Matlock

Okay. I hear you. I like that explanation. It's very clear.

Tommy Rosen

Thank you.

Erin Matlock

Now, I know people personally and I know there are people listening who struggle with addiction

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and they try recovery multiple times and they fail or they relapse, can you talk about your personal recovery and perhaps give us a glimpse of your own timeline?

Tommy Rosen

Sure, my drug addiction came to a sort of a horrible end as most people's drug addictions do. It was abject and painful and difficult. I ended up smoking a lot of cocaine and doing heroine to try to break the cocaine's grip on my nervous system and became addicted to both of those drugs physically and in every other way. And at the very end of it which was 1989, I basically cornered myself which meant I couldn't think my way out of my situation. There was nobody there for me. I couldn't- I couldn't borrow money. I had no money. There were no credit cards. Certainly no girl would be within a 10 foot pole of me. I was disconnected from my family. I was disconnected from myself. I was just- I was truly cornered and I woke up out of a haze of a three day, uh, cocaine binge and I had no other place to turn than actually to call my father and to reach out to him. He'd always sort of been there for me. My mother had been there for me as well but my father would- would have been the one that I would have chosen to speak to. And I call him up to tell him everything but the truth.

Erin Matlock

Wow.

Tommy Rosen

You know everything but the truth. So I just don't-

Erin Matlock

Uh-hmm.

Tommy Rosen

[LAUGHING] And yeah, you know, school is bad. My life is bad. The girl situation is bad. The money situation is bad like everything is bad and my dad just sort of said, you know, I know you're on drugs and I know- I know you need help and you've got to go and you got to go get help. And I refused to do it and my father started to cry. And I've written about this extensively, but it just broke me in half. It was sort of that one thing that I couldn't- I just couldn't stand. And in that moment, I sort of realized that my father was beaten down in his own way. He was just so crushed that his son was dying from this disease and wouldn't- was unable to help himself. So in that moment, I agreed to go

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to drug and alcohol rehab. I went up to Minnesota, to Hazelden.

Erin Matlock

Yes.

Tommy Rosen

And I spent about 45 days there. This was July and August of 1989. And I got out of Hazelden. I understood that I needed a continuing care program. That I needed a support group and the idea was for me to go to 12 step meetings. And so, I started to do that for a number of months- although I wasn't really working a program like actually following the 12 steps. I was just going to some meetings here and there. And after a few months, I decided to stop going to those meetings. And after a few months more, right after I turned one year sober, I ended up relapsing.

Erin Matlock

Oh.

Tommy Rosen

It was four days after I graduated from college. I was at a graduation party and it was just there. It was just an opportunity to use drugs and for me, it wasn't going right back to cocaine or heroin or anything like that. I was just- I was doing relatively softer drugs but it didn't make a bit of difference. The point is, I hadn't yet healed and I was still living in the frequency of addiction. And I had no support group and I had no sort of principles by which to live. I was a sitting duck for addiction to take root in me once again and that's exactly what happened. And that relapse lasted a little over a year. And in 1991, on June 23rd, I got sober in New York City for the last time. So, I've been sober now for 20, a little over 22 years.

Erin Matlock

That's amazing.

Tommy Rosen

It is amazing.

Erin Matlock

It is.

TOMMY ROSEN TRANSCRIPT

Tommy Rosen

Think about it. It's crazy. So my journey through recovery has been 12 step based. I did get a sponsor. I did work diligently, worked the 12 steps and they delivered on their promise of lifting me up out of addiction. And that was an amazing thing for me. So I was- a number of years as a devotee of the 12 steps and did everything I was asked to do and showed up and we're going to lots of meetings and worked the steps. And I did- I did it the way you're supposed to do it and it worked. And another very, very interesting thing happened which was simply- I got- I was, you know, 5 years sober and then I was 10 years sober, and, you know, my life had certainly improved drastically from where I had been. And yet I was still stuck in addiction and I didn't realize it at the time. Now it may not have been drugs and alcohol. At that point I was free of drugs and alcohol. I didn't think about it. I had no charge around it. But the thing that was remarkable about my behavior was, you know, I was smoking cigarettes.

Erin Matlock

Yes.

Tommy Rosen

I was gambling. So that means my relationship with money was very skewed to say the least. I had difficult relationships with women. So my relationships were skewed to say the least. I was really, really struggling in my life. And there I was sort of 10 to 12 years sober. And I was sort of like, "Wow, you know, I've done all this work and I can't believe that things aren't going better for me." I felt like by this point I would have sort of had it licked, you know. And what the blessing of it all was that I ended up basically- I had a very long story. I ended up crippling myself literally. What happened was I went on a gambling binge to Las Vegas. And I basically sat on my butt for 48 hours straight and was malnourished and dehydrated and then- and lost an incredible amount of money and was stressed and had the energy and literally the chemistry of addiction was running through my body that whole time. And when I got home I was at a concert and I remember I was dancing and this terrible, unnerving, terrible feeling went down my back and into my leg. And for the next 18 months I was simply in pain. And I couldn't put my feet on the floor. I had no strength and what had happened was I had neurologically damaged myself.

And I tried everything I possibly could to fix it. More yoga, less yoga, no yoga, training in the gym, chiropractic massage. I mean I really went to full distance looking for help and nothing was working and I finally broke down and I- for me, you know, western medicine would be a cord of last resort.

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And so I went and I got an MRI and I went to the top doctors, you know, Cedar Sinai Hospital and they said, "You've got degenerative disc disease. You've got herniated disc at L3-L4 and L4-L5. And this is bad and we're going to have to manage your pain for the rest of your life with drugs and eventually we're going to have to look to surgery. And that was a grim day for me. I was 35 years old that was now 10 years ago. And through a magical, incredible set of circumstances, I was lead to the door of a man who I call my life's teacher. His name is Guru Prem and he's a Kundalini Yoga Teacher and he's a gymnast and he's a meditator and a chanter and he's probably the most content and incredible man that I know. And I ended up at his office. And it was not probably 10 seconds after he shut the door and I sat down in front of him that I started to feel better. And I wasn't cured by any means.

Erin Matlock

Sure.

Tommy Rosen

I had a long road, but just being in front of this person who was telling me, "Your body has extraordinary, innate abilities to heal itself. You just haven't tapped into it yet. You're not breathing well. You're not moving well. You're carrying stress in ways that are just painful and hurtful to the body." So he taught me how to breathe and taught me how to move. He taught me Kundalini Yoga. He taught me how to relate to people in a better way. He taught me how to let go of stress and how to work it out of the tissues of my body. And upon 90 days after I started seeing him, my back pain went away. And that was March of 2004. So we're almost 10 years later and I've never had drugs. I certainly haven't had surgery. I feel- I don't know, 150 percent. I just haven't- I just haven't ever had to realize the terrible forebodings of that meeting with the doctors that day.

Erin Matlock

And isn't that- oh I'm sorry.

Tommy Rosen

No, I just want to say just to finish this long soliloquy. In ten years of work in Kundalini Yoga and Yoga and learning how to breathe and diet as the big piece of it, that's why I created the Recovery 2.0 program which is taking your recovery to the next level so you can really break the frequency of addiction all together. And that's what I feel like I have done. Thank you for listening to all that.

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Erin Matlock

No I love this and it is exactly what you have done and it's one of the reasons I hunted you down [LAUGHING] when you are so busy traveling the world teaching and touching people to come talk to this audience and it's because here you go and you recover from this addiction. And as often happens, it's replaced with other types of addictions and during a stint in Vegas you injured yourself. And it is something that I always think about with people who are recovering from drug addiction, from alcohol addiction when they go in and they have a diagnosis and they have pain. And if any one is listening and they have been in that kind of pain that Tommy has been in, it is excruciating. It takes over your life. And when they look at you and say you're going to have to be on pain medication the rest of your life and we're going to have to manage it that way, I have often wondered what that- what that must feel like when you look at them and say well, you know, I'm actually recovering and that's not going to work for me.

Tommy Rosen

Right.

Erin Matlock

So we're going to have a different way. And you found a different way.

Tommy Rosen

I did. I did. I tapped into the body's ability to heal itself. And, you know, I wouldn't say actually that the main concern about taking drugs for me was not necessarily that I'm sober and now I'm going to have to be on these drugs for my life. The concern was that I genuinely believe that those- that narcotics, in particular painkillers, I truly believe, they take us out of the driver seat in terms of our health. That's my own personal belief. Don't- don't get me wrong. There's a place for opiates which is when you've got a surgery or you're in excruciating pain and that's a way to break the pain cycle and help get you into a pathway to health. But long-term opiate use for people I mean and there are people who have chronic pain, fibromyalgia and- and it's hard to know why they're in pain but they're in pain. And long-term opiate use is like for these people it's like their only lifeline and my heart goes out to them and I've seen up close and personal what that looks like and typically those people don't get better unless they are able to break the pain cycle and get off the opiate drugs. So it's a terrible condition. And I didn't want to become- that was my fear. It wasn't like oh I'm going to relapse on these drugs. It's like I don't want to weaken my system with opiates. I need to find a way to strengthen my system and to heal, to truly heal from this.

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And I was so blessed to find the teacher who knew how to do it and now that I spend my life doing that very same thing. So I love connecting with people who have a bad back or who have chronic pain and working with them. And, you know, it's like it's not immediate but it's like we're going to- we're going to tap into something that's going to help you move forward in your life, in your body, in your mind.

And I have to tell you there are some people that are in such an unfortunate situation physically that they may need surgery. I'm not one of those people that says you never need surgery because look if your discs are gone and you've got bone on bone, you know, in your- in your vertebra, in your spinal column, I mean that's- that's rough. And I don't know what the yoga is that could help you heal that. So there's situations where you maybe that far down the road that you have to have surgery. But can I be a little graphic for a moment?

Erin Matlock

Sure.

Tommy Rosen

Well I'm going to use- I'm going to use some bad language. But I just want to say that my cousin who is a really extraordinary orthopedic surgeon in New York City. He said- when I called him and said, "Look here's what I'm being told. I'm scared. I don't want to have surgery. What do you suggest?" This is an orthopedic surgeon now. And he said, "Tommy, unless you are sh*#@#** yourself in pain, do not get on the table."

Erin Matlock

Huh. Wow.

Tommy Rosen

[LAUGH] So I took that to heart and that came right from a medical doctor. And I was like okay. I'm going to find a way. I'm going to find a way and- and I did.

Erin Matlock

And it's an amazing way.

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Tommy Rosen

Yeah, it's been incredible.

Erin Matlock

Often as adults, all of us, myself included, we carry the shame of our past. We walk around with it. And we sometimes are never able to let it go for some of us. How do you walk through this life in this manner that you do now? And not stay in shame of actions from your past?

Tommy Rosen

Yes, well much of it I'd worked through either in therapy through the 12 steps, definitely moving the stuck energy in my body through it, processing that energy out through yoga and meditation and breath work. See, there's a generally held sort of idea, generally. Now this is not everybody. But there are schools of thought within 12 step recovery where people feel, you know, the 12 steps are all you could ever need for anything that life throws at you. And I feel like that is absolutely wrong and that's just a misunderstanding. And it did not turn out to be the way it worked for me. I needed therapy. I have needed guides and Guru's and I have needed, you know, food, digestive track cleanses. I've needed a lot of stuff to move that energy through my body and out. I also needed the 12 steps and that was fundamental to my recovery. So it's not like I'm putting the 12 steps down in any way. They saved my life. It's just- and what I'm looking for and what I want to help people with is how they in an enlightened perspective when it comes to working the 12 steps. Yes, it's 12 steps and what else? Like if you've got, you know, bipolar disorder or you've other issues, you might need some medication. That's okay. Let's work the 12 steps and manage your chemical situation in your brain so that you'll actually have a fighting chance to think sober.

You may have issues relating to shame or trauma that you need to talk to somebody about outside of the context of the 12 steps. By all means absolutely do it. You may enjoy yourself and feel great in your body when you practice Yoga. And that's going to be, you know, that's going to be an incredible thing. You want to feel good when you're in recovery. And if Yoga can help you feel good, what are reinforcements to your path of recovery?

So I'm one of these guys that like if I have shame or I had guilt, these days- and I make mistakes all the time that brings up a feeling, I'm dealing with it in the moment. It's like I got to call my teacher. I got to speak to my wife. I got to speak to my therapist. I got to speak to one of my homeboys. You know, people who understand me, and I work through communication and I work through journ-

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aling and I work through yoga. I worked through all of these things to help me keep current in the present moment. And I'm always working at it. And I really want people to understand like I am a work in progress. And no different than anybody else on this path of recovery, only I have a little- maybe a little more experience with- I'm in the habit of being sober along time. So that's all.

But my shame and my guilt, I don't have- in my conscious mind I don't have any of it related to my past in terms of childhood, in my adolescent years and even my 20's and stuff like it's pretty well been worked out. I've made my amends to people where I really mistreated somebody. And I have paid people back if I was dishonest or I stole from people or anything like that. Those things have been dealt with. And I don't know any other way by the way to get rid of that shame and not carry it any longer unless you're dealing with it and then actually like cleaning it up. So there's been a cleaning up process. It's been pretty extensive.

Erin Matlock

Yeah, I think and that's part of the 12 steps, isn't it? It's to make amends.

Tommy Rosen

That's right.

Erin Matlock

Right.

Tommy Rosen

Yeah, you're looking at your history. You're trying to understand your resentments and why you carry them and you're trying to clean up the wreckage of your past and that's one of the most beautiful, incredible things about- that's magical, it's a miracle, the 12 steps, so yeah.

Erin Matlock

And you mentioned something, our resentments. It's the most toxic thing that so many of us carry around.

Tommy Rosen

That's right.

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Erin Matlock

The resentment, the anger towards people or instances, things that have happened to us in our past. And it's only hurting us. It's just so toxic to every cell in our body.

Tommy Rosen

Brutal, brutal and in resentment, they- in 12 steps, they call resentment the number one offender and the code is it destroys more alcoholics and addicts than anything else.

Erin Matlock

I believe it.

Tommy Rosen

Yeah, so, that's big.

Erin Matlock

Yeah, it's huge. Now if you had one thing and I know you're probably not going to be able to answer one thing because you have mentioned quite a few steps but what do you attribute your successful recovery to? I'm- I'm trying to understand. I look at you and you're this really shining example and you're out and doing something I think a lot of people would love to do which is traveling the world, loving your wife and living a life that is absolutely the best life you could live. And you've done this through hard work, a lot of hard work, but, you know, what do you attribute this success to?

Tommy Rosen

Yeah, it's- it's the thing- it's the very things that we're speaking about. It has to be said and I know that we're- there are a lot of people who are listening to this are going to be- I think are coming from the scientific side of things.

Erin Matlock

Sure.

Tommy Rosen

Medical side of things, scientific side of things and so what I'm about to say is just it's really more faith based and has more to do the spiritual side of things. And I want try to put in an accessible way. So anybody could sort of hear what I'm trying to say. My- as I told you, when I got sober, I was

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cornered. And my family was there for me. My dad was there for me. My family was there for me and I had an opportunity to go get help. But I need you to understand that if I could have gotten out of going to rehab, I would have. I would have done anything to avoid having to face myself. And because I know that, who can I thank? Who takes the credit for me going off to rehab? I just had no other choice so I went. But I can't really say, "Wow, look at me I was so smart to go to rehab. What a great decision on my part." I had no choice. So there's an element here of grace where I mean I- I- there are other people that I was with those very three days. I'm thinking one of my dear friends in particular, well oldest friends, who I became estranged from for 20 years. And he was there with me partying as hard as I was, taking drugs as hard as I was those last three days. I got sober. He never did. He killed himself about a month ago after living a life of homelessness and being in prison a numbers of times and being in a lot confusion and pain and suffering. Never got to get sober. And I don't know what that is. I don't know why that is.

So, there's an element of all this, which is out of my control. It's not because of me. I don't know. And I just have to say thank you to the universe, to the Great Spirit, to God whatever your word for that is, higher power. I'm saying thank you all the time because I really mean like thank you. I don't know how this happened. Now I can go back in time and I can say, "Okay, what are the elements that have created success in my recovery? And can those elements be applied to other people's past?" That's really what this is all right about, right?

Erin Matlock

Yes.

Tommy Rosen

We want to help people recover so I'll take a look at my own recovery and say, "Okay, what was it?" So here are the elements. The number one most important thing I think for people in recovery is a mentor and a community. So you have to have somebody I believe that takes a shine to you. That's your sponsor probably or some angel in your life who can help lift you up out of the really difficult situation that you find yourself in when you're first getting sober, first recovering. So a mentor, a sponsor, a leader, a teacher, a guide, a Guru, somebody tends to help somebody directly. Then you have a community of other people that are doing similar work, who have the same desire to help you and to help themselves move through this challenge. So you have a community of support of people who are interested in the same goal as you are. And you bully each other. You really lift each other up. Those- those two things, mentor and a community critical.

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I also believe that on some level a connection with spiritual things is a necessity for finding true recovery and moving forward in life. I- I just have come to believe that. And so by the spiritual side of things I literally mean just non-physical, the deeper aspects of our life, the things that happen that we can't see or touch or feel. They're just there. And we do our best to connect with those things through meditation, through prayer, through, you know, living according to our heart and according to the will of what appears to be a power greater than us. I can't define it. I've never met it. I just have a sense of it through my own experience. And- and that's the idea to give someone else a sense through their own experience. So those are the things, those are the core things. Now if you want to talk about advance recovery, if you want to talk about thriving in recovery.

Erin Matlock

Yes.

Tommy Rosen

Now you're talking about things like- and the number one thing -- the number thing once you have your feet underneath you and the initial addiction has been relived, so you are not thinking about drugs and alcohol on a daily basis. That may take a year or two. That could take a while. You don't know what it takes. But when you finally are no longer thinking about your drug of choice and you have built a life where you now feel like you'd rather protect the life than go back to where you were before, that's a great place to be. And you can really focus on things like diet. The food that you eat is so directly correlated, related to the rest of your life, the other addictions in your life. I say to everybody all the time sugar is the real gateway drug. It sets you up for addiction and disease in ways you can't even imagine. That's where it all began for me. My disease happened to be other addictions. Other people have to deal with things like type 2 diabetes, obesity, food addictions, you know, being overweight, heart disease, et cetera, et cetera, et cetera.

So looking at your diet, learning what it is to cleanse your body, I just think it's critical. Learning what it is to eat truly well for you, to learning to be -- to be hydrated, to mineralize the body, to stay out- out to keep alkalinity high in the body. These are critical important things if you really want to recover from those other addictions.

In addition to food, you know, the yoga practice, the prayer and the meditation, the breath work, it's so important. Everything begins with the breath. The breath is your primary form of nourishment. It supersedes everything else. It supersedes water. It supersedes food. It even supersedes love. You

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can't go without your breath but for a couple of minutes. So- and the interesting thing is your breath loves it when you pay attention to it, and when you change your breath, you can actually get yourself- you can change your mood, you can change your consciousness. You can feel a sense of being high without any kind of hangover or whatsoever.

Erin Matlock

Isn't that amazing.

Tommy Rosen

Oh it's amazing. No pill required. So amazing. So those are some of the things that have made the difference for me.

Erin Matlock

You are a world renowned Kundalini Yoga Teacher, instructor. Can you tell us what is Kundalini Yoga and how is it different from maybe the regular yoga that the rest of us are familiar with.

Tommy Rosen

Yeah. Kundalini Yoga is known as the yoga of awareness. And you ask yourself, "Well what am I becoming aware of through Kundalini Yoga?" And the answer is yourself. It's like you're on a fact finding mission. And you get on your mat and you practice, you know, in the Kundalini Yoga practice you are really developing a relationship with the more subtle aspects of yourself. So you might close your eyes and you might be doing a powerful breath like breath of fire or long deep breathing. And you are connecting in with your breath. And you're starting to feel- and really, really- honestly really connect with the flow of energy through the body where you are beginning to actually get a relationship with it and that's very powerful.

So Kundalini works on the nervous system. It works on the endocrine system. What it physically looks like is you have a lot of different postures and a lot of different meditations. And you're holding sometimes very difficult postures for very long periods of time. And so what I tell people is Kundalini Yoga will force you to come toe to toe with your mind because your mind will rise up and it will say something like, you know, "Put your arms down. This is silly" or "This is difficult" or "I'm in pain." And you dig into a deeper part of yourself, your nervous system. Your nervous system tells the muscles what to do. So when the muscles get tired the nerves have to be strong because you're really talking about just resisting temptation, right? The temptation is what- the temptation is

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just lower your arms and it's a constant temptation. So by exerting your will in this positive way, by digging into the nervous system and getting your nervous systems stronger and you are able to hold your arms up, you're able to do something that you did know you could do. You've discovered that you're stronger than you thought you were. You have found a way to resist temptation. You have found a way to strengthen your nervous system. And you found a way to override the immediate, sort of chidings of your mind.

When your mind says hey get angry at that person. You can take a step back and not do it or your mind says hey that chocolate cake and you can take a step back or your mind, you know, whatever the temptation is Kundalini Yoga will help build your capability to resist temptation. And it also has this amazing quality of lifting you up above the noise. It clears the mind. It gives you a sense of- you know, I use this term being high but I don't mean it in the sense of a druggy kind of high. You feel clear. You feel capable. You feel aware and you're doing it yourself. You are creating the sensation and it only strengthens the system rather than depleting it like drugs do.

So it's just- it's just an incredible compliment. You know I tell anybody, "Look, if you're in recovery, get into my class, go online, take someone else's class. Go to your city, take someone else's class. Just get involved in connecting with the more subtle parts of yourself. And you will find just a whole well of possibility that you just maybe weren't aware of before. But it's very exciting.

Erin Matlock

It sounds like also something that could help people who are dealing with issues with anxiety.

Tommy Rosen

Oh my God, yes. Well with anxiety you're really- you're really talking about people's inability to relax. And you're talking about people's- you know, that we spend our lives in the sympathetic nervous system, which is that fight or flight mode. And so Yoga in particular can- can help you leave the sympathetic nervous system and tap into parasympathetic nervous system, which is where you really truly learn to relax. You- you rejuvenate yourself. Your tissues, your cells, the organs of your body cleanse themselves, detoxify. You have energy to heal and to rest rather than that all that energy that they put into your anxiety or your worry and your phonetic, kinetic, crazy life that we're all living. So if you're going to be in recovery you might as well enjoy it. And you might as well find a way to heal yourself.

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Erin Matlock

Absolutely.

Tommy Rosen

And you might as well find a way to relax. So yeah that's really helpful with it.

Erin Matlock

Yeah, we all need a way to relax in the world we're living in. Now, what about if someone's listening to this and they have a loved one who is dealing with addiction, what words do you have for those who are loving someone who's going through addiction?

Tommy Rosen

Yes, don't judge them. They're just trying to feel better and they have terrible methods of doing it. And while their behavior may be just atrocious and unacceptable and not sustainable, the door opens when you can set a good boundary for yourself so you're not enabling that person to continue to live the way they're living. You're not supporting them in staying the same. But at the same time they know that you are not judging them. And that if the day were to come when they get cornered and they are ready to pick up the phone and call for help, they might just call you. And that's really one thing I would say. Another thing I would say is, you know, set really great boundaries because addicts will take advantage of you if you allow them to. And so you need to set really good boundaries with people. And let them know, "You know what I love you, and you can't stay at my house behaving this way. And if you're ever ready to go to rehab, or if you need help, or you need someone to take you to a meeting, or anything like that, you can count on me. I will be there for you. But in terms of having you around my home and, you know, me lending you money and all the rest of it, not going to happen." Like you really need to be strong in your boundaries, and it's difficult to do, especially for parents who, you know, really want to help their child and they- you know, they feel like they're throwing their child out in the street and it really isn't so. What they're doing is they're helping their child to see, "You know what I can't go to this well any longer. I can't manipulate these people any longer." And so it changes the dynamic of the relationship, especially if you do it well and you really make sure they understand, you know, on a deep level they'll think you- they'll tell you that, "You hate me. Look how you're treating me. You're cutting me off. You don't care." But of course you are showing them on the deep level that you do care so much about them and God willing that day comes where they're really to pick the phone and ask for help and they will come to you.

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If you're dealing with somebody whose absolutely unwilling to get sober and they are over 18 years old, you can organize an intervention to try to help them see how every one else, family and friends are seeing them. That's one way to go. You set boundaries during the intervention like you can't live her. You have to leave right now unless you're willing to go to rehab. And by the way we've setup a bed for you in rehab and you're all set. You don't have to worry about money or anything else. That's one of the ways that people actually shift. So that's an amazing thing.

If the person is under 18 and you have financial control over them as most parents do over their kids, you can force a person to get help. And you want to- you want to, you know, sometimes it's good to work with a case manager. They are people that actually help families, you know, get through these kinds of decisions. I'm thinking now of a friend of mine named Elisa Hallerman who's just an expert at this and runs a case management business called Hally Life and she's amazing and worth looking up if any one out there is struggling with these kinds of issues. I hope that helps.

Erin Matlock

It does. Can you spell that real quick the Hally Life.

Tommy Rosen

Yeah, Hally, H-A-L-L-Y L-I-F-E dot com, hallylife.com.

Erin Matlock

Thank you for that. It has got to be the hardest thing for a parent, right? Because they think I love my child. I can't turn my back on my child. But the crocks of this is when you are enabling the child to continue on in addiction that is the turning of the back.

Tommy Rosen

Oh yes. Oh yes.

Erin Matlock

Yeah, it's just it's got to be one of the most painful things to go through.

Tommy Rosen

I can't think of anything that's harder for a parent to have to face.

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Erin Matlock

Uh-uh, no. What about- do you have advise for parents listening in actually who are thinking, "Oh holy cow, Tommy, you know, my child's becoming a teenager what do I do to help ensure that they don't go down the path of addiction."

Tommy Rosen

Yes, great question. Of course if I can answer that question, you know, really well and succinctly, I'd be flying you over here to do this interview on my private jet.

Erin Matlock

Yeah, that's right [LAUGH]. I know.

Tommy Rosen

But there's- there's so many pointers for parents or we could spend an hour on that alone. Here's a few things that- that occurs to me in dealing with your soon to be adolescent kids or your adolescent kids and or maybe you found out that your kid is discovered smoking pot or drinking alcohol and you're concerned about it, which is legitimate. You know the first thing I would say is- the first thing I would say is do everything in your power not to criminalize the activity, In other words, not to make your kid feel like they are a criminal because they have experimented with drugs or alcohol. The important thing to do is to inspire them into activities and into things that are going to build their confidence and their strength. Now that might be sending somebody off to karate. That might be getting them involved in cross country running. That might be getting them involved in yoga. It could be acting or writing. You know the key is to get a kid inspired, interested in something more than they would be interested in blowing off life by doing drugs.

Now I can tell you for me, by the time I smoked pot for the first time, I was- I was in so much anxiety and had really never- and I was 13 years old at that time, and I had really never taken a deep calm breath in my life. And that's what I felt marijuana did for me was it calmed my crazy, hyperactive mind. Now if your kid has that problem and you're on top of it and parent's have to be on top of it. What's really going on with your kid? Are they struggling because they can't shut their mind off? Do they have self-esteem issues? How are they relating to their peers? How are they relating- how are they doing in school? What can you do to help them along a path to helping them feel whole hearted where they feel better about themselves and, you know, it's not problem if a kid smokes pot and experiments with marijuana or alcohol once or a couple of times in their life or they have a

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healthy, workable relationship with it. The problem is when that becomes the driving force behind their enjoyment in life. And that's one of the things that happened to me.

And so you just want to make sure they have other avenues, outlets where they can really get into something and really express themselves and be involved. And it's not easy especially, you know, not easy dealing with teenagers. Let's face it everybody hates teenagers, they're so difficult. They're so challenging. They bring up and they push every button possible and it's so hard. But they are amazing. And- and they just need to be inspired and turned on. And the old adage is, "How do you get a pitbull off a bone." You know you don't. You throw it a steak instead and it'll leave the bone behind and it'll go to the steak. And that's- that's like- that's what a parent's job is. How do you upgrade your kid's idea of entertainment? How do you upgrade your kids idea of, you know, connection? What- what do they need? What would do it for them? And if you don't know the answer, it's okay. Then your job is, "Let me- let me find out what I could do to help my child" because, you know, one of the great things is having a mentor. And this is the other thing I say to parents all the time. You may not be the person to deliver your child into their heart. You raise them. You give them values to the best of your ability. And at some point you have to let go. But a mentor, a teacher can reach a kid in a way sometimes that their parents simply can't. And it's not because the parents aren't doing a good job, it's precisely because they're doing a great job because they realized, "Hey, we're the parents. My kid is not going to hear it from me."

Erin Matlock

It's true.

Tommy Rosen

But they might hear it from a mentor. So those are a few ideas. As I said we could go into that some other time.

Erin Matlock

Those are- it's wonderful and I think what a gift as a child to have a parent who takes that extra step, the extra time to find out what lights me up, what makes my heart whole.

Tommy Rosen

That's right.

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Erin Matlock

And that's what all of our children need.

Tommy Rosen

Without question.

Erin Matlock

Uh-huh. What's next on the horizon for you Tommy Rosen?

Tommy Rosen

Well, I'm finishing my book for Hay House. I'm very excited to be a Hay House author and they're going to put my book out in 2014. It's very much about all the things we're talking about. It's a little bit of my story of recovery and my story of recovery within recovery. And then it's got a lot to do with what I learned from my teacher Guru Prem and how people can- can thrive in recovery, so that's coming. The Recovery 2.0 Conference of course we have 35 experts who are looking at addiction, every addiction from lots of different angles, lots of different modalities of healing. We look at the diet piece. We look at the spiritual piece. We look at the scientific piece. We look at the brain piece. We look at the 12 step piece. It's truly a comprehensive, inspirational look at addiction and recovery. So all people need to do is go recovery2point0.com and we spell the word "point" out. So it's recovery, the number 2, P-O-I-N-T zero dot com and so that's happening.

And, you know, my goal is to create a program that will prevent people from having to spend 20, 40 or 60,000 dollars going to rehab.

Erin Matlock

Yes.

Tommy Rosen

My goal is to present an online and offline curriculum that will catch this disease early. And- and really turn people's lives around way before they get to the point of being cornered like I was. And- and getting, you know, inspiring people and for the people who are already in recovery, my goal is to help them to thrive because I have been there. I've been miserable at 12 years sober. And I see it all over 12 step programs and I think that is a very, very sad and hard thing to be sober for years and years and realized that you're so stuck and you don't know what to do. And- and I'm just here

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with one possibility. And I think that, you know, it worked for me. This is a way out of that suffering and I'm hoping that I can create that container for folks to go through a process and come out the other side and really, really be on their point, on mission in thriving in the recovery in their life.

Erin Matlock

I know that you can and I certainly know that you will and the wonderful thing about advocates like yourself is that sometimes when we hear from physicians or the research scientist or these clinical experts, they give us the facts. They give us the background. But for us normal people sometimes we need to look at someone just like us who went through it. And can show us in a normal language, you know, dead honesty with graphic language and- and show us like you said, "One of the ways out."

Tommy Rosen

Yes. Yes well that is definitely the way it works, one person showing with another, so yeah.

Erin Matlock

And the last place people can find you is tommyrosen.com and that is T-O-M-M-Y-R-O-S-E-N dot com.

Tommy Rosen

Yes.

Erin Matlock

Tommy, thank you so much for being here with us today.

Tommy Rosen

Oh, Erin it's been such a pleasure. Thank you. I'm honored that you had me and have a wonderful conference to everybody out there. Thank you.

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Thank you. This is Reboot Your Brain. I'm your host Erin Matlock. Goodbye everyone.

JULIA ROY



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to Reboot Your Name Brain. I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Julia Roy. Julia is a personal trainer for productivity. She is the co-founder of Work Hacks, a productivity consultancy that helps companies, executives and entrepreneurs be more productive by optimizing their processes and workflow. Welcome Julia. Thank you so much for being here with us today.

Julia Roy

Thank you Erin.

Erin Matlock

Julia, can you tell us a little bit about your background and how you ended up as the co-founder of a company that consults on productivity.

Julia Roy

Yes of course. I have an interesting background. It doesn't necessarily relate to productivity, but it kind of loops back around. I went to school for international relations and political science and public policy and I graduated and I started bartending. I ended up finishing my major but realized it's kind of too late that you know the government wasn't necessarily the place that I wanted to be and that I wanted to work and build my career. So, it was kind of in early days where second life and Twitter and Facebook were really just starting to you know, starting to grow within a niche kind of nerd, I guess you would say community. I mean Facebook was more with colleges, but things like second life, and I was just really fascinated with how these platforms allowed people to connect to each other that would, otherwise never would have been able to meet or get to know each other. And from that, I kind of figured that, you know, I think that businesses have an interesting opportunity within social media. It was very early on, and so, I was one of the first, you know, social media community manager before there are any really friends on these communities sitting in the back of new business meetings saying start a Facebook page and that type of thing which was a lot of fun. And from there, I moved to New York to entrepreneurs from taking, wanting to start a business, basically focused on doing that for companies, so doing the social media and promoting that within

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the organization. And we didn't have any client or any case study, so they told me to get internet famous, so that's what I did. The purpose was is to say that if we can get this, you know, kind of no name girl from Erie Pennsylvania, you know, famous online to take it to brand and say if we can do this with, you know, just a normal person, imagine what we can do with your brand, you know, with all of its customers and all this cache, so that's what I did, and it's been a lot of fun. I mean, right now, if you want to start a Twitter page for your business or if you want to build your own personal brand, it's quite overwhelming because there's a lot of noise, but when I started, it really was a smaller community of people, so they work to, you know, build my career that way and, you know, most of my jobs have come from, you know, my online brand, you know, all in the world with social media. So, I worked with Pepsi, Ford, CNN, BMW as part of the agency then I went in-house at Coach, the handbag company and then I went to Hearst, the big media publisher. They own parts of the ESPN and Oprah Magazine and all that.

And then recently, I went out on my own, so I still do some social media consulting work, but I'm really fascinated with the world of productivity. It first came from me learning about my brain. So being my own boss, I realized quite early on how difficult that is that I'm so used to. You know, it's so easy to bring out a company and you know, okay so here are our goals and here are some things you need to get done this quarter, and it's very straight forward and have your reviews and, you know, basically what you're doing is coming from the top down. It's strickling down to you and if you, you know, follow the rules and set your own goals, you know, you'll succeed and move up in the organization. But when you're on your own, you know, I'm waking up in the morning and thinking should I do this or should I do that, should I try to get more business or make my current clients more happy and I was really having a hard time kind of battling inside my own head and it was really, it was really hurting, you know, both my long term goals and my day-to-day productivity. So, I started reading my brain and then through that, you know, productivity is really the best productivity systems. They are the ones that work for individuals and then when you look at organizations and team collaboration, it's just so dynamic. And it really is the cracks of whether or not you enjoy your work. It's whether or not you feel productive. You feel like you're accomplishing and the systems that you have to work within are working with you and not against you. And in so many ways, we just focus on the work, we don't really focus on the process, but the process is still the key to getting great work out of you because your brain can only handle, you know, so much. So when you set up the right process within system, it makes just working and collaborating and getting through the day and feeling like you have a sense of accomplishment that much easier. And there's nothing more rewarding than, you know, sitting with an individual or sitting with, you know, a group of people or

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team or entire company and helping them fix just little ways with how they work together and the little ways of how their process works and just see how it transform the way that, you know, the amount of work they can get done and how happy they are and all of that. So, you know, it's both that I wanted to get in because I wanted to learn more about myself, and then also, I wanted to share that, you know, with other people.

Erin Matlock

You know, you touched on something that was really interesting to me about happiness in the workplace and it really is. You're exactly right. Hey, how much am I getting done? Am I being successful? Am I proud of what I have accomplished for the day, for the month, for the quarter? And when your productivity is slowing down or is lacking, that can really be a mood buster.

Julia Roy

Yeah, for sure. And I like to say too because a lot of the productivity kind of systems and, you know, if you go to Life Hacker, any of these sites that talk about all the latest tools, tips and tricks to hack better productivity. I don't like to talk about in terms of time. I'd like to talk about in terms of happiness because, you know, if you had eight hours to do a specific task, you will take eight hours to get that done. If you only have an hour, you know, you'll get it down in an hour. And it's less about, "Oh try to get this stuff done faster." So, you can have more time because you'll steal that time and time is obviously a really great, you know, aspect of it too. Because if you do have more time, you can leave work a little bit earlier, whatever it might be and spend more time with your family. But it is also about just feeling comfortable and happy with the process and in what you're getting done. So aside from time, I think that happiness is really, is really key there.

Erin Matlock

I do too. So, I have you as my captive audience right now and I want to pick your brain about productivity killers. Can you talk to us about maybe the top ones that we're facing and how, you know, tips to actually be more productive, be happier at work?

Julia Roy

Of course. So, when I, when I go into organizations, I do an interview with all, with everyone on the team that are about 50 minutes apiece, kind of like a therapy session where I ask them what keeps them from doing amazing work, and what comes up over and over again was usually it's always the top three, a meeting, email, and project management. Those are the top three things that re-

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ally keep people, where they feel like keeping them from doing their best work. And it's typically because that's what keeps you from actually working. When you're in a meeting, you're not actually making things, shipping things, doing things, you're trying to collaborate. When you're, you know, in email mode, you are going back and forth and you're constantly coming in. And with project management, you know, everyone has their own contour system and they don't really work together necessarily. But I really do find and we'll cover all three of those along with, you know, work-life boundaries and then how the work environment affects productivity and just your well-being at work. But so I'll start with meeting.

Erin Matlock

Okay.

Julia Roy

The meetings are, you know, it's a really difficult topic to come in especially for big companies, because it's a necessary evil. You know, without meetings, we would not be able to collaborate, coordinate and communicate as effectively with each other. You know, the problem is in most work phases, there are no set rules around how we run meetings. Everyone is kind of different, some people send agendas, some people don't, some people show up on time, some people role in ten minutes late and they think that's okay. Some people never end their meetings on time even when people are waiting outside the conference room for their meeting. You know, there's really no kind of hard set rules around, you know, how to run meetings. This is the way there is around HR rules and different, you know, different aspects of the work environment.

So, what I like to do is typically to say to have less meetings is really hard to institute because, you know, people really do feel like they need these meetings, you know, weekly team meetings, whatever it might be to stay in touch and stay on the same page. But what I do like to do is talk about the seven keys to effective meetings. So, it starts with setting a goal to meetings and then it goes to, you know, setting an agenda along with the meeting invite, and then it to start on time and keep focused during the meeting and on time and send a follow-up to the meeting. So, what I really like to focus on is the agenda because the agenda actually touches a lot of those other six elements really the nicely. So, when you set an agenda and this is not the agenda that you bring to the meeting that no one else has seen until, you know, five minutes before the meeting or when you pass out the piece of paper when they get there. This is the agenda that's set when you're sending the meeting invite out, and this helps in a couple of ways. So when you are scheduling a meeting and you have the

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title, so it's, you know, team update on project X and then you have the five people that, you know, part of the team that need to participate, so then you add in all of their email addresses and you set appropriate time and you book the conference room and you hit send. This might take you four or five minutes, and what happens is- I'm on a receiving end of that email and I know it's a team, you know, update about X project, but I know nothing else about what you're trying to get out of this meeting, what we need to decide on, you know, what I should be bringing to the meeting. So when you're sending a meeting invite, to have a simple one statement, one sentence of what the goal is. So to identify, you know, road blocks to accomplishing X or to discuss and make decisions on what technology platform we're going to use, you know, and Q4 for the sales team, whatever it might be. And then the second part is roles. So, with roles, what you do is let's say I'm part of the meeting, so you would say, Julia, speak for 15 minutes on, you know, the technology that we use last year and the elements or features that it's lacking. And then Erin is going to talk about, you know, the vendors that we've looked at so far and her top three picks. And then Joe is going to talk about, you know, what the sales team really needs in order to do their job effectively, whatever it might be. And what's nice about that is when I get that meeting invite, I know exactly what I need to bring to that meeting. It's not just a team update to project X anymore. I know exactly what I need to bring, so I'm not going to waste anyone else's time trying to, you know, refer to my notes or trying to collect my thoughts, you know, the second that I get into the meeting and I realize what my-role is. And the really nice thing about the agenda is-is that, it's kind of when you get up to go ask a teacher a question and realize you have the answer before you even get there. This kind of what happens when you have to do this. When you have to set what the goal is or when you have to identify what everyone's, you know, role is in the meeting and how long they will need to talk on that topic. What's nice to say is that you often find, oh well maybe Erin doesn't need to be in this meeting because you actually need to talk about this, this and this, and she's not really a part of that yet, so we'll schedule her into the next meeting. When you really have to think through those things, you end up scheduling less people in the meeting. And then often too, when you have to put time, you know, the amount of time that you need to dedicate to that topic or whatever that person needs to talk about. You realize, oh I actually need to break this into two meetings and perhaps I should just have these people on this meeting and then these people on the next meeting. So, overtime when that happens with your team, when you all do that for one another and with one another, you end up scheduling less meetings. The meetings become more effective. The meetings end on time because you probably outlined how many minutes it's going to take to talk about each topic and it aligns with, you know, the people that are there and all of that. So, it really helps with all of those other things as well. And what I'd like to do is, you know, although there are seven, you know, keys

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to effective-to having the most effective meetings and the best companies in the world do these seven things. Just like any habits in the way I like to approach, you know, all of these different topics is to change just that tiny part, just one piece, one manageable, actionable piece that everyone can do. And then what you'll find is, is once you get into the habits of setting agendas and you kind of do it automatically, it doesn't become this, "Ugh, now we have to send an agenda for this meeting." It doesn't become something annoying. It just becomes something that you do.

Then you'll find that people really want to end on time and people don't-people stop showing up late to meetings because there are some things, you know, once you start along that process, you know what all seven, you know it's not rocket science, you know what all seven rules, you know start on time, end on time, stay focused, have an agenda, follow up to the email with actionable insights. Once you start to do one of them well, everyone kind of falls in line with the rest overtime. So, you don't need to go in and demand that meeting be totally, you know, up-hauled and we have to do everything so differently. But if you pick one part of meeting that you find particularly inefficient, ineffective and frustrating and try to rally everyone around that one thing and outline all of the things that we should be doing differently, typically people will fall in line with that. It's kind of like, I think it was, can't remember who it was, but one of the like self-help gurus talked about how he was overweight and he committed to walking around the block every day. You know, and a year and a half later, he's running a marathon. Your brain will naturally want to go to the next step.

Erin Matlock

Yeah.

Julia Roy

But it feels really overwhelmed with the thought of a marathon. You're like, "Oh, I just can't do it." It's just not possible from where I am today. So, if you find that, you know, meetings are just a complete mess or what's the easiest most actionable things that you can get your team, you know, around and excited about and you'll find it a year later your meetings are, you know, hundred percent more effective and all you had to do is start everyone on this, you know, the first step.

Erin Matlock

I like that. I think sometimes it's difficult. People bite off way more than they can chew and then it fails and they were like, "Oh, this didn't work so we're going back to the old way" and you never see progress.

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Julia Roy

Yeah, you know, that's exactly what happen to this. It's specially a challenge when it's a team, because it not only your motivation-

Erin Matlock

Right.

Julia Roy

To make it happen. It's everyone's motivation. So, if you can make it so small and manageable, and so like, well if we can't do this, you know, "what the heck!" Then it makes it that it's easy to hold people accountable, you know, because for them just set an agenda isn't asking a lot.

Erin Matlock

Right.

Julia Roy

You know, it's asking and what's nice is that you get the benefit too. If everyone is doing it, then you know, you know what your role in every meeting is and you'll be scheduled in less meetings because they really had outlined what your purpose there, you know, it's for and it also makes it so that if you're conflicting meetings, you can walk to the person and say, I know that my role is this. I can tell you right now what my answer to that is and if you could, you know, bring that to the meeting that would be really helpful. So it's also so you could kind of manage your time better and see where people might be over scheduling your time or including you on meetings that you maybe don't necessarily need to be a part of. There's a lot of times what happens is and this isn't with all the company cultures but with a lot that I've seen, that people invite people to meetings because they don't want to hurt their feelings. So, if it's a team update on project X and I am somehow involve in project X at some point down the line or I was last year or whatever it might be, they don't want not to invite me because they don't want me to think that I'm-that they're excluding me.

Erin Matlock

Wow.

Julia Roy

And so, what's really nice about that is that, or you know, what's nice about the agenda item is that,

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and then empower everyone to say, if you really don't think that you need to talk on this topic or if you can just, you know, email everyone before the meeting and say that this is, you know, here it inserts my point. I don't think that anything else discussed in the meeting is going to change, you know, what-what I'm going to bring to the meeting. Then I would ask, if I, you know, can skip this one. And it's really great for, you know, executives and all of that who are scheduled for a lot of meetings because then it becomes really clear what they're there for and they can manage their time better.

I have a friend, Al Pittmapalli who wrote a book called "The Modern Meeting" and he talks about how the best company use meetings in a way that most people do not which is meeting should not be scheduled to make a decision. Meeting should only be held to confirm a decision. So, often what we do is we have a meeting, to have a meeting, to have a meeting. Discuss topic, discuss marketing options for next quarter and everyone goes in and everyone's just yapping away about what they want and what they're thinking, alright, okay, so now I'm going to have another meeting because we didn't decide anything. We have another meeting. What really should happen is if I'm the leader and I'm the owner of deciding on what, you know, marketing platforms we're going to use next quarter, I should be speaking with everyone individually one-on-one and then pulling together everyone's, you know, opinions, ideas, whatever it might be, and then making a decision which is we should use X, X and X after all of my discussions with everyone that, you know, part of this decision and this is what I suggest. So, then I hold a meeting and I write up whatever it might be. I'd put a piece of paper in front of everyone and say read this. You agree, sign it, if you don't, lets discuss your disagreement. But before we leave this room, we are going to confirm a decision and we're going to move forward from there. We're not going to have more meetings about it.

Erin Matlock

I really like that a lot.

Julia Roy

I know. It's crazy to even think about that as a possibility though.

Erin Matlock

Oh, I know.

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Julia Roy

When you-in most meetings and when you attend most meetings, the idea is just, is kind of-it is extreme. But it can be taken to the point where if everyone's-when you set the agenda and there's the goal, make it very specific, not for us to discuss options. It's not for us to discuss options and make a decision on X. It also brings people to the table knowing that, you know, a decision needs to come out of this meeting. We need to confirm a decision as a part of this meeting, not just discuss possible decision. Okay, great. So, we'll move on to email. I think I've discussed- I think I've [Inaudible 00:19:57] with meeting.

Erin Matlock

Yes. Email- no, meetings, that was great that was good stuff. I'm telling you. Email though is where my ears perk up because holy cow, we are all drowning in email.

Julia Roy

Yes. And it's that whole-we do have a workshop called "You suck at email," which is really because it gets everyone laughing. Because, you know, before you could drive, you had to take a test, you had to study, you had to sinex the smelly guy and La Carla Park and I mean you have to be approved before you can get behind the wheel.

Erin Matlock

Yeah.

Julia Roy

You know, we can argue whether, you know, how rigorous that approval process is, but we were just handed email addresses, typically AOL, Hotmail, whatever was at the time. If you still have AOL or Hotmail, shame on you. I recently made a decision that I will take no more clients with an AOL account, because it means I have to teach them the internet which they usually work out as well.

Erin Matlock

AOL spoiled all of us years ago when you were probably still in elementary school.

Julia Roy

Yeah.

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Erin Matlock

The rest of us learned the internet on AOL.

Julia Roy

Well, we hold on to the things that even if it's not the best, it's just what you know and the idea of switching to, you know, Gmail or any other system is just overwhelming because-

Erin Matlock

It is.

Julia Roy

You know, these emails coming in and you have to port and, you know, it's very technical as well, so I understand why people are still on it, still on the old platforms, but for something like Gmail which has, you know, all these amazing, it's an open source platform, so, you know, developers can build plug-ins and tools to really streamline and optimize, you know, the email workflow, because email really works against, you know, the way that we should work, the way that our brain works. So, when you look at the your email inbox, it's basically a list of- from the person who sent you the most recent email to an email that might have been sent to you two days ago. And the one the sent to you two days ago that's really, really important is on the bottom.

Erin Matlock

Yes.

Julia Roy

And the email at the top which is your grandmother, you know, emailing you pictures of her new kitty or something is on the top, and that's not reflective of importance. So, the biggest challenge with email is, is that we use it as our project management system and it is the worst project management system out there. And it's just not, you know, I'd better -I'm sure, you know, everyone has their little to-do-list app or whatever way they kind of manage their project. But typically most people manage most of their projects on email. So, I'd like to talk a little bit about the problem that we create for ourselves and then we can talk about some of the tips to make it more streamlined and efficient.

Erin Matlock

Okay.

JULIA ROY TRANSCRIPT

Julia Roy

And so I'll start with kind of individual and then also move a little bit into what teams can do to help to help send less email, better email and more efficient email. So, we'll start with what we do ourselves. So, typically when I go and especially with individuals and I do individual consulting. So give me access to their email and I'll say, I'm overload with email, I get a hundred emails a day and I'm drowning it in and I would get so much email and people almost use it as like in bragging, right?

Erin Matlock

Yes, they do.

Julia Roy

Like I'm so busy.

Erin Matlock

Yeah.

Julia Roy

I get so much email. Would you ever say to anyone that, you know, oh I got so much mail, like physical mail in your mailbox, like oh, wow that's Crate and Barrel catalogues and, you know, I got some credit card, you know, application offers and well that is what most of our email is.

Erin Matlock

Yes.

Julia Roy

When I go through most people's email and you pull out everything that's not sent from a person to them and actionable, things that they have to do, it's like 10 percent of all of the email that they get. So, we falsely create this sense of like urgencies that we have all of these emails that we have to take care of when really only a small fraction of them are really important action need our attention. But the way that the inbox is organized is that, you know, it's just, you're from top to bottom, you have to go through them all to find the ones that are important. So if you use, you know, whether you use outlook or Gmail or AOL. You know, I know Gmail the best because that's the one I use. I use outlook for a long time, so I have some like system and hacks to do it, although it's very time consuming which is to more, you know, to prioritize your email especially with Gmail, you know, it's

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very easy. And your settings in Gmail, you can hit, I think it's under the inbox tab within your Gmail setting where you layout your email at the priority inbox is what they call it. So, any emails that are sent from a person will show up in one bucket on top. And then all other email which is newsletters and all that other stuff will show up at the bottom. And now Gmail even has a new tab system which some people like and some people don't, but the idea is that when you get an email from Bloomingdales, you know, I want to get the email because-

Erin Matlock

Right.

Julia Roy

-I love Bloomingdales and I want to get those sale offers and all of that, but I don't need to get it right now and I don't need to see it right now.

Erin Matlock

True.

Julia Roy

So what you do is especially with the new kind of layout, if you are a Gmail user, and if you're not a Gmail user, you can filter those messages through rules and outlook, so you can say, if from Bloomingdales, you know, filter into this-filter into this folder and mark as read, so you can automatically get it out of your front view and then schedule a time each week or perhaps at the end of the day everyday or when you want to take like just a break and you want to just grab the internet or do whatever is to click on that folder or in the Gmail's case, click on that tab and spend time, you know, look, reading the new marketing or industry newsletter that you love to get that keeps you up to date on all the things you need to know or, you know, the Bloomingdales, you know, sale update, reading quick through and check to look at all the sale items, but keep those things in a specific like play bucket or these are the emails that I get. And the most fascinating thing is I use something called other inbox. Other inbox basically notices is when like Amazon emails me more than a couple of times and it's from, you know, the same sender like order@amazon.com. Your-, you know, your package has shipped. I don't need to see that. You know, if-but I get that notification in case I really do need to see it because I need to get it, you know, on time and I'm really concerned about it wherever it might be. So, I don't unsubscribe from it, but I don't need to see it every time. So what other inbox does and its otherinbox.com, it notices that and says, we're going to go ahead and put

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this into your shopping folder. So we're going to take that to your inbox and put it automatically into the shopping folder. So right now I had looked, I have 20,000 emails in my other inbox. Those are all emails that get to my inbox and went straight to their specific folder, so whether be newsletters or social networking, you know, Erin is following your on Twitter-

Erin Matlock

Right.

Julia Roy

-And sent you a message on Facebook, you know, all that kind of stuff. If you don't like to unsubscribe from it, at least put it in categories where then you take specific time like chunking that time to say, okay, I'm going to look at my social media stuff now, see who's been following me, you know, see who's left me messages, all that kind of stuff that you don't need to do which is nice to have. Because when you clear that stuff out of your inbox, it is amazing how few emails you actually get that you need to take action on, because the problem with email is when you have 50 emails in your inbox or if you have 2,500 for people that never archive anything, which I don't even know how that's possible, this, you know, not to get to inbox zero. And it's not that inbox zero is important, it's that when you have 50 emails in your inbox, even when you close it out, even if there's nothing that you need to do with those emails, you've email back all the people you need to email back. You starred, you know, the ones that you need to follow up later on but you can't take action on now because you have to wait for like next week or whatever it might be. Your brain still registered that as unfinished business.

Erin Matlock

Yes.

Julia Roy

It's like that to-do-list with all those items on there. Some of the items you can't even do until, you know, next spring when it's due, but when it's like, oh yeah, spring cleaning. And you know, okay, well, spring cleaning is coming up and I just want to write it down so I don't forget because I need to hire a cleaner and then I want to organize the basement whatever it might be. That thing on your list because it's on your list in between and around other things that you'll be doing soon or that are important. It kind of categorizes the same way that it's an unfinished business. So, it leaves a little bit of stress.

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Erin Matlock

Yeah.

Julia Roy

Even though the emails might not be that important. So, I think that we forget how much that inbox affects our concentration and our stress levels.

Erin Matlock

It's a really good point. It's almost an unconscious thing. We're just going on about our day but our brain is still ruminating over that box is not empty. There are still more tasks to be done when like you said, it could just be a newsletter from Bloomingdales.

Julia Roy

Right. And we all love to get those emails.

Erin Matlock

Sure.

Julia Roy

But you know, do not brag about the hundred emails if unless those hundred emails are emails that you have to take action on.

Erin Matlock

Right.

Julia Roy

Because, you know, for every client that I take on and I showed them that they are almost shocked even though it's pretty apparent. But it's just so overwhelming because they're all -they're not grouped in any specific order. So, there are lots of, you know, we'll be sharing, you know, and we'll talk to you about this Erin. You know, if you do use email, there are so many apps, tips and tricks to make Gmail way better project management system. So if Gmail or email really is where you manage your projects, there are a lot of tools to help you do that. For example, there is something called boomerang. So let's say that I'm a project manager and I send an email to the creative team and I need, you know, this creative asset, you know, logo or whatever it might be by, you know, next Tues-

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day at 2 o'clock. What I can do is I can send that request off via email and set boomerang to just say, it's just a little kind of widget as you're sending the email, you can hit the boomerang button and it pops up a dialog box that said, "What would you like me to do?" Would you like me to- and you can have a bunch of different options. And I could choose send this email back to me by Friday at 5:00. If she doesn't get back to me because I'm going to send that email off and I don't archive it because I need to make sure she writes back to me because if Tuesday comes along and she doesn't send it back to me or yet, that's on me because I'm the manager of the project, I'm responsible for the assets and all that and we're going to run behind schedule, so send this email back to me on Friday if she has not responded yet so that I can follow up with her. What's nice about that is you can get the email out of your inbox. You can tell your brain like you don't need to think about it, like the systems going to send it back on Friday if she doesn't get it back to you in time, so you can send an email out before the-you know, before the weekend starts to remind her that on Tuesday at 2:00, you really need that asset. And then you can set all those kind of rules up, which is really nice.

And then other inbox, again, when I talk about which basically pulls all those emails, those, you know, newsletter and shopping email that of your inbox, it literally pulls it out of your inbox. So I'll be looking at my phone and I see, oh Bloomingdales have a sale and then I'll look at my computer and that email is gone. I just don't do anything with it. It comes in my inbox then other inbox basically cycles through it and put them to their appropriate folder. That's really nice. And there's a ton of other tools which will include in a document so you can kind of scan one of my favorite-some of my favorites , you know, and all of their websites for all these apps they have, you know, great, you know, one minute tutorials and stuff so you can sense of what they can do for you and whether you need it.

Erin Matlock

That's awesome. Yeah boomerang is one of my favorites and one of the things that it does other than what you just explained is that, if I'm writing an email and I have time to take care of something, reply, but I don't need it to go out right then, say perhaps I'm working at 11 o'clock at night and I don't want something to go in their box and get piled on in the morning. I want to hit that person in the afternoon when I know they're going to have a pocket of time.

Julia Roy

Right.

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Erin Matlock

It allows you to schedule your reply. So, before in Gmail, I had to just type something up and then save the draft and then-

Julia Roy

Right.

Erin Matlock

-Remind myself to go back I'd always forget, whereas the boomerang lets me schedule the exact time I want that delivered and then I let it take care of it and I don't have to think about it anymore. So, it's like having your own personal Gmail secretary.

Julia Roy

Yes, yes. It's really good. There's also another one called task force.

Erin Matlock

Task force.

Julia Roy

Which is like, it basically hovers as a little widget, you know, in your browser or in your Gmail window and you kind of move it around or whatever, but what it does is you can basically take an email and really what it does is it allows you to create, you know, a task list, but what it does is allows you to associate emails to task so that it basically connects the email to the task. So you can archive the email. You can say, okay, I need to the one that with the creative, you know, request. So, I have to create this creative piece for the project manager. I get that email and I'd say, okay cool. I archive the email, but I have it tied to a task so that when I open up the task, all I have to do is click a link and it opens up that email that is then archived.

Erin Matlock

Oh, then you don't have to search for the email. It does it. It just pulls it for you.

Julia Roy

Right. That's why we don't archive email because we don't have to have to go find it.

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Erin Matlock

Right.

Julia Roy

But these are really nice so, because a lot of times we end up getting emails that, you know, we have to take action on next week.

Erin Matlock

Right.

Julia Roy

Or we have to take action on, you know, even in a month, you know.

Erin Matlock

Exactly.

Julia Roy

So, if you don't schedule in your calendar, I mean there are different ways you can do that. But you can also like for example what I've started to do is every email you open in Gmail has a link. So you can copy that link and you can archive that email and you can put that link in a calendar, you know, block-if you like to work on your calendar and you block off time for yourself to do certain task, you can put it in the description. And so, when you need it, you can click on that link and it will open that email right out-it will take your Gmail right to that email which is really nice. It really-the biggest problem with email is the sense that it's never done. That's why people love inbox zero because of the dopamine head that you get to your brain when you get there. Like you just feel like high unlike when you have nothing in your email inbox.

Erin Matlock

Yeah.

Julia Roy

It's like a weight has been lifted off you. I do discourage a little bit of becoming obsessed with inbox zero because it's kind of impossible over time, but it is really great to every once in a while get down to that zero and feel like you control your inbox rather than it control on you.

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Erin Matlock

And-so inbox Hero is that different from-did I just make up zero inbox? Is that not even an app out there?

Julia Roy

Zero inbox, I think that there might be one.

Erin Matlock

Or that's just the term.

Julia Roy

There are several-

Erin Matlock

I'm probably making stuff up.

Julia Roy

Well, inbox zero is a term that people use and there have been many apps that have been built around, specifically plug-ins for Gmail-

Erin Matlock

Okay.

Julia Roy

-That basically encourage, you know, but I don't know if you use on the phone, it's called, like the one I installed over at my phone. It's called mailbox, one word. And it's really great because it's an iPhone app. but what it does is each email you can like-like boomerang, you can swipe, you know, one way or the other to say send this to me-this is the thing that boomerang does is, you know, send this back to me on Saturday because I can't do this until Saturday.

Erin Matlock

Yes, right. I love that feature.

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Julia Roy

A lot of times it's, you know, instructions or directions or you know-

Erin Matlock

Yes.

Julia Roy

-Whatever on a Saturday thing that you don't have, you know, you need to put in your calendar or whatever so like, just send it back to me on Saturday but get it out of my inbox now because I can't do anything with it. And that really helps free up that space- that mental space. And because this is so tied to work life, I'm going to kind of segue-

Erin Matlock

Oh good.

Julia Roy

-And choose how email and work-life, because I think email is the biggest problem with the work-life balance in general. I- what I mean by that is the recent email is such an interesting problem is we keep it open all day.

Erin Matlock

Yes.

Julia Roy

A lot of times I get another window. We never close it out like just in case someone emails us, you know, if it's important, you don't want to miss out on anything. But what science has shown is when you get a text message or like when your phone buzzes or when, you know, the little notification pops up like new email, you get a little dose of dopamine, because what happens is that your brain is saying like someone is contacting you.. someone's connecting with me, I'm important like there's that association with attention, like it sets a little high. But then when you go to your email, like oh yeah, Bloomingdales. You know, it's not but we're so compelled to check it and it's a little bit because we create that habit or whatever, but it is in our nature to do that. So for example, there is this guy Dave Asprey, who is, you know, bio-hacker, you know, life hacker, brain hacker and, you know, he's very much into, you know, optimizing his body and his brain. And one of the things that

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he does is before he goes to bed at night, he has black out curtain, so he puts his hand up in front of his face. You can't see his hand, I mean, you know, that your brain kind of creates the outline of your hand, but, you know, you look in the direction of the door but you can't see the door, it should be completely black. And when he's in a hotel room, he covers up with little duct tape, the little light on the smoke detector. That blinking light, because even while sleeping, that blinking light, because your brain isn't actually asleep, you know, its processing, it's basically, I don't know- I can't remember the word for it, but it's archiving all of the day's events and all of that, so your brain is not really asleep. You're asleep but your brain is still aware, that's why the doorbell rings and you're completely out, although it's a really faint noise. Your body wakes up because it recognizes that noise and it recognizes someone's at the door. And this is of course, you know, how we evolved. If there is a tiger in the bush and those like blinking white eyes are looking at you, your brain wakes you up to let you know that there's danger.

Erin Matlock

Yeah.

Julia Roy

So that blinking red light really does keep your brain on alert because it's like, "What is that? What is that? What is that blinking red light?" Just want to make sure that the blinking light- red light isn't going to come eat me. So what happens on your computer is when you have the little alerts and dings and the numbers that count up on your little icon doc and all of that for a new emails and all the things that come in, the new tweets, the-all of that, it really messes with your ability to stay focused and concentrate. And when you have those, it's so hard to resist that uses up our will power and your mental energy because your brain really wants to go tend to those tasks, wants to see what's behind that curtain.

Erin Matlock

Right.

Julia Roy

You know, did Richard Branson tweet me?

Erin Matlock

Yeah.

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Julia Roy

It is possible. You know, but then you go and it says, Sam, DM message or whatever it might be. So that kind of same thing happens with our phone. So we have our phones at work and, you know, they are-our phones are amazing. I mean, it allows us to have work-life balance in some ways because we can be on the go and still get emails and receive calls and take calls, but turn off all these notifications on your desktop and on your phone. Your phone should never buzz for anything.

Erin: Wow. There's a lot of us shaking right now because we're thinking about the withdrawal.

Julia: You should never buzz for anything. When you want to go see, you know, new tweets and you want to go see your new email, like you can initiate that action. One app that lets you do this is called "The WayFind". And what it does is it allows me to say, like for example, you know, I have some clients that if they email me, you know, I'd really, you know, like to get them because they are the few emails that I get that, you know, action but potentially, you know, action-immediate action is really important.

Erin Matlock

Yes.

Julia Roy

So I have it so, it sends me a text message every time I get an email from someone at, you know, emailaddress.com. So, I only get notified for the emails that I stipulated. So, only email me if it's an urgent, you know, it's been tagged as urgent. Only email me or not only email me, only send me a text message, only send me a push notification if-

Erin Matlock

Okay.

Julia Roy

These people or, you know, these, you know, instances email me, which I find really nice because then I can really stay out of my inbox because, you know, we do worry, you know, what if, you know, something really urgent is happening.

Erin Matlock

Well, I think that's a real good one and that's the point is we check it a lot of the times because what if, what if, what if, what if there's a problem? What if there's a catastrophe? What if there's an emer-

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gency? And if we can set this up with a WayFind to where it only sends us, it only interrupts us if there is something of high importance, then that's nice.

Julia Roy

Particularly high importance.

Erin Matlock

Prote-yes, right.

Julia Roy

Or a person, you know, yes.

Erin Matlock

That way, we can let our brain rest knowing that we don't have to be bothered with these interruptions all throughout the day, but we're not going to miss something of high importance.

Julia Roy

Right, right.

Erin Matlock

I like that.

Julia Roy

It becomes really useful. What I've started to do, I've become really militant about my email and what I started to do is I've started to work out like a signature that basically states. And I'm trying to figure out what the right sweet spot is which is making a disclaimer which is I check my email at 10 a.m. and 4 p.m. If this is an emergency, please text me. Because no matter where I am I always have my phone with me, you know, even if I'm in the bathroom I have my phone with me. So, if I'm not looking at my email or if I'm away from my email or if I stipulate that I'm only checking my email at this time and this time, because all the other time, I'm getting my work done or I'm in meetings or whatever it might be. If it's really important, I will get the notification to say, "Hey, I just sent you an email," or "Hey, really I need." You know, because sometimes there are really time sensitive things that we need to attend to and just to kind of call that out in an email, give people their permission to send you a text message whatever it might be. People don't love to give, you know, their

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phone number away or whatever, but I think that, you know, up front stipulating that I check email at this time and this time. Automatically also says expectations that they shouldn't even expect to hear back from you from 11 o'clock until after 4:00.

Erin Matlock

Right.

Julia Roy

And what's nice about that is the problem is we've created the self perpetuating, you know, situation where-

Erin Matlock

Yeah. We have.

Julia Roy

-We all expect each other to get back to each other like, you know, well I sent to you that email this morning, well what's going on? Like, are you kidding? I mean I just-why should we be putting this pressure on each other to be in 24/7 loop of constant communication and then also expecting the same amount of work product out of us which requires us to be disconnected from these interruptions.

Erin Matlock

I can tell too with Julia, just because of our interaction via email, this isn't something Julia just talks about, this is what she actually does because I'll send her an email and I notice right off the beginning, you know, months ago, you don't answer right back. And of course just to be upfront with people, nothing I've ever sent her has been an emergency. It's always been about scheduling stuff and I could tell that you are one of those people who is very disciplined. You don't check email all throughout the day. I can absolutely tell by your responses that there are certain times when you're checking and that's when you give back and then I'm not going to hear from you till the next day when you've checked it again.

Julia Roy

Right, right.

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Erin Matlock

Yeah.

Julia Roy

Now, it takes a lot of discipline because it feels a little bit all or nothing because either you are, you know, I feel like people like, yeah, I'm in my email all day or other people I avoid my email and that's kind of where I came, for me is I really started to avoid it. Because it was just, it's a vortex. I mean I get in there and three hours later I wonder, "What did I accomplish?" I mean I connected and communicated and I set some stuff up and, you know, it's necessary, but we really have to kind of take a step back and really figure out like what is the purpose of email and am I using it in a way that is, you know, making me better and making me more collaborative and making me communicate more efficiently or is it hurting me, you know, me in that way. And that why I love like Twitter and Facebook and all that because now people can kind of send you messages in the places where they belong. When I'm checking Facebook, I'm there to like, you know, to see your kitty's photos grandma. You don't need to email them to me.

Erin Matlock

Exactly.

Julia Roy

That type of thing. And then one last thing on email which really helps is if you have a team to set- to set essentially these- what I call it bracket subject lines. So I could agree with my team let's say, it's seven people, it's a marketing team within even a bigger organization but just start, you know, with your team is come up with three or four like bracket terms or terms within bracket that you basically stick on the front of every email subject line. So for example, one would be "urgent", another could be "action needed", another would be "FYI", another could be follow-up notes or something. So what happens is- is that if most of your emails in your inbox need scan at because you get, you know, the first piece of the subject line, you could say okay I'm going to tear up all the action needed emails first because that's where somewhere I have to take action. All the FYI emails that I'm getting from my team which might be, "Oh by the way next week were going to-" like I don't need to open that and look at it right now, I could save that until the end of the day, you know, just FYI. There's no, you know, there's nothing I need to do, I just need to read it. What really helps with that is- is that the whole problem with email is the importance of being the first, the last email sent to, you know, as it goes down the inbox is that you can scan your email and start to take care of

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things in that order which make sense given the priority of the first few words in bracket. So the first few words in brackets like "action needed" and then you can write on your subject line, you know, "Need you to sign", you know, "finalize document for client." And then in the email you attach now the document and tell them you need to fax it wherever they need fax it to, because if you just say like, "Need you to something, something, something" and then like the action is at the end of that subject line, the person looking at that email doesn't really know the importance- doesn't know anything until they open it and a lot of times, you know, you end up just seeing the new e-mail and like okay, okay, I'll get to that, I'll get to that. But if it said "action needed," you would know like, oh there's an action that need to take and it kind of tells your brain, you know, it gives you that motivation to say, oh I should check this email before that email. That's really helps within teams. We can't really mandate that everyone does it that you interact with but at least you and your team can be a little bit more efficient that way.

Erin Matlock

And it's really great to- if you want to get, you really want to get people's attention. I know, you know, as subject line like just one thing or don't forget or, you know, those types of things, yeah. Where if you can sit like you said in brackets and really be direct about what you need there- there is a better opportunity of having that email opened quickly and addressed because you're direct.

Julia Roy

Right and within the email, so another thing we find is, you know, we write these long emails "Hey, Erin, so dah, dah, dah, dah and dah, dah, dah." And then in the middle of paragraph that I'm writing you I have like a question that I'm asking you or an action I need you to take or something in the middle of this e-mail and then it's a couple of paragraphs long. And for you to figure what you need to do, you got to let kind of sort through the email to figure it out. What I found with teams is what really works is the to sit every one down and say, okay, no one is going to be offended if we send emails to each other with basically like a bulleted list of my questions or things or whatever it might be.

Erin Matlock

Right.

Julia Roy

And there's not a lot necessary color or hey how are you and, you know, let's just assume that we,

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you know, that we like each other, that we respect each other's time, and that we're thankful for all the work that we do together and that, you know, like all of that and just make email easy to read and act on and respond to because we so often kind of like color these emails and- and make it really hard to work with from the other end, for the person receiving it. It's not exactly clear what you want them to do or what questions that you need to answer. And then, you know, being judicious about- about, you know, not replying all and saying thanks and, you know, all of the judicious things that we do as like social norms, something that's just a habit that we've created amongst ourselves and the team. Just take a step back and say, we are going to stop replying to emails when we ask for something and they get it and they reply with thanks. That's another email that comes into my inbox I have to process. I have to look at it because I don't know necessarily if there's more underneath or wherever it might be. And those little seconds, you know, over time, you know, add up as you start to be- as you to start to really just pull-in and tighten up the way the you communicate via email, especially within your team. You can't fix the whole problem with everyone else emailing you, but at least you can do so within the team that you work most with and you get the most emails from.

Erin Matlock

That's a good one. I think especially for us women. We probably do that more than men because I'm even guilty of that. I'm like, "Is she going to think I'm rude?" because I didn't e-mail back and say, "Thanks, bye, talk to you tomorrow." When like you just said that actually is disrespectful of the other person's time. They don't need to open up another email for thank you.

Julia Roy

And it comes to the point where we're like, "Oh," we just want to let- I want let you know that I got it so I say thanks. But let's just assume that the internet is working. And that they got your e-mail. That, you know, you've emailed many times before, you know the email address is right, you know, there's so many reasons for not doing it. But, you know, what happens is that the CEO always writes back thanks to everyone else thinks, "Oh, was this something you have to do?" Like my boss always writes back thanks. So it's really- I mean these are social norms that we've created for each other. And, you know, none of which is constant information overload. It's just becoming, it's too much, you know, in the beginning it wasn't so hard, so difficult, but now we have so many places to get sucked into, you know, information and messages and notifications and all that. We really need to better figure out how email should fit into our day and then how to use some best practices and, you know, get the team that you work with most frequently together and just come up with my some pledges like I- we, and I want to raise your hand, we promise to stop saying thanks and save

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that time for when we can go out after work and have a beer and appreciate each other and tell them thanks, you know. The things that, you know, we can say offline we will. We won't send e-mails so, you know, and we'll come up with, you know, five brackets, you know, subject lines, prefixes that we will put on all emails. And maybe we just start, but it really is, you know, helpful to kind of figure out especially with the team you work with a lot. How can we clean this up and make e-mail more efficient for us.

Erin Matlock

Smart.

Julia Roy

Yes. So what else are talking about? Work environment.

Erin Matlock

Yeah.

Julia Roy

So we've come to the point, I don't know how many people listening like work in a cubicle or work in like a big open space or work at home or work in a co-working space. I mean there's lot of different kinds of work environment and they all posses their own unique challenges. What's really interesting about how- how we work is that, that we need kind of all of that, like we need time to be shut into a room and have quiet that we can focus and not have the distractions of the conversation next to us. But then the beautiful thing about an office is how you, you know, the collusions and the connections and the relationships that you make with people just through physically being in the same space and being in the cubicle next to someone. You learn a lot about them. You work better with them than if you were necessarily- you're not in the same building or wherever it might be in. What I found is a lot of the stress comes from not being able to have quiet time. The, you know, the executives in the offices and I was one of those has another challenge which is I'm so disconnected. I mean this beautiful like glass, huge office and so disconnected from everybody else. While the people in the cubicles have great friendships and, you know, they're- they're just much more connected, you know, than I am. But what I found especially when you work in an environment that's more open which I think a lot companies have gone to. You know they pull down the cubicles and everyone is working in desks where there's-

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Erin Matlock

Yes.

Julia Roy

-Just, you know, all open space. The challenge with that is- is that we interrupt each other a lot. We just feel like, Oh John's right there. I'll just go walk over down- hey, hey I have a question. And that's not necessarily the great time for John because John was in the middle of writing a proposal or whatever it might be. And we all know about multitasking, can't do two things at once. So he's going to have to switch to that conversation completely change his mind set and his, you know, frame of thinking and then switch back which he losses time doing. And what ultimately ends up happening is the conversation that he had with the co-worker and the proposal that he was doing both suffered, the work product both suffered versus if he was given, you know, in 15 minutes I need to go to talk to, you know, Sarah about this thing. So we interrupt each other a lot. One thing and the only really one that I've come up especially for that flat- that flat environment is to create a rule of- if my headphones are in, it doesn't matter if the music is playing or not, you do not want to interrupt me.

Erin: Oh that's a good one. Slap the headphones on and that's the signal, do not come over here.

Julia: You don't have to be listening to anything. So if music is distracting to you if, you know, whatever if you like the buzz at the office and all that, you know, just take your iPhone, your bugs or wherever it might be and put them in. And then that signifies the other person. If something is on fire, you can absolutely interrupt me, you know, if something is very, very important and you need something right now, you can come up to me and ask me. But if it's just a question that you have or, you know, whatever it might be that's important but not necessarily urgent, go back to your desk, shoot me an e-mail, you know, send me a chat, whatever it might be and say hey when you get chance I need to talk to you, let me know when I can come back over or come visit me at my desk.

Erin Matlock

You know I've also seen like you said with this- the flat, the open offices and these big rooms also that even have cubicles or half cubicles, is there some companies now that are doing a hybrid where you have an open office platform but you also have some areas so if you come in Julia and you have a project and you need quite time that day, you need isolation, solitude, there are places you can go. You can shut the door, have a desk to yourself. And then there are more of like, you know, a pod. If you're working on a project with one or two other people, there's a place where you can shut the door and go depending on how critical that project is. And I think that's nice because like you said

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this open concept, it's a young, new, you know, vibrant concept where we don't- we don't shut ourselves off into these offices. But I mean let's be real, this is work and sometimes we need private, quite areas to get that certain project done.

Julia Roy

Yeah, and away from- sometimes you even go into a coffee shop, away from people. All of them-people that mess, you know, they just- were constantly interrupting each other.

Erin Matlock

Right.

Julia Roy

And I can't see, you know, calendar system where you block off, you know, time and all of that. But a lot of, you know, people don't know like if you're at your desk or was at a meeting that we cancelled and you actually- I can come up to you. So that's usually really because it's a very simple thing. It's just that we kind of do any ways and it signifies, you know, that come back to me, you know, at a different time. But there's a really great website called Coffitivity. I'll put it in the document. What it does is science has shown that complete quiet can also signify to the brain that something's wrong. Sometimes it's harder to work in complete silence than they do with like a little music playing in the background. It's harder to do it I think when like, you know, you have co-workers next to you, you know, gossiping and to try not to listen to like the juicy gossip or if someone next to you is talking about a project that your kind of involved in. You just kind of like you get sucked into it because you want to hear what's going on, so that's, you know, really distracting. But sometimes a little bit of noise helps. It's called Coffitivity and basically what it is that some studies have shown that like the coffee house noise where things are going on and some murmur is happening and feet are shuffling and doors are opening and closing is really helpful to focus, because it's just enough kind of ambient noise and sound to have, you know, to have some motion kind of going on throughout the- throughout the space that you're in. And so what it is when you go to Coffitivity, it basically just plays coffee house noise which is like clunky, you know, like.

Erin Matlock

Oh, that's hilarious.

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Julia Roy

And shuffling of key and it's just kind of loops and as you- when you open it you can stick your headphones in and listen to like this essentially the sound of like moving office, you know, without any specific voices or, you know, closeness of sound that someone is walking right behind you or whatever it might be. And that was- it was launched by someone who had done a lot of studies on noise and how your best kind of state is where there's some movement- a sound of movement around you. But that is not- that you can't really necessarily pick people's voices and conversations out.

Erin Matlock

Leave it to the internet. You can find everything on the internet.

Julia Roy

I know. It's all there.

Erin Matlock

It is. So we've done work environment. We have our last one.

Julia Roy

Project management- Task managing. I've had a really hard time with this one in my personal life. I find it very- I'm definitely on- I think that, you know, I think we are all on ADD spectrum these days. I think it's really hard for- for everyone to stay focused with all the distractions and, you know, how quick communication is and it's just- it's hectic, you know, if you watch even, you know, kids TV program these days and I want to yell, "No wonder kids are ADD!" You know, it's just that it's so high, you know, impact and, you know, which is so fast.

Erin Matlock

It is fast.

Julia Roy

And so what happened to Looney Toons and the cartoon.

Erin Matlock

It's all changed. It's all changed. And while their watching those programs they've also got their own iPods or iPod Touch or iPads that their also paying attention to and then mom is in the background

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and yeah, little brother's over there. It's a lot.

Julia Roy

They're multitasking. Multitasking is a whole another hour-long conversation. But we'll- we will stick with the outline. So what I would recommend and if you are really interested in the brain and how the brain works and would like to establish, you know, different strategies for your whole life based on how, you know, your brain works, I'd recommend David Allen's "Getting Things Done" methodology mantra. There if you search GTD online, it's another acronym GTD, Getting Things Done by David Allen. A lot of people I'm sure are nodding their heads and they know who I am talking about because he's been around for a long time in terms of- in internet years, he's been around for a long time. And his- his book and his methodology is really based on how our brain works. So, the GTD method, you know, when he introduced it there was, you know, Palm Pilots and that kind of stuff. So most of his system is a physical system of folders and all that that everything has its place and projects are broken down into smaller tasks and they're all kind of written in different places that you can open up a folder and just have that project in front of you and see next task and due date and all that while all of your other tasks are in their own folder, put away. That's why list, you know, just to do list where you have a list of 50 things that you need to get done is really inefficient and ineffective and not so good on your mental process. So kind of the same thing as email, not everything has the same priority, not everything can be done right now. Some things you have to do before other things in order to you know to move on to the next thing. And so it's a list of unaccomplished things that makes you kind of feel like you're not accomplishing anything. And so what David Allen suggestion is, is to take a- because typically our task list looks like this. It looks like "Have a garage sale", "Clean house", "Finish paper", "Write blog post." When for example, "Write blog post" is all right, try to do research on the topic or figure out what the blog post topic is. Research the topic. I need to write an outline and then I need to fill out, you know, then I need to elaborate on the outline, write a first draft, wait a day and edit the draft and then upload it to Wordpress, format it in Wordpress. I mean there are 10 steps involved with it. So that when we look at "Write blog post," our brain automatically just kind of goes too hard, too much. I don't like, it's a bit, you know, it's a bit overwhelming. So we end up just kind of putting it off. We just procrastinate it, because it just feels so large. The best application for that is Omni Focus. They are the full that you Omni Planner which is like a really hardcore project management planning tool for like project managers whose job is project management. And it's based on the GTD model where, you know, when I look at it for example today I have my forecast and I have 5 things I need to do today and it hides everything else from me. You can break it down so that every day there's a task. So something so overwhelming

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feels a lot more manageable because you can see the dependencies and what's tied to what. And it really just helps your brain get over that hump of "It's too big. It's too hard" when you can just see they are all just small tasks joined together. And some tasks have to happen before others. And thinking through that really makes something really big and seemingly impossible like write a book in a year really manageable.

Erin Matlock

I think that's really smart because like you said you do a to-do list and maybe there is five things, three things, but what we don't realize is each of those three or five things has five, six, seven steps and that that does get overwhelming and then we wonder why we don't cross things off of our to-do list.

Julia Roy

Yeah, and that's the best part of the GTD method as well and Omni Focus which is the sense of accomplishment. We set ourselves up for failure when we say write blog post because perhaps we haven't written in five months or, you know, we're really behind on writing blogs, we know that we should be blogging on our site, it's good for our business, good for our personal brand. We should be writing more. You know because then eventually I want to write a book, but I haven't written at all because I've been in my email all day and manage my projects and in my meetings. But if I have the goal of today just to research X topic and put it in like a Google document like whatever I find for 30 minutes, then I feel like you, you know, that I'm one step closer and I get to check that off. And then- and then, you know, 4 days later when I finish all the rest of the stuff , I can cross off, you know, write blog post.

And it's also really nice too because when you have a list of like 4 things you need to complete a task like write a blog post, like, you know, start with the research and write an outline and refine outline. Write, you know, write first draft and edit draft. Once I get half way along that process, I'm not going to want to give up.

Erin Matlock

True.

Julia Roy

Because I've won the research, I wrote the outline, and today's day is "Refine outline" and I really

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don't feel like doing it or I don't have a lot of time to do it. I can maybe push it off till tomorrow. But I'm not going to totally drop it, because I'm going to keep pushing it if I have to. But at least I know I'm half way finished with it. I shouldn't give up now versus when you just have "Write blog post" on there and you haven't really done anything yet, it's so easy to just kind of say, "Oh forget it," like it's just never going to happen.

Erin Matlock

Well this is good. This has been a lot. You- you've given us a lot to think about and to revamp. I'm sure there are employers as well as employees listening who are going to make some changes. And it's amazing because we just kind of get up and we go to work or we work from home and we do things that we're comfortable with and we continue in these habits that may not be the most productive for us. And yeah it does take a little bit of work, a little bit of pain to download some apps, to transfer over to a project management system, to refilter our email inbox. But, you know, fast forward a couple of months from this conversation that you and I are having, once those are implemented, they become habit and life is so much more productive and easier.

Julia Roy

Yes, yeah, and I mean the one thing- and I think that we all kind of feel this, you know, just whether your, you know, productivity, you know, freak like I am or whether you have like your little systems and ways, you know, that- that the most adhere to productivity systems are the ones that work for you. So if sticky notes are the way that you like to organize your ideas on your desk, that's great. You know if it works for you, you know, it's great. And so there really is no one way to do it. So we encourage, you know, playing with, you know, what has worked in the past. You know how- how the people around you work and just some ways that you might be able to tweak your current system to jerk a little bit better for you and take it one kind of step at a time. Don't think I have to- I have to organize my entire inbox and create all these folders and systems and because if it's too complicated you'll spend a lot of time setting it up. But not a lot of time using it because it's so- it's so one, you know, it's so far away from where you are today. But to start with one folder of important emails, you know, and kind of going from there and from there you'll see, actually I need one more folder for family because I'd like to separate family from important work emails, so important family emails, important work emails. And then you can kind of go from there. So start to just figure out what, you know, what things about your day can you tweak a little bit. You know I like to align it to the floss one tooth. So, you know, the studies done about tiny habits and about, you know, how habits are created and how habits are broken. But if you can commit yourself to floss one tooth ev-

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ery day, then eventually, you know, probably the first time you do it. But if you just tell yourself I'm only going to floss one tooth, once you get it out and you start flossing, you end up flossing more than once. But on days you don't feel like flossing more than one you just floss one. But you kind of build that muscle of, you know, I'm going to continually try to do and refine the way that I do meetings, email, project management a little bit and then you'll find yourself a year from now having really over- totally overhauled your system without even noticing it.

Erin Matlock

That's a good way to look at it, one step at a time, just take one at a time. Julia, I know you do this. You travel all over. You are a productivity expert and you consult with companies. Where can people who are listening go to learn more about your work?

Julia Roy

Sure, you can go to workhacks.com that's WORKHACKS dot com. And my email is julia@workhacks.com. If you have any questions, I love helping. I mean there's nothing more satisfying to me than being able to work with people and really just see that transformation and as we talked about happiness and all of that come out of just very simple, you know, changes in work flow and how- how you get things done. So I do work with companies and I work with individuals and it's been an amazing last year, really helping, you know, companies do this. And I'm excited to continue to do this and- and work with lots more companies and people and change the world of productivity if you know it.

Erin Matlock

I know. You're doing great and get her while you can because the girl gets busy. And if you do email her, know that she only checks at 10 and 4. She really does. So don't expect an email right back because it won't happen. Julia Roy has been my guest today. This is Reboot Your Brain. I'm Erin Matlock. Goodbye every one.

PAUL SAPHIER MD



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

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Erin Matlock

Welcome to reboot your brain. I'm your host Erin Mattlock. As a reminder the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Dr. Paul Saphier. Dr. Paul Saphier is both an open vascular and endovascular neurosurgeon who specializes in the treatment of neurovascular disorders such as intracranial aneurysms, vascular malformations of the brain and spine, stroke and pediatric vascular malformations. Saphier graduated Summa Cum Laude from a 6-year biomedical program at Rensselaer Polytechnic Institute and received his medical degree from Albany Medical College graduating in the top one third of his class. Dr. Saphier completed his residency in neurosurgery at Mount Sinai School of Medicine and subsequently completed a fellowship in interventional neuroradiology at UCLA. Welcome Dr. Saphier. Thank you so much for being here with us today.

Dr. Paul Saphier

Thank you for having me.

Erin Matlock

Today, we're going to be talking all about stroke, but before we get into that, I want to know a little bit more about you and your background. Can you tell me when did you know that you wanted to be a neurosurgeon?

Dr. Paul Saphier

Well when I started medical school I didn't really know what area of medicine that I wanted to go into in particular. I was exposed to a lot of fields obviously as a lot of people are when they first start medical school and I had an open mind. But when I was in medical school, there was tremendous paradigm shift in the way that we treated a lot of neurosurgical patients. And the ability to treat these patients with improved outcomes and decreased mortality and decreased morbidity had shifted so much that it really sort of caught my eye. Innovation and technology had sort of leap frog ahead while I was in medical school and just being around I think during that time period when such an advance was occurring in that particular area of medicine really, really made it so interesting to me that- that I sort of was drawn to it almost instantaneously. That and also the way that the brain and the spinal cord work, the neurophysiology so to speak. I always just found to be

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so fascinating. So the two things coupled together both the technological advances and the sort of innovation wizardry that was occurring along with just the- the complexity and- and the beauty of how the brain and spinal cord work. Really I think those things were what drew me to- to a career in neurosurgery.

Erin Matlock

Did you know from when you were a kid that you wanted to be a doctor?

Dr. Paul Saphier

My dad is a doctor.

Erin Matlock

Okay.

Dr. Paul Saphier

And his brother is a doctor and my older brother is a doctor. And they are all the same type of doctors. I came from a pretty medical family. They are all the same type of doctor and they all do OBGYN or some- some aspect of OBGYN. So it's a little bit different for me to go into neurosurgery. I guess in some ways that's a little bit of a disappointment to them that I didn't follow entirely in the footsteps. But no I- as a kid I remember walking around with my dad in hospital. And when you're a child, when you're six years old, obviously your world is really small. And I just envisioned that every hospital looked exactly like the hospital that my dad was primarily at. I remember walking in the hallways with him and seeing all the nurses go up to my dad and talk to him and that sort of thing. And I thought it was just really so neat to be a doctor and I really want to emulate that, that sort of the way he walked essentially like most little boys wanted to be. So in that regard yeah and I guess that's kind of what I do and that just seemed really neat to do that and the relationship that he had with patients and their family was fantastic. And then I started medical school and like I said I didn't really know exactly what area of medicine I wanted to go into. I maybe had a general idea, but I certainly didn't think that I was ever going to be a neurosurgeon. That was nowhere on my radar and then I just- I was drawn to it.

Erin Matlock

It's fascinating. I can't imagine what it's like to actually get the honor of operating on the brain.

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Dr. Paul Saphier

It's- it is something that's certainly every time I do any sort of surgery that- that level of both fascination and utmost respect for the- for the technical challenges remained. It doesn't dissipate. And you have to hold on to that as a surgeon because you have to remember that everything that we do especially in something as delicate and as precise as neurosurgery really carries ramifications and downstream consequences for patients and their families and a lot of my patients are very sick when they're coming in. Obviously having brain surgery that pretty major is going on. And my job is really trying to make that person as best as possible better. And you have to have to have that utmost respect for what you're doing.

Erin Matlock

Yeah, it really is. If you're going to the neurosurgeon, you're getting to a point where we've got some serious issues going on. And that's why I brought you here today to talk to this audience about strokes. You're doing some really interesting and innovative things in your office. And I want to share that with people, but first I want to start out with can you kind of give us the current outlook on strokes. What are the current statistics?

Dr. Paul Saphier

Sure. So stroke in the United States is very prevalent and we say that it's quoted as being the third leading cause of death in the United States and just about somewhere between seven to eight hundred thousand people a year in the United States have a stroke. And it is a condition that not only can lead somebody with significant impairment for the rest of their life but can be life threatening. And it- it's huge impact on patients and their families. You know when we talk about strokes, the mechanism of strokes, what causes it, there's a lot of different causes. And many of them are very similar to say the causes for heart attack and so there's what we call both preventable and non-preventable. So some of the non-preventable causes could be things like age, certainly the older that we get the more at risk we become for having strokes. Gender, men at an earlier age are at a higher risk for having stroke. And then there's somewhat of a little bit of a flat at a certain point. And then people that have certain medical conditions such as certain heart conditions or heartbeat irregularities or certain problems with the blood that they have in itself can have issues with strokes too. Some of the preventable ones, things like certain medical problems like high blood pressure, diabetes, high cholesterol. These are other factors that while they increase your risk for having a stroke, if you can control those risk factors, then you can potentially improve your or decrease your chances of having a stroke. Other things like lifestyle, cigarette smoking, excessive alcohol intake, dietary

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activity, not exercising enough, all these different things. Again very similar, let's say heart disease, there is a lot of overlap between heart disease and strokes. And so those patients too are at a higher risk. And these are again, all these different factors, some, again, we could control, some we can't.

Erin Matlock

You and I spoke a couple of weeks ago and something that really stuck with me from that conversation was that you're seeing younger people come in who have had a stroke.

Dr. Paul Saphier

Right. So when we talked about people having ischemic stroke- acute ischemic stroke, we classically think of someone who's advanced in age, almost like a grandfather or grandmother thing.

Erin Matlock

Right.

Dr. Paul Saphier

And I have seen a significant rise in my- in my career but also other- my colleagues have quoted the same thing. Rise in younger patients that are having strokes and to think that there are a couple of different reasons for that. Certainly I've seen a rise in the younger women who are having strokes that maybe because of a correlation between some of the oral contraceptive medications and the increased risk for having the stroke. Sometimes with these women that come in who are young and we do a very thorough evaluation to find out what causes strokes so we can try to prevent another one from happening. Often times that is the only risk factor that we can see now, that women shouldn't have oral contraceptive. No, not necessarily but certain something to be in tune with and be aware that yes it can happen to just about anybody. Yeah, there are, maybe higher risk if you are say 65 versus 25, but everybody here in the world is certainly at risk for having it. And so understanding some of- what those risk factors are, how we can modify those risk factors and then ultimately understand some of the signs and symptoms of having a stroke, so- so that way everyone takes it seriously and patients can get treated quickly is also very important.

Erin Matlock

So I'm just thinking for any of the younger women who are listening, they come in to you or if they hear this and they are thinking well I'm on oral contraceptives and like you just mentioned, it doesn't necessarily mean, hey, let's go off oral contraceptives. Many people take them and don't

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have stroke. But what might be an alternative if someone is concerned about that?

Dr. Paul Saphier

That's a great question. I mean certainly I'm not probably the most appropriate person to talk about what are the best forms of contraception out there and what's best tailored to the individual. We do know that some women who might have some blood issues, some- some with red blood cell issues may not be appropriate to be on oral contraceptives ever because of the risk of strokes and heart attacks for those individuals. And so if there is ever a question, if there is maybe family, a strong family history of strokes or other related issues, they may want to speak with their physicians and find out if additional testing needs to be done prior to them going on oral contraceptives. And if they can't be on oral contraceptives then there are many different alternatives that are out there. So, I mean I would encourage any individual who's truly concerned about that to speak with their physician before any sort of that happens.

Erin Matlock

Yeah, absolutely. I'm someone who's had blood clots specifically pulmonary embolism. And I know that was the first thing when I was in the hospital that the doctor came in. She was like; you've got to get off the oral contraceptives. That's not necessarily what caused my blood clots, but it was something that at a young age I had to look at too, and there are-

Dr. Paul Saphier

Absolutely.

Erin Matlock

Yeah.

Dr. Paul Saphier

Yeah.

Erin Matlock

Just things we need to be safe about. So for those of us out here who have a parent and are listening who has had a stroke, does that increase our chances of having one ourselves?

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Dr. Paul Saphier

Not necessarily, but I mean it's a yes and a no question. So, and what I mean by that is you have to find out why that person had the stroke. So everyone that comes in with an acute ischemic stroke at one point during their evaluation will have the commencer stroke workup. And even though we may know with or we may feel we know with 99 percent certainty why somebody had a stroke, there's still a basic evaluation that everyone has to go through to rule out some of these other- other underlying causes. And so if it's discovered that say an individual's father had a stroke because their blood clots too easily and just on their own because of their own genetics, then yes that person may have inherited those genes and it may at the same time be at a high risk for having a stroke from the average population. Now if the person's father had a stroke and really the underlying cause we thought was maybe more secondary to lifestyle, maybe they are an excessive smoker or alcohol intake is high and they have morbid obesity and some of these other, again, some of the more controllable risk factors, then the offspring may not be necessarily at a high risk than the average individual. I don't know if that answers the question really.

Erin Matlock

Yeah, absolutely, because I think sometimes we can get complacent, right? For instance my mom and dad have never had a stroke and so it's not something that I would just go, well that doesn't run in my family so I don't have to worry about it.

Dr. Paul Saphier

Right, yeah, I mean saying that when we hear of people having certain genetic predisposition to certain things, yeah, it becomes on your radar and- and we all become concerned about it. But then if someone's family has been the- the picture of health, you're right, maybe we are lulled into a sense of false security and we don't need to- and we think to ourselves we don't need to worry about the- about the unforeseen or the unknown. The reality is it can happen to anybody. I've had patients as young as 21 who had strokes. And I've had my fair share of patients who were significantly advance in age who had strokes. Certainly the 21-year-old individual who had a stroke, that was never on her radar to have a stroke. And if you ask- if you were to ask ten 21-year-olds right now at your local college or in a coffee shop, whatever, and say do you think that you would be at risk for having a stroke this year, I would venture to that that most of them would probably say absolutely not. And they're right if they play the averages, the average numbers probably not so high as for someone who is older. But the reality it can happen and we do need to be aware of that because we need to if we can control some of these risk factors, great. And if someone is unfortunate enough to have a

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stroke, then we- then they need to or their love ones, people need to be more in tune with the signs and symptoms of it so that way people can get treated rapidly.

Erin Matlock

You know I think it's interesting what is crossing my mind right now is that during this conference we've learned so much about things that we can undo, right damages that we've done, or things that we haven't paid attention to. We have people in this conference who are very young, still students. And then today I got an email from an 87-year-old who is enjoying the conference. So we run a wide range. And what I'm thinking of for those of us who aren't 22, who aren't 24 and are sitting here as grown adults or as boomers or seniors, can we undo some of the unhealthy living that we've been doing in order to reduce our risk for stroke later on.

Dr. Paul Saphier

Sure. I mean I think yes. I think that we can. So, for- for- let's take for example someone who maybe was a two-pack-per-day cigarette smoker for the past 15, 20 years or so. And often times people say, well you know what I've- I've been smoking this long, the damage is already done, so me stopping now does me no good. So now I'm not even going to go through all the anxiety and pain of trying to quit. And the answer to that is actually not true. And the reality is the minute we stop doing things like that especially when it comes to our- the blood vessels in our brain, in our body and the risk of stroke and other related diseases, the minute you stop actually, the blood vessels are at decreased risk. And that's not to say that damage has not been done already, but by continuing down that path you are continuing to create damage, so you can stop additional damage. You can control if you had high blood pressure or high cholesterol by getting on a good regimen. Both with medication as well as diet and exercise you can reduce all the dangerous numbers that the- that your doctor may be looking at when they get blood- blood work on you. And by doing that, you're reducing the risk of having a stroke or a heart attack or another issue all together. And so that's why I think we need to as responsible adults, make those decisions, make those conscious decisions and understand, yeah, it's- it's tough to adhere to a diet and it's tough to be on top of our- our diabetes if we're diabetic. And it's tough to control our- our cholesterol. But there's a reason to do it and there's a benefit and not only for ourselves but also for our families, our loved ones are there. Most of us are either a parent or an offspring or sibling and you- we all have families out there and our families want the best for us and we want to spend time with them. So anything that we can do I think to prolong our time with our families on this planet and make the time with those families is that much more enjoyable I think it's well worth the effort.

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Erin Matlock

I do too. Okay, so I'm wondering if you could go through what actually happens when a person has a stroke in a way that we can kind of understand because we hear this word thrown around, but I think that most of us don't know what actually is going on inside our bodies.

Dr. Paul Saphier

What's going on inside our bodies when we're having stroke?

Erin Matlock

Yes.

Dr. Paul Saphier

Yes.

Erin Matlock

Like what actually is happening?

Dr. Paul Saphier

Sure. So the easiest way to think about it is that a stroke essential- well there's one when we use the term stroke in the general population, that's a fairly general term. And some patients of mine say that their parents have had a stroke and they're not really sure what that meant but they had a stroke.

Erin Matlock

Yes.

Dr. Paul Saphier

So- so some- so the first definition or I should say the first distinction that we make is whether or not a stroke is ischemic, meaning there's a lack of blood flow and with that a lack of oxygen being delivered to the brain or hemorrhagic, meaning bleeding within the brain. And so for the purposes of today's conversation, we're focusing in really more on the ischemic stroke which is the one where there's a blockage in blood flow rather than the hemorrhagic- hemorrhagic stroke which could be related to things like brain aneurysm or vascular malformations which on itself is a whole another topic that we can get into. But for ischemic stroke, it essentially is a brain attack. We all know or we

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are familiar with the term of a heart attack and a lot of people without even being in the medical field can tell you some of the nonspecific kind of symptoms related to a heart attack. Chest pain, arm pain, tingling, that sort of stuff, sweatiness. With strokes, not a lot of people know what the warning signs are, even though it is the third leading cause of death in the United States. And so essentially what happens in a stroke for one reason or another, there is an interruption in the blood flow to parts or a part of the brain and that part of the brain experiences dysfunction. So, depending upon what part of the brain is being affected at that time, people often times can experience issues with asymmetry in the face, meaning someone has a droopy face.

Erin Matlock

Right.

Dr. Paul Saphier

They try to smile, only one side moves. They can have symptoms of arm or leg weakness, numbness, tingling. Discoordination, meaning they are trying to pick something up and they drop it or they just- or they're falling to one side or something like that. Oftentimes speech is affected. And so sometimes people can have difficulty both understanding speech or when they try to speak, it comes out as sounding nonsensical or gibberish. And in sometimes they try speaking and it sounds almost like- like they're drunk. It's very slurred speech. And so those are some of the more very general but concerning symptoms for someone having a stroke. Oftentimes these symptoms come on acutely, meaning you're fine one minute and then all of sudden the next you're having something like this. It does not need to be affected with a very severe headache, that's more of someone bleeding in the brain that we're thinking about rather than someone who is having ischemic stroke. And the important- one of the most, most important things that if someone does experience symptoms like that, what the love one or the friend or whoever it is that's with the person when this starts happening or when they see that has to recognize is that the patient themselves may not be aware that they are having these issues because, again, the brain is being affected. So if the brain is being affected with a stroke, our awareness is impaired and our rational thought is impaired. So if someone says to you or I should say if someone is watching someone that they think is having a stroke, if that person says, oh no, no, no, I'm fine, you have to keep in mind that they may not be aware that in fact they're having these problems. And so you need to get that person or alert someone to help with the medical emergency as quickly as possible because time is so important for these patients. We use the acronym fast, F-A-S-T to help us remember these symptoms and things. F stands for face, A stands for arm or leg, S stands for speech, some people having these speech issues, and

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then T the last letter stands for time. We need to get patients as quickly to the hospital and try to remember as best as possible when these symptoms started because a lot of the treatment that patients can receive for strokes is very much dependent upon how long it's been since that stroke has started.

Erin Matlock

So face, so the F for face we're looking for some dropping?

Dr. Paul Saphier

Facial- yeah, facial dropping or asymmetry. The face just doesn't look right. A stands for arm and also leg at the same time. Arm or leg weakness or numbness or tingling.

Erin Matlock

Okay.

Dr. Paul Saphier

S is for speech disturbances. One way or the other either slurring of the words or inability to speak or nonsensical speech and then T stands for time.

Erin Matlock

And then do you also think it's a good idea we hear this all the time in the news that if we feel like or if we think we or someone we know is having a stroke, we should take that aspirin before we head to the emergency room?

Dr. Paul Saphier

It's a great question. And it's- so for instance when people are having a heart attack, often times people do that and that can help them out. For a stroke, it's a little bit dangerous because if let's say for instance someone is having a bleed in their brain and bleeding in the brain can cause severe neurological disturbances very similar to a stroke, if you take aspirin and aspirin thins the blood, you potentially make that bleed worse. So it's a tricky, tricky thing- tricky answer for you. Ideally aspirin is often times used for patients both to prevent stroke as well as to try treat strokes after they've occurred, the ischemic strokes, but if someone is having a bleed in the brain, it could be- it could make matters worse. My recommendation would be if you see a loved one that's having a stroke or if you think you might be having a stroke, I would dial 911 and get someone there as soon

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as possible. And then that person is brought to the emergency room and if they are having a stroke, patients are usually evaluated and treated very quickly in ER because time is so critical.

Erin Matlock

Well, okay, so yeah, because we can't as normal people we can't tell which kind of stroke we're having, right?

Dr. Paul Saphier

No.

Erin Matlock

No.

Dr. Paul Saphier

And to be honest with you, sometimes it's impossible for physicians to tell until you've had something like a CAT scan. We've- we've all seen patients that we've thought have had an ischemic stroke and then we do a CAT scan on them in emergency as you imagine right as soon as the patient gets into the emergency room and we see that they may have had an area of bleeding in the brain, and so giving that person aspirin may actually be very dangerous.

Erin Matlock

Okay. So that's not an easy answer.

Dr. Paul Saphier

It isn't- it isn't. I wish I could give you a straight forward answer take two aspirins and go to bed, but it's not- it's not that answer what so ever.

Erin Matlock

Yes, so the important thing is to not be a hero and to dial 911 and get to the hospital.

Dr. Paul Saphier

Exactly, exactly.

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Erin Matlock

Okay, so you are doing some really interesting work in neurosurgery and we talked a bit about this earlier on the phone. And I'm wondering if you can share kind of some of what you're seeing with your patients and what are the latest techniques? What should people be looking for?

Dr. Paul Saphier

Sure. I can say that the way we can treat strokes - ischemic strokes today is not what we were able to do ten years ago and has changed in that ten years substantially to the point every year we're making substantial strides forward in both the very same that- that drew me to neurosurgery, the technology, the innovative technology and- and procedures that we can do for patients and is having such a dramatic impact upon these patients that is really quite fascinating. So when we talk about a patient coming in with an acute ischemic stroke, our goal is to readily identify where the issue is and if we can open or reopen that area of blockage in the blood vessel that's in the brain or leading up to the brain that's causing a person stroke, we can give that person the best chance of improvement and recovery. It's not a guarantee obviously. The brain is a very fickle organ, Some- the brain is very sensitive and some people unfortunately they have an irreversible stroke despite all of our successful and best intent. But it's giving the patient the best chance of recovery that really is our goal. So if a patient comes to the hospital or the emergency room within a certain period of time of stroke onset, they may be a candidate to receive certain medications to kind of literally the "clot busting medications" and they are called TPA to help open up the blood vessel. And that's- that may or may not work for the patient, all right. In addition, some people may not be a candidate to receiving that very medication, that IV TPA. The reason being that if- if a person comes in too late from when the symptom started, the risk of a problem with the medication is too high and the risk of benefit is too low that we tend- we tend not to include these patients in receiving that medica- tion. And patient- some patients especially in today's day and age with all the new medication that's out there, they cannot receive IV TPA because the risk of bleeding is too high in the face of other medications that they may be on. So that's why they need to get to the ER as quickly as possible so that way they can be evaluated. If a person receives IV TPA or does not for one reason or another, they still may be a candidate to- to undergoing a procedure that I do to help open up that blood vessel if there is a- if there is a continued blockage. So essentially what we are able to do is some- thing very similar to the heart catheterization and the reason why I say that it's because a lot of people have a friend or a family member that's had a heart catheterization, but essentially what we do is we go into the blood vessel in the leg with a small but long tube or catheter. Using x-rays, we guide that all the way up to the blood vessels in the neck that lead towards the- that leads towards

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the brain and we inject contrast or dye. And as we do that, we generate a picture, a road map of all the blood vessels in the brain. We can identify where that blockage is and then we can do various maneuvers to remove that blockage to literally get it open, return blood flow to that part of the brain and hopefully reverse the symptoms that person is having. I've had some cases where we do this and the patients have come in to the hospital completely paralyzed on one side of the body and not able to speak or understand speech. And by the time we're done with the procedure, their symptoms have reversed so quickly that they've actually help us get themselves off of the operating table and then to the- on to their hospital stretcher without any problems. So it's actually quite remarkable and I wish that every patient that I've done this procedure would experience such-, such a dramatic and immediate recovery, not everybody does. But again, by doing that procedure for appropriate candidates, we're increasing the chance that person is going to get better.

Erin Matlock

So what about is there a window? Because let's say, okay, I'm having a stroke, I'm first going to go the ER, I'm not going to go look in the phone book and call a neurosurgeon, correct?

Dr. Paul Saphier

Right.

Erin Matlock

Right.

Dr. Paul Saphier

Correct. Now if you're having a stroke, that's do not- do not pass, go- go straight to the- go straight to the emergency room.

Erin Matlock

Now typically how does all these transpire? Do they go in, they give me CAT scan because they are looking at me, I'm having these symptoms of stroke, and then they usually will admit me to the hospital, right?

Dr. Paul Saphier

Right, right, so a lot happens in a very compressed period of time when a patient comes in with an acute ischemic stroke. So usually what- when we're- when we're dealing with patients that come in

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with an acute ischemic stroke, we are trying to get them treated as quickly as possible because that medication IV TPA, we do have only a certain number of hours up to which we can give that medication. And if a patient is a candidate for receiving IV TPA, I say that they always, always, always should get it because it- it helps. And typically what we say is that the timeframe perspective for giving IV TPA is up to three to four and half hours based upon the individual. The reason why I say three to four and half hours is because we used to only be able to give IV TPA up to three hours, but over the past few years, we've been able to expand that timeframe up to four and half hours for certain individuals, so not everybody can still receive it up to- up to four and half hours. And the reason being that again for certain people if you give that medication after three hours, the risk of bleeding in the brain has increased, okay?

Erin Matlock

Okay.

Dr. Paul Saphier

But if someone is a candidate for IV TPA, that's why we try to get the patients into the ER and evaluated and we'll call triage, kind of through the motions as quickly as possible so that way we can hit that timeframe because the sooner we give that medication the better as well. So, let's say for instance you came into the ER 30 minutes after your stroke started, that doesn't mean that we're like, oh taking our time and we can say, oh we have up to three hours or four and half hours to give you that medication. What we're saying is that we need to still do things as fast as possible because the sooner we give it the better the chance you have of improving as well, okay?

Erin Matlock

Okay.

Dr. Paul Saphier

So typically a patient comes in, they are literally at the top of the line so to speak in and in an ER like that, it's just like someone comes in after a major trauma- they're all hands on deck. People are rushed in very quickly. Very quick laboratory evaluation is performed. And patients often get a CAT scan. All these happens very, very, very quickly. And if a patient gets IV TPA and they are felt to be a candidate potentially for my procedure, then they are often times brought straight from the ER to where I do that procedure. And the procedure is done and then after that the patient is typically admitted to the hospital.

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Erin Matlock

Now, can you tell me again what's the name of the procedure that you do, just in case anyone is listening and wants to go investigate this further?

Dr. Paul Saphier

Sure, sure. It's called a cerebral angiogram and mechanical embolectomy. That's the-

Erin Matlock

Oh my goodness.

Dr. Paul Saphier

Technical, yeah, and that's the technical term for it. It's a mouthful. But essentially what it means is an angiogram is any sort of procedure looking at blood vessels anywhere in the body. Cerebral means of the brain. So cerebral angiogram and mechanical embolectomy means with our device, we're going to and taking out the embolus- and an embolus is a blood clot that got- that gets shot up and lodged in small vessels inside the brain.

Erin Matlock

Okay, well, cerebral angiogram and mechanical embolectomy.

Dr. Paul Saphier

Yeah.

Erin Matlock

Did I get that last one?

Dr. Paul Saphier

And so- exactly, you did- you did nail that. But, yeah, a lot of people have had the procedures done and often times they say afterwards, doc I don't feel any incision in my head. How did you do it? And I say no, no, we didn't go through the brain. We go into the artery in the leg typically with that catheter, that long tube and we guide that up to the blood vessels in the brain and do it that way.

Erin Matlock

Okay.

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Dr. Paul Saphier

It's from the inside out.

Erin Matlock

I like that. I know a lot of people are taking notes and they're thinking about, should this ever happen to them, their trip to the ER, and is this something that the cerebral angiogram mechanical embolectomy, is this something that's done- is it common or are- are we looking at limited availability?

Dr. Paul Saphier

There's not a lot of places that can support doing that. So- so it's- when we think about our hospitals here- anywhere, there's a lot of community hospitals that can handle a certain level of care and then oftentimes if the patient needs a higher level of care that exceeds or surpasses what is capable of that hospital, then they may be transferred and so and so forth. And the hospitals are usually kind of graded up that way. And that's not trying to say that- that the hospitals that they can do everything or the best hospitals and the community hospitals are bad hospitals.

Erin Matlock

Right.

Dr. Paul Saphier

I'm not saying whatsoever. It's just it all has to do with resources. And as you can imagine taking care of patients such as this very labor intense. And you need to have all the facilities in your hospital capable of doing it, so that's why not every place can. But be that as it may, it's very difficult for a patient or an individual to- who is not the health field to know which hospitals can or can't do that. So, again, if you're having a stroke, just go to your nearest emergency room. So that way all the- the institution of care can be- can be delivered as immediately as possible and if need be patients then can transfer. In fact I get a lot of patients transferred to me from- from many of the surrounding hospitals. So yeah, that's- not every place can do it, but there are usually hospitals when they have a patient with a stroke they have a relationship with what we call a receiving hospital that can perform these procedures such that let's say a patient comes into the hospital X and they- they have neurologist there and maybe they get TPA or maybe they don't or maybe they can give TPA there, oftentimes those emergency room doctors will contact me and say I have- I have Mrs. Jones here who is having a stroke and she needs- she needs care and then we immediately transfer those patients over.

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Erin Matlock

Now is there window of time that people have who are having a stroke to where this procedure that you do could be effective for them or is there-, is there an end to that window?

Dr. Paul Saphier

There is and it varies a lot from person to person. And because this is relatively new, this procedure, the literature out there, the published literature is a little bit all over the place and so it's sometimes hard to discern what's the best protocol for people. But what I typically tell individuals both other referring physicians as well as non-physician, patients or their families is that- that this procedure absolutely has a time cut off but where that is for any individual varies tremendously. So something that maybe a reversible stroke and say you have up to eight hours, meaning if I did the procedure in up to eight hours to you maybe an irreversible stroke and may not in one hour and a lot of it has to do with their own individual anatomy. And so you know just as you and I look different and everybody out there pretty much looks different- our anatomies are different on the inside as well. So it's hard to say specifically what the absolute time cut off is for this procedure if someone is a candidate. I can tell you that sometimes patients come in and we don't know when their strokes occurred. So for instance a very common situation is someone goes to bed- bed at 10 o'clock at night or something like that and they wake up the next morning or at 6 o'clock in the morning, their significant other wakes up because they heard them fall as they try to get out of bed because one side of their body is paralyzed. So now they were last seen normal at 10 o'clock at night and now it's 6 o'clock in the morning when they woke up and they're having a major stroke. Well we don't know exactly when that stroke started. And so it's hard for us to- to put absolute values as to whether that person is or is not a candidate for receiving this procedure at that time. What we can do though is we can do what we call noninvasive imaging, so something a little bit more sophisticated than just a standard CAT scan. But we can do these procedures to help us identify whether or not a patient may or may not be a candidate for this procedure at that time. So time again is very important even with this procedure and again what I say is the sooner we can get someone treated the better regardless as to whether or not they could tolerate another hour or so. We don't- we don't think along those lines. We think as soon as that person is identified as having a stroke, let's get the treatment going as fast as possible because we know very, very specifically that there is a one-to-one relationship between the length of time of getting person treated and the chance of recovery.

Erin Matlock

Okay. Now I'm wondering for those people who are listening and in their area they-they have hospi-

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tals that aren't doing the cerebral angiogram and mechanical embolectomy and they're going to go to their ER and probably the first course of action like you mentioned earlier is the TPA, right? Which is the clot busting medication.

Dr. Paul Saphier

Right, well the first course of action and I don't mean to sound kind of say what so ever, the first course is to really evaluate the patient.

Erin Matlock

Right, right, right.

Dr. Paul Saphier

And the first course, the CAT scan, the blood work because people can be having neurological symptoms for many different reasons too. Let's say for instance someone is diabetic and they come to the ER and they are having signs and symptoms of a stroke, well if you test their blood sugar and their blood sugar is exceedingly low, if you give them something to bring their blood sugar up, often their symptoms may go away. You don't want to- you don't want to treat someone for a stroke when they're not having a stroke. So I tell people not all neurological symptoms are related to strokes if that makes any sense. So that's why we have to be very specific and as-we have to try to get as much information in a shorter period of time as possible so that we know what's going with the person and find out what's the best course of action. But yeah, so let's, so- someone comes in, they are evaluated very quickly, very quickly and then if it's felt that they are having an ischemic stroke and if they are a candidate within the timeframe, they would receive IV TPA. And if that hospital does not provide the services for performing the cerebral angiogram and mechanical embolectomy, the stroke intervention so to speak, then often times what will happen is a lot of these patients will be started on IV TPA and transferred over immediately even before the TPA is finished. They'll get to my hospital. If the TPA has had a chance to work at that time, if it works,- if it gets the blood vessel open and let's say the patient is neurologically returned to normal, then we don't need to do the stroke intervention. But at least they are at the facility where we could do it if needed to. Does that make sense?

Erin Matlock

It does. Now here's my question to go to take that one step further. I'm here. You're- for all those and I know you are all interested, Dr. Saphier is here in Phoenix, Arizona. So I am very fortunate to

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be living in a metro area that has such advanced medical care. But I'm thinking of someone who maybe in a smaller town or even a metro area that doesn't have neurosurgeons doing this procedure. If they go in, they get evaluated and you're right, another thing that sometimes gets confused with stroke is Bell's palsy.

Dr. Paul Saphier

Sure.

Erin Matlock

So, yeah, absolutely on- to get the proper evaluation, get the CAT scan, the blood work and they do the TPA if- if that's the course of action for the type of stroke they are having. But there isn't the option to do your procedure. What typically is the next step for patients who want to be informed and be kind of the advocate for their own healthcare?

Dr. Paul Saphier

Sure. Well, so usually a lot of places in today's day and age, a lot of hospitals have relationships with these other hospitals that can do more sophisticated stuff. So in any given, day, I may get several phone calls from other hospitals where we- a patient is over in such a place that you were just describing and they had the capability of giving TPA but nothing- nothing beyond that, they don't have neurosurgery there or maybe they have neurosurgeons but neurosurgeons that can't handle this. I will get a phone call or even a remote evaluation where I can look at a patient via computer access and videography and actually see the patient and evaluate them. And if the person is- is a candidate or is even a potential candidate for receiving this procedure then we orchestrate the transfer and get the person over ASAP. And if the person is not a candidate, let's say someone comes in with a very, very, very mild stroke- super mild and maybe they do or don't get a TPA, but all they have say for instance is like maybe a little- little bit of a subtle dropping on the face ,that person may not be a candidate for having the procedure just because the benefits of the procedure probably don't outweigh the risk if that makes sense.

Erin Matlock

Yes.

Dr. Paul Saphier

So we want to make sure that we're- it's brain surgery. We want to make sure and the people need

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it. They need it. But there's always a risk associated with all these procedures and we want to try to minimize the risk but the important thing we want to try to maximize the benefit too. So if someone has felt to not be a candidate after that cursory evaluation remotely, then often time the patient is not transferred if they don't need it. And that's after the conversation- sort of a medical consultation between the physician over there, myself and me looking at the patient.

Erin Matlock

Okay.

Dr. Paul Saphier

And so let's say, if family member wants- usually the family members are the people that are advocating for a stroke patient that's-

Erin Matlock

Yes.

Dr. Paul Saphier

You know they should- they should speak to the ER physician, patients getting stroke- IV TPA or- or they're not. A simple question would be is there a capability of either performing this procedure at this hospital or getting in contact with the physician such as myself for a consultation. And that is also very easy to do. I mean they- most of these hospitals have relationships with other hospitals that they- they can do that.

Erin Matlock

Okay. Now what about, but what about those people who go to the- because I want people if you're having these symptoms you just go to an ER. Don't even worry about what to go- to get, call 911, get an ambulance and get to the closest one so that you can get evaluated and-

Dr. Paul Saphier

Right.

Erin Matlock

Because that's- it's all about time we're dealing with. Just every second counts. And then when you're there and you go through, if you-- if you are indeed having a stroke and you say I want this.

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I've heard about this that Dr. Paul Saphier does this cerebral angiogram and mechanical embolectomy. And they say we don't have that in our area or we're a smaller town, what's the next step for someone who maybe doesn't have that available to them?

Dr. Paul Saphier

That's- that's a great question. I mean, so I don't know how to answer that for an area that's totally out there. I can tell you that where I am here in Phoenix.

Erin Matlock

Right.

Dr. Paul Saphier

I have- I have received patients as far away as three to four hundred miles away.

Erin Matlock

Okay, you have? Do they airlift or-

Dr. Paul Saphier

Yeah.v

Erin Matlock

Because I'm thinking-

Dr. Paul Saphier

Yes, they airlift, yeah.

Erin Matlock

They do, okay.

Dr. Paul Saphier

Absolutely. Yeah, I mean that would be way too long. I mean by the time the patient will get here via car that would be way too long.

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Erin Matlock

Right.

Dr. Paul Saphier

Or via ambulance that would be way too long, ground transfer of the vehicle.

Erin Matlock

Okay.

Dr. Paul Saphier

And a lot of the hospitals that I participated with here in Phoenix have done a significant amount of community outreach to those, I hate to use the term rural, but outside of the metro area, the hospitals that are far out- far away and with- in the less dense population areas. But you're right, I mean it's a challenge. It's kind of like a lot of barriers in medicine as well not just neurosurgery but cardiac surgery and- and general surgery and all these different things. What do you do when someone-when you live in an area that does not have sub specialization for- for certain issues. And the reality is that it's up to the hospitals as a community to really provide that outreach and to facilitate that avenue for transport.

Erin Matlock

Now is this procedure done internationally? Do you know?

Dr. Paul Saphier

Oh yeah it's performed in- in both Europe and Asia.

Erin Matlock

And is it called the same thing? I know sometimes terminology changes when we change countries.

Dr. Paul Saphier

Well I don't know how you say it in French, but yes.

Erin Matlock

And he's a comic too!

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Dr. Paul Saphier

Now I mean yeah, it's- it's pretty much the same thing.

Erin Matlock

Okay.

Dr. Paul Saphier

I would imagine that it's called the same thing.

Erin Matlock

Okay.

Dr. Paul Saphier

They do perform it in Europe as well as Asia and Australia so-

Erin Matlock

Okay, good to know. We have people from all over the world listening so I know every one's going to get to their homework. And I think the lesson here and this is one of the things I learned when I spoke to you privately was do your research before something happens. There are those of us especially I'm even guilty of this at my age I don't really think about stroke. I know it's- could be on the horizon. But what I've got to do is have my emergency plan in place if something like this happened and know the steps that I would like to take so that I have that emergency response kind of plan ready to go.

Dr. Paul Saphier

Right.

Erin Matlock

Yeah.

Dr. Paul Saphier

Right.

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Erin Matlock

I think it's so important.

Dr. Paul Saphier

Right.

I think that is and I think also there are resources in today's age, everyone goes to the internet to look at- to look at various information. I would encourage people to go to national organization websites rather than some anecdotal ones just because there's a lot of information out in the internet and there is no filter. So you have to be careful as to what you are reading. But there's a stroke- the National Stroke Association has a website. It's just www.stroke.org. It's- it's- it is a national organization and also the American Heart Association has a website as well looking at - had a section dedicated to stroke. So for patients that want to further investigate what some of the risk factors are, warning signs and the other thing, I think those are two good websites to go to.

Erin Matlock

I do too. I think that's- it's good advice. Yeah, the internet could be filled with a lot of- a lot of information, not all of it is correct.

Dr. Paul Saphier

Right.

Erin Matlock

And Dr. Saphier, how can people who are listening or maybe in the Arizona area learn more about your work and your office and how do they get in touch with you and your staff?

Dr. Paul Saphier

Right, so, well they can always get in touch with us either via the internet or telephone. Our office numbers is (602) 256-2525. And I see a lot of patients who may at be at risk for having a stroke or who have had a stroke in the past. We also have a website, it's arizonacns.com. So Arizona spelled out. Arizona, C like Charlie, N like Nancy, S like sun dot com. And we also have a Facebook page dedicated; it's called the Arizona Center for Neurosurgery. And you can get a lot of information both- well I guess through any of those avenues.

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Erin Matlock

Now what about- what hospital are you affiliated with here? Where do you normally perform this procedure here in Phoenix?

Dr. Paul Saphier

So in Phoenix, I'm affiliated with several hospitals, at Saint Josephs, at Banner Thunderbird Medical Center, at Phoenix Baptist Hospital and the Abruzzo Network as well as at John C. Lincoln right now.

Erin Matlock

Okay.

Dr. Paul Saphier

So I try to provide access to a lot of patients so that way if they go to one ER not the other I can potentially treat patient at that hospital rather than having to transfer the patient.

Erin Matlock

I am- I'm so grateful for you being here today. I have told everyone listening Dr. Saphier and I have tried a couple of times to record this interview. And he literally is on call all the time because you can't really plan when people are going to have a stroke or an aneurysm or an emergency where they need him. And I have to just thank you so much for the service that you provide. I mean you literally are saving people's lives. And we are better for you. And I know that there's a great sacrifice in your life and in your family because of this kind of schedule that you can't control. And I think it's wonderful that you took this time out when you have no time to spend it here with us today.

Dr. Paul Saphier

Well thank you for giving me the opportunity to participate. Anything I can do to help disseminate knowledge and increase public awareness I think is a good thing.

Erin Matlock

Yeah, it's really been a pleasure. Every one my guest today is Dr. Paul Saphier and that is spelled S as in Sam, A as in apple, P as in Paul, H as in happy, I , E as in echo, R as is roger. This is Reboot Your Brain. I'm your host Erin Mattlock. Goodbye every one.

PAUL SCHEELE PHD



www.learningstrategies.com/reboot

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. PAUL SCHEELE TRANSCRIPT

Erin Matlock

Welcome to Reboot Your Brain. I'm your host, Erin Matlock. As a reminder the information provider in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health care provider for guidance about a specific medical condition. My guest today is Dr. Paul Scheele. Paul R. Scheele, Ph.D., cofounder of Learning Strategies Corporation and founder of Scheele Learning Systems combines expertise in neurosciences, business, psychology and learning to guide people to achieve extraordinary results in relationships, work, money and health. Paul is an expert on learning how to learn to tap the other 90 percent of your mind. He believes everyone has an inner genius just waiting to be awakened. Paul is author of several books and many personal learning courses. Paul's passion is reclaiming the genius capacity within humanity. And for those of you interested in finding out more about Pau's work, you can take a look at a special offer. He put together just for those of us here at Reboot Your Brain and you can find that at www.learningstrategies.com/reboot. Welcome Dr. Scheele, thank you so much for being here with us today.

Dr. Paul Scheele

Hello Erin. It's my pleasure. Thanks for much for the invitation.

Erin Matlock

Well, you're very welcome and it really is an honor. I'm excited to talk about Photo Reading today. I want to start with a little bit about your background. Can you tell me what drove you to co-found learning strategies 31 years ago?

Dr. Paul Scheele

Well, it was a sort of by accident that I discovered my passion for personal development. I was in sort of exploring for myself how to use more of my own potential and I had the opportunity while going to the University of Minnesota at- in a biological science program to actually be trained in the Art and Science of Hypnosis. And that gave me an amazing window into how the human mind to actually does what it does so well and I was one of the first people ever trained in Neuron-Linguistic Programming after I've graduated from the university. And I immediately went to work for an international training and development company to run their special interest brain development programs back in the 19-late 1970s. And when that company was sold, I started Learning Strategies Corporation to continue my work and we were doing individual sessions to help people. It was back

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then before the word coaching was available or used. And we were doing individual session to help people use more of their potential and then doing open enrollment, public seminars, and in company consulting. We were working for companies like 3M Corporation and Honey Well and IDS American Express, and big power generating utilities in the Midwest. And we were bringing this technology of how to use the mind more effectively into traditional human resources training and develop so we were really setting some important precedence back at the time. And then, we discovered that we had very interested market place in purchasing our human development technology as I created something called Paralimnals back in 1928 or 1988--1988 and there was a combination of what we're going to be talking about today, Photo Reading in Paralimnals that really put learning strategies on the map globally.

Erin Matlock

The Paralimnals I think are so fascinating and I'm wondering if you can just tell us a little bit about that technology and what is it and how does it help people?

Dr. Paul Scheele

Well, years ago, there were a lot of audio cassettes that were being sold. Tapes that were being sold to help people improve their lives and basically, they were telling people what to do. And what I had come to realize is you don't have to. The brain is infinitely capable. What we really need to do is we need to help tap into that capacity that already exists within them. So, Paraliminal technology came to me and something of a vision after I begin my study of Himalayan yoga meditation. And what this vision showed me is that what I need to do is help people to create an internal environment in which they tap into resources that already exist in them.

So if you think about my description of hypnosis earlier, hypnosis is about putting people into trances. Well, what I realize is no, no, no, people are already in a trance thinking that they can't do things. For example, I'm a slow reader. It takes me forever to get through a book. Well that's a trance and that negative herself limiting trance ends up becoming reinforced and people live under that limitation. If you could awaken somebody from that trance, they would discover that their brain is phenomenally capable of having them blast through written materials and a fraction of the time they ever used to read in the past. And actually, know a book better in a matter of minutes. So, that's just one example out of hundreds of the kinds of strategies that we help people claim in order to use their full neural potential and achieve the successes that they really want.

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It's the sort of thing that we all have dreams and we are also, and we also use about 10 percent of our full potential. Well I've spent my entire professional life looking at how to gain access to the other 90 percent. So when people say, well what is it that I do? I always say, well, I help you reclaim that other 90 percent, what would you want to do with that if you had it. And that's really the question that people need to ask is they're rebooting their brains. So if it gets rebooted, what is it that they're truly interested in realizing in their life? It can be realized. If anyone has been able to accomplish the success that they desire then anyone can accomplish that success. It's just a matter of having the right strategies.

Erin Matlock

I am so glad you just said that. It's something we're going to be addressing throughout this entire event and what a great way to kick things off. I hear it quite a bit. I hear it within my community and even in some of my friends. There is that limiting belief or just like you said, I'm not a great reader. I could never do this or I'm not that smart or I'll never be able to achieve this. And so much of it is yes, we have these strategies. There are tools. There are techniques out there that can help us. However, if we don't believe that we can actually do these things that we can learn new ways to use our brain, to use our mind, then we have a problem. So, if you can use a technology like Paraliminals to help open your self up, to success, to optimal performance, I think it's something very interesting, something people should try.

Dr. Paul Scheele

But I definitely want to underscore this idea that you've offered. Part of it is about believing. At a neurological perspective, I think it's also important to understand that if you don't believe what happens is you abort any effort to be able to accomplish what it is you desire. You see, once you have told your brain, oh this is-I can't do this. What happens is, neurologically it literally shuts off the regions of the brain that would otherwise be able to. So, I want to say that it's kind of belief but it's more than that. It's more than that. It's really more an open-see, its okay that people are skeptical. I don't think people really have to believe that they can do the things that I'm talking about or that others have been able to accomplish for themselves. And, what's important is that they have an open minded skepticism that allows them to explore the possibility. If they just categorically, oh that's impossible and they shot down, nothing is going to change. If they have an openness to explore it, they will discover what the brain is capable of.

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Erin Matlock

I like that. Just open your mind to at least the possibility.

Dr. Paul Scheele

Yes, exactly. A good possibility and a great strategy and that's what's going to be the key to success.

Erin Matlock

Absolutely. We need both. So, let's get right to it. What is Photo Reading?

Dr. Paul Scheele

Well, I'd like to give a little bit about this idea of Photo Reading because when it was first presented to IDS American Express, I'll give you bit on the background later. But this idea is we're in indebted by too much information.

Erin Matlock

Uh-hmm.

Dr. Paul Scheele

And, the human eye and brain actually processes 10 million bits of information per second. So, there's an amazing processing bandwidth if you want to think about like a computer, there is huge bandwidth of information processing available to us. When it process it, processes it, it then delivers it to you at a conscious level. And so you need to get that there is this idea, we've got a conscious mind and we've got a non-conscious mind. So those parts of you that are non-conscious are working on your behalf very rapidly, very, very rapidly to give you what you need at a conscious level. Now, out of that 10 million bits of information per second, guess how much of that reaches you consciously Erin.

Erin Matlock

Not much.

Dr. Paul Scheele

40 bits.

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Erin Matlock

That's actually much-much less than I thought. That's a little sad. [LAUGHING] And depressing.

Dr. Paul Scheele

And what's really sad is that in school, no one ever told you about that.

Erin Matlock

No.

Dr. Paul Scheele

So, they keep teaching to that limited processor that only does seven plus or minus two bits of information. It's so limited and at a conscious level, that's how everything is given to us. We're told, "Okay, what did you just read? Tell me it back." And if you don't repeat it right away, "Oh you didn't read that, right?"

Erin Matlock

Um-hum.

Dr. Paul Scheele

So, everything is delivered and have to be-has to be regurgitated at a conscious level. So we're denied access to this vast processor. And what Photo Reading is and this is kind of the formal definition of it, it's processing written information at a page per second so depending upon the amount of written information on a page that could be 25,000 words a minute, 60,000 words a minute. We've actually had the head of the Virtual Reality Laboratory at Cray Research was a Photo Reader and was so in love with it. He developed a way to photo read off of these silicon graphic high process or machines back in that day.

And we just showed that you could actually process information at over a million words a minute. It was absolutely stunning. So, the human brain is so infinitely capable with. What Photo Reading is, it's about blasting through information at those rates, and then activating that information from the non-conscious into your conscious mind, so that you get your reading done in the time that you have available at a level of comprehension that you need.

And we're looking at whether it's 25 or a hundred-thousand words a minute, it doesn't matter.

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How -what do you need to get out of this material and how much time do you have to do it in. And so, that's the real goal is that you get what you need in the time that you have available, the level of comprehension that you need. And it's stunning because I first developed it back in 1985 on a contract to help IDS American Express. But today, all of these years later Erin, the book has been in 18 languages. It's sold in 185 countries. It's just—it's amazing. We have trainers all over the world that teach live seminars with this. It's really, as some people have describe, the most important breakthrough in reading and comprehension that's ever hit the planet.

Erin Matlock

Well, that's exactly why I wanted you to come here and talk to us about it. Because I remember when I learned when I first learned about it was several years ago and, so it's kind of surreal to be talking to you here today because I'm such a fan of Photo Reading and of yours. And I was really blown away. I didn't think it, I had that limiting belief. I didn't think it could be possible. I didn't understand how we could make that jump to taking in information in the way that Photo Reading shows you. So, I'm just wondering too, how on earth because I can't even wrap my brain around it. How do you come up with something like this?

Dr. Paul Scheele

Yes, what's interesting is that I really had no interest in reading. I would rather do a thousand other things besides having to read. I thought I was too slow. And so, I was studying in a field. First of all, I was in the masters degree in Adult Learning and Human Development Technologies that the University of Saint Thomas here in Minnesota.

And it was a formal masters degree and part of it was about curriculum design and everything else, how do you bring the technology in companies in Human Resource Development. What is adult learning and how does it really work? Well, I got a call from a colleague of mine that I had learned accelerated learning from- and this man was actually doing consulting work with IDS American Express which is a big tower downtown, Minneapolis. And he said, he'd been teaching the accelerated learning to a group of information systems data processing at IDS and they, he said, they're interested in a speed reading course that uses accelerated learning. There's a lot of people who have taken speed reading and they weren't very impressed. It didn't really get results for them. Nothing really stuck. And so he said, "Could you develop that?" And so, as part of my master's degree, I actually designed the curriculum in accelerated learning.

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The first part is Decoding in which you're getting a little sense of what it is that you're going to be learning. Then they have something called the Concert and the Concert is where you just download information to the non-conscious parts of the brain. Or Georgi Lozanov, this Russian psychologist that developed something called, Suggestopedia back in the late 60s, early 70s, he said we're delivering it to the paraconscious which is that more than or other than conscious capacity of the human mind, just literally exposed it, give it a full exposure to everything that you're going to be learning. And then final step is Activate. So, Decode, Concert, Activate and they simply transferred that concept to reading. So the question was, well what would it be like to have a Concert of download of an entire book to the non-conscious mind? Part of the problem is you have to look at it.

Erin Matlock

Yeah.

Dr. Paul Scheele

So it's conscious. The other part of it is that it's presented in a linear and sequential way. So, how am I going to look at this page of text in a way that lets my inner mind see it without activating my conscious mind which is basically going to shut it down? It's going to default to this limited processor. So I started looking at the work of Betty Edwards who wrote a book called drawing on the right side of the brain-

Erin Matlock

Yes.

Dr. Paul Scheele

And what she said is, if you want to draw my thumb, don't draw my thumb. Because then you're going to use your conscious mind to draw and it's going to look terrible. Instead, draw the negative space around my thumb and what happens is, the thumb emerges from the page. It's magical. I don't know if you've done art before. But it's really something quite stunning compared to what your left brain can do and what your right brain can do. When--she calls the "R modes" or Right Brain mode. So I started transferring that. How can I look at this page of text in a right brain mode? And that's where I develop something called Photo Focus. It's being able to see something without looking at it. You see it with the other parts of your visual field. When we read, if you pick up line of text right now Erin and you read it, you're going to be fixating on individual words.

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Erin Matlock

Yes.

Dr. Paul Scheele

And your eyes are going to stop along the way and you're going to build bit by bit into your conscious awareness, try to store it and then go on to the next part. That's why so many of us when we're reading a page of text, we'll get to the end of the page and we'll think, oh my God, what did I just read. I have no clue. My eyes moved over it but I didn't process it. And that's the key. You see, what happens is your eyes actually pick it up very quickly but the processor is so slow.

Now what we happen to do is we default to the limiting processor of the conscious mind. So, we have to bypass that. We have to go directly to the non-conscious and let it do that. So we developed Photo Focus which is a way of looking at the page as you photo read so that you get and essentially the entire printed landscape that comes to-and think about it. If you were to look at a giant wall landscape like a full picture of a landscape, go to a museum and see a giant painting, you're not going to start on the bottom left hand corner and look at one dot of paint from left to right to the whole painting. You're going to see the whole thing. Like when you go to a grocery store and you need to get lets say some olives, you're not going to look at every can on every shelf, shelf after shelf until you find olives. You're going to scan the whole store, you're going to see what you need and you're going to go to it. Well, the same thing is true. The brain actually perceives things holistically. Whole to parts, and so, what we're doing is, we're giving you the entire printed landscape all at once and then letting that inner processor say, "Hey Erin, it's over here, page 143, second paragraph down. That's where you need to go to get your purpose in that." And that's exactly what the human brain can do for you. It's stunning.

Erin Matlock

It's fascinating.

Dr. Paul Scheele

But that's really, that's how it all kind of evolved and then over the years of teaching, you can imagine a hundreds of thousands of people and the home study program and the book and all over the world in many languages, I think we've run public seminars in 43 countries now in 36 different languages. So we've seen it in Asian languages, with Congee [phonetic] and pictograph kind of languages. We've done it in Russian, in Cyrillic, the alphabets and all over the world. So, the human brain

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does this. It's so spectacular.

Erin Matlock

It's-it's aw-inspiring really. I mean it's just something that I know people are listening, I'm like, I don't know. I don't know. But it really is something you guys have been doing for a long time. I learned about it several years ago and I just, I know. It's one of the things that most excites me because it's just unlike anything out there and like you mentioned earlier some people try traditional speed reading techniques and you don't find a lot of success with that. Some people have it but on a whole, I don't know what goes on whether it's just a lack of application or whether it's just not something that is easy to take on.

Dr. Paul Scheele

No. I'll tell you the big difference. You see, in traditional speed reading, you're taking your old paradigm of reading, one word at a time and you're speeding it up. So you're still moving your eyes one word at a time. You're just hoping to get it faster. In fact the most famous speed reading program is Evelyn Wood's reading dynamic.

Erin Matlock

Uh-hmm.

Dr. Paul Scheele

And one out of a hundred, Evelyn Woods graduates to rates of 25,000. And so, what I did is using neuro-linguistic programming is I studied the most effective readers on the planet and figured out what is it that they do? And when I described it, when I describe what they do and showed them Photo Reading and said, that's it. That's what I'm doing. And so the concept behind Photo Reading is a completely different paradigm all together. We're not taking regular reading and speeding it up. We're literally starting you at a page per second. Erin, we don't speed you to do that. We start you there.

Erin Matlock

Wow.

Dr. Paul Scheele

And so, what we're doing is we're switching on parts of the brain, processing capabilities that al-

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ready exist in you. We're not giving you the ability to do this. This already exists in you. We're just giving you a protocol, a strategy for making it work for you. So, that's where the five steps of the Photo Reading system actually work.

Erin Matlock

I love this. And I know that you guys teach us in workshops, full workshops and online programs and we have a limited amount of time today. But, I am wondering if you can take us through the steps of Photo Reading?

Dr. Paul Scheele

Sure. Well let me just overview in first-

Erin Matlock

Okay.

Dr. Paul Scheele

-of the five steps that's Prepare, Preview, Photo read, Post view, Activate. So, the concept behind this, I'll just take each one of them one at a time, and give you brief exposure to it and listen, you can actually apply this right now. As you listen to this, you can apply this, discover that by the end of today, you're going to actually, you could double your reading speed today.

Erin Matlock

I love that.

Dr. Paul Scheele

So, so it's a-it's not difficult at all. The first step preparing literally, if you're getting the materials in front of you and then dropping into a state in which your brain can process more rapidly. So, it's what we call relax alertness. So, you're physically relaxed, you're mentally alert. And you establish for yourself your purpose. What it is that you're going to read? How much time are you going to take? And because you're purposeful, you're questioning, your active, you're going to be way more affective than just passively opening something and starting to read, left to right from the first word to the end. That's -there's another thing that's really bad about traditional reading is we read slowly attempting to comprehend as we go. And if you try to comprehend and retain what it is as you're reading it, it actually slows you down. Most people read at about 250 words a minute but when you

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try to remember what it is you read as you read it, it's just what we do when we study. We actually drop our speed, our reading speed to half. So, by shifting that is stop, just drop in, relax yourself, established your purpose, and then open your eyes and preview the materials. This is the second step.

Now, part of this prepare step is to actually bring a part of your awareness to the top back part of your head. We call it the tangerine technique. But it's a little spot on the top back part of your head that if you would imagine, you could just reach up and place a tangerine to float just above and behind your head, few inches of-and off the top back part of your head. There is a place there that activates neural centers of your brain that allows you to stay more oriented, more focused, and more easily processing written materials.

Think about it. Now who were the people who managed all the world's literature back in the early days of human history? They were the scribes, they were the Pharisees, they were the monks, right, and what do they always have? -Some kind of funky hat on the back of their head. Some of them would shave their head back there, and put a little sculpt cap back there. Why? The humanity understood that there was an ability to process difficult discriminations, small discrimination if a part of your awareness stayed on the top back part of your head.

Erin Matlock

Wow.

Dr. Paul Scheele

So, I don't want to get into it any further than that but this is what we do. We relax physically; get a little span on the back of your head where you can just become aware of it momentarily. I have to maintain it, just be there for a second. Establish your purpose; open your eyes and then you want to preview what you're going to read for about a minute. Remember I talked about decoding?

Erin Matlock

Yes.

Dr. Paul Scheele

Well this is it. So, you're going to just say, okay, what's this about, here's a book, Paul Scheele's book on Photo Reading. And 150 pages, how did he design it? What are some of the concepts that are going to-I'm going to be getting into? Why would I want to do this? How much time do I want to

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take? And so, by establishing this purpose and quickly looking it over, you get a sense at the end of your preview and it's just a minute long, okay? The idea is, because you've decided; now your brain is fully available to you.

So now, the third step is Photo Read. So it's Prepare, Preview, Photo Read. When you photo read, basically, you're looking through the center crease of the two open pages on your book. And you're flipping those pages just noticing the four corners of the book, the white space on the pages, remember I said, don't draw my thumb, draw the space around my thumb? So, literally, you're just letting your conscious mind look at the white space on the page. Meanwhile, what's happening is your non-conscious mind is taking a mental photograph of everything you're seeing. And so we flip the pages about the page every two seconds, so two pages every two seconds. So its flip, flip, flip, and as you're doing this, you're chanting to yourself, re-lax, re-lax, four, three, two, one. We have a chant that we kind of offer to you to do and what this does, it gets your conscious mind out of there so that your non-conscious mind can do its work.

So you have a vast non-conscious mind. You also have something called a preconscious processor. This is that part of you that processes 10 million bits of information per second. So, you're letting it do the heavy lifting for you. When you finish going through the book in this way, you close it, close your eyes, and say to yourself all of this information is within you that's available to you and you're curious how this can serve you in realizing your purpose for going through this material.

Now, you can do this with electronic files, on a computer as by flipping the page, by hitting the page down. I don't recommend scrolling, I recommend page down. So you go flip, flip, flip, or if you have an eReader where you can flip the pages same sort of thing, it just gaze right through it. It's not even if you're-you can even see the words consciously. It's not important.

Then what you can come to is what we call post view and this is the fourth step so it's Prepare, Preview for a minute, Photo Read and Photo Reading most books will just take you through four minutes. Post view, and now this is where you're going to start examining the book and the structure of it, how it's laid out and formulating questions for you about what it is that you're going to be most interested in from this book. So you might see, oh chapter three, here the authors does this. I wonder what this concept is from her in this book. And so you just formulate the question. You don't go to read it. You just formulate the question and you get about five or six key questions that you're really interested in knowing about and then get away from the book. Literally, just step away from

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the book, put your hands on your head and get away-no, just go, get drink of water, move your body a little bit, get away from it for a few minutes. If as a professional writer, if you have information you want to write about, it's great to sleep on it. Because what happens is your non-conscious mind puts it together. It organizes it for you. It literally builds dendrites, connection into the material.

So, whereas Photo Reading is sort of getting all the strings of the instrument vibrating, right? It's now sorting everything out. It knows what your purpose is and what you're interested in so it starts to organize it on your behalf. So 20 minutes later or the next day, come back to it and activate. And that's where you start going through the section of the book that you're most interested in. So, we have a number of techniques for activating. We have something called super reading and dipping where you might go through a chapter, say chapter three was real-looked really juicy for you. You allow yourself to move your eyes down the page and you're asking yourself, is it in this paragraph? No, no, no. Oh, here, this paragraph. This is what I want. So now you dip in and you read that paragraph, get what you need and move on. You can mind map, draw a visual picture of the concepts that are important to you in that chapter. Now go on and ask- answer the next question that you have.

By the time you've gone through the sixth or seven questions you have, essentially what's happened there and it's very important, you've gotten about four to 11 percent of the material from the book. Now why is that important? Well, it turns out, if you take a page of text. I don't care what it is. Any article, and you cross out all the words that don't carry the meaning, what you have left is 4 to 11 percent of the words. Now, what's interesting is that the other 89 to 96 percent of the words are supportive of that 4 to 11, in other words say augment or they enhance the core concept that you've gotten by getting those key ideas from the book. And it's hard to imagine this because we're forced as we learned to read, to read every single word, One- Word- At-A-Time.

Erin Matlock

We are.

Dr. Paul Scheele

But when you activate, you're letting your mind literally dance through the material. If you take an average newspaper article Erin and you might not know this, but writers are told that anywhere from 89 to 94 percent of the meaning of an article has to be found in the title, subtitle and first paragraph of that article, [INAUDIBLE 00:35:51]. In other words-

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Erin Matlock

Makes sense though.

Dr. Paul Scheele

Yeah.

Erin Matlock

Yeah.

Dr. Paul Scheele

Yeah, and you could read the entire rest of the article and not get hardly anymore value than you would have gotten right from the beginning. So, essentially, if you think about that, that's what activation, is. You're going for the key ideas that carry the meaning to you in the time that you have. But this whole process you see is guided by your non-conscious. So, it's literally taking you to where you need to go. It's saying, "Here it is," and you discover it. So there are a number of activation techniques -- about six or seven, and now we don't have time to get into it but those are the steps of the system. So it's Prepare, Preview, Photo Read, Post View, and Activate.

So books now would normally take you, let's say 10 hours to read. You'd photo read it in about four minutes. You'd activate it in about 20. Now, if you want to write a college level paper on it, you might spend 45 minutes or an hour and a half but you'll know it better in that time than if you had read it word for word, start to finish for 10 hours.

Erin Matlock

Well that brings up a question.

Dr. Paul Scheele

And that's-

Erin Matlock

Oh I'm sorry.

Dr. Paul Scheele

No that, go ahead.

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Erin Matlock

I just had a quick question about that. What types of books? Are there certain books that we should use Photo Reading for or does it work on any kind of material?

Dr. Paul Scheele

Any kind of material.

Erin Matlock

Any.

Dr. Paul Scheele

In fact, we've had Ph.D.'s in mathematics take our course and they've said, oh yeah, I'm 45 years old. I'm going into my Ph.D. I'm blowing 20 something's out of the water because I'm-

Erin Matlock

Wow.

Dr. Paul Scheele

-blasting through this material at thousands of words a minute.

Erin Matlock

I love it.

Dr. Paul Scheele

It's really stunning. I mean computer programmers will photo read lines of code and discover bugs. They'll find the lines of code literally flip, flip, flip through lines of code, "Boom", there it is. They'd back up, there it is. You know, find it literally that fast but that's their language you see.

Erin Matlock

Right.

Dr. Paul Scheele

So, you and I might know-

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Erin Matlock

Right, no, I don't think I would. But-

Dr. Paul Scheele

Yeah, but because that's their language because the mathematician can, that's their language so they can photo read that.

Erin Matlock

Oh, wow.

Dr. Paul Scheele

So, literally anything. And then, here's the weird one. This is the real weird bomb I'm going to drop on you here. I've had Photo Readers go into foreign countries and pick up novels in languages they do not comprehend at all. They'll photo read them and then they'll describe the story line of the book. So literally, close their eyes, they'll see pictures emerging in their mind, they'll start describing the pictures and the people that had the book, their jaws just fall open and say, you've described the story. And I'll get calls. They say, "How can my mind do that?" And it's very exciting once you get into it because when we start talking about the unlimited potential of the brain, Erin, it's beyond your wildest imagination. So, it's just about get into it and discover what your brain can do.

Erin Matlock

So you're telling me that you've had people read a book in a language that they don't speak, that they don't understand, or not read but photo read?

Dr. Paul Scheele

Photo read, yeah.

Erin Matlock

Oh my God. I just love the brain so much. There is just so much that we, those of us who are normal folks, we don't know. It's just the coolest thing.

Dr. Paul Scheele

It really is.

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Erin Matlock

I love it.

Dr. Paul Scheele

It really is.

Erin Matlock

I'm going to ask you a little bit of a personal question. I know that you recently earned your Ph.D. You talked a little bit earlier about getting your masters and I just love the way your brain works and you do fascinating work, the things you focus on or things that I don't even think about. And I'm wondering what focus was of your Ph.D. and why, after being so successful with learning strategies and with all of your teaching. You travel all over the world. It's very hard to pin you down. Why go back and earn your Ph.D.?

Dr. Paul Scheele

Well, thanks for the question. You know, it's interesting. Here I am, an expert in adult learning, the human development, teaching accelerated learning and neuro-linguistic programming and how do you use more of the mind and I never completed what I would consider the full spectrum of my education. I didn't really like school very much that's why I started learning strategies because I knew there were better ways to learn than how I had learned in school. But I knew, what's called the terminal degree, a doctor at a JD, and medical doctor, that sort of thing. The Ph.D. that I earned was in leadership and change and my focus was on transformative learning. So I actually developed a research methodology for studying the critical incident of transformation when somebody undergoes a transformative change. And my purpose was to understand. Here I had been a practitioner for 35 years in the field. But now, what I am is a scholar practitioner, which means that I can speak the language of scholarship and help influence the culture that's in power, that's been maintaining a dysfunctional form of teaching and learning for-certainly for the last several decades. It's out-we've outlived the usefulness of traditional education and we need a new model and I believe that we've developed the new model, the new paradigm of how the human brain learns and accomplishes success.

So, it's a matter now of influencing the academy, the folks that are kind of keeping the dysfunction in place. So, that's the reason why I did it. The multiple reasons that I couldn't have been more excited. It was a six year process. The Ohio Board of Regents granted me the Ph.D.

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Erin Matlock

Wow.

Dr. Paul Scheele

I took the program through Antioch University in Yellow Springs Ohio. It was really a fabulous experience. It was a personal growth experience to be sure and something that really opened up a lot of universes for me and because I didn't know what an epistemology was and I couldn't have told you what my epistemology was. But now I know and I can tell you very clearly that we really do construct our reality and we can learn to shift the way we make meaning in the world and discover the full power and potential that's within us. And now, with the research method that I created, I can actually describe how that happens in you. So, very exciting for me and something that I know is going to help a lot of people discover more of the true resources that Learning Strategies has been bringing to the world for this last 31 years.

Erin Matlock

I know it will too. I'm always fascinated. One of the themes of this event is life long learning and it really is and I know that you agree with that because you've gone and you-you'll continue to further your education is that we all, and we don't stop learning just because we get out of school. We graduate high school or we graduate college. It's something that we need to be doing continuously throughout our entire lives.

Dr. Paul Scheele

Well, I think it's a tragedy also. I mean I remember kids getting out of school and ripping up their textbooks.

Erin Matlock

Yes.

Dr. Paul Scheele

I'm never going to learn math again as long I live.

Erin Matlock

Yes.

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Dr. Paul Scheele

And that sound, oh how sad that they go all the way through school and they never learned how to learn.

Erin Matlock

I know.

Dr. Paul Scheele

They just discounted because of poor learning strategies. They discounted themselves and you know, I can't sing. Oh I can't do art. Oh, I'm no good at math. Oh, I just can't write. Those are limitations that don't have to be there and if you quit telling that story and begin to explore what are some possibilities where you can do all of those things and more.

Erin Matlock

I agree. One of the wonderful things that happens with my work at brain pages, I get a lot of emails from the community and I see a lot of emails from teachers. And they always seem when they ask, what do you think about this or, have you heard about this programmer? They are-it's this ground swell that's happening at the teacher level right in the individual classrooms and they are, they've had it with traditional, limiting ways of-methods of teaching and they are reaching out and buying their own courses, getting their own education, learning better ways. I know they are learning Photo Reading and they're bringing that back to their lucky classrooms who get those teachers. And it's so exciting to make because my mother was an educator. I used to be a teacher. So, these are things that- it makes me very happy that we're kind of changing, at least in this country is at the ground level the way we educate our kids.

Dr. Paul Scheele

Yes. We know that there's better way.

Erin Matlock

Uh-hmm.

Dr. Paul Scheele

Definitely do and there's lots of innovations like you say and it's a matter of giving permissions.

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Erin Matlock

Yes.

Dr. Paul Scheele

So, the thing that I like to say Erin is that the purpose of education is the liberation of the human genius.

Erin Matlock

I like that.

Dr. Paul Scheele

It's not about instruction anymore. It's not about getting your obedience, your compliance. It's about-

Erin Matlock

Right.

Dr. Paul Scheele

Liberating your genius and that's really my life's work. That's what I'm committed to.

Erin Matlock

It is. It really is. Now, where can people go to find out more about this work? I know we've picked their interest because we've just touched. I mean you are a phenomenal source of education over at Learning Strategies. And can you talk a little bit to our audience about how they can follow up with you and what you have out there that can help them?

Dr. Paul Scheele

Yes. If you go to the URL, the website that you describe earlier, which is learningstrategies.com/reboot, there's going to be an offer given there about Photo Reading and I have to say when I saw what Learning Strategies it put together-together for your program Erin, I was kind of amaze. On it, there is a free DVD presentation, a 2-1/2 hour presentation that I give and it was professionally produced. It's absolutely stunning. It's gorgeous and it's called, Your Genius Mind. And that DVD is a great way to learn about accelerated learning, natural brilliance, more about Photo Reading, what's called the genius code, and there are a number of techniques, actually show you how your

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brain works. So that's a bonus give away as a part of getting a hold of the Photo Reading program so that's a great place to start. So its, www.learningstrategies.com/reboot and certainly the Learning Strategies website is a great place to discover more about Paraliminal technology and so on. That's really a great place to start.

Erin Matlock

I do think it's funny because we spoke a little bit before we started to press the recording and everyone listening. Dr. Scheele, he's just so easy to love and he gets on the phone, he's like, have you seen that URL? Did you see what they put together? And he's just excited about teaching and I think everyone needs to take a look if you're interested at all in activating your inner genius and this genius that you maybe didn't think you had. And it's learningstrategies.com/reboot. I love you guys. I love what you do. And I'm excited to see all of the new things that you are doing and I'm so happy that you've spent this time with us today.

Dr. Paul Scheele

It really is my pleasure and best wishes for the entire series. This is very exciting and I know there are a lot of great strategies that you're going to be offering throughout the time that you're with folks. And do take these to heart and Prepare, Preview, Photo Read, Activate. These techniques that we share today are going to be able to help you right away. Play with them, go into it in more depth and realize that you really do have genius in you. You're magnificent in every way regardless of what beliefs you may have accepted and limitations you may have encountered up until now. You can reboot your brain and you can get the most out of that other 90 percent that's within you.

Erin Matlock

Dr. Paul Scheele, it really is an honor to know you and to learn from you. I want to thank you so much. This is Reboot Your Brain. I'm your host, Erin Matlock. Goodbye everyone.

STEVEN SISSKIND MD



www.RealDose.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. STEVEN SISSKIND TRANSCRIPT

Erin Matlock

Welcome to Reboot Your Brain. I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-physician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition. My guest today is Dr. Steven Sisskind. Dr. Sisskind is the Chief Medical Director of realdose.com and is a licensed physician. He received his MD from one of the top medical schools in the country, Baylor College of Medicine in Houston, Texas. He completed his undergraduate studies at Stanford University and also received a degree in Manufacturing Engineering from UCLA. Dr. Sisskind is a passionate researcher of integrative medicine, approaches to the treatment of major health issues which means looking beyond just the prescribing of drugs and surgery. Welcome Dr. Sisskind. Thank you so much for being here with us today.

Dr. Steven Sisskind

Thanks very much Erin. It's really a pleasure to be here. Thank you.

Erin Matlock

You know, you're a physician, a father of four and the Chief Medical Director of Real Dose Nutrition. Why did you become a doctor and what drives you to do so much?

Dr. Steven Sisskind

Well it's a good question. It's a very busy life but, you know, it's pretty simple. You know, I became a doctor because I thought I could help people and make a difference in their lives. And when I became a doctor, I took an oath to never do harm and to prevent disease whenever I can, which is the Hippocratic Oath. So, I feel it's really my sworn duty to share information that can help us all live a healthy disease-free life. And so, this is something, it's a significant driver for me and something responsibility that I take very seriously.

Erin Matlock

You know, here is the thing, a lot of us are finding that as we get older, we have a more difficult time keeping our weight down and sometimes losing weight feels impossible even when we do everything right and are starving. Can you tell me why this happens?

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Dr. Steven Sisskind

Well, you know, being overweight or obese is I think one of the biggest problems we have in our country and maybe even the world. But what I'll say is that there's nothing wrong with you or any of us per se. It's not like you lack willpower that you're weak. You know, what I find is that we all have plenty of willpower and all the strength inside of us that we need to succeed. And what we found is that it's not- so it's not really necessary you per se, but it's your hormones and other sort of external factors. So, for instance, hormones can get out of whack by your- by poor nutrition, lack of exercise, stress, environmental factors, and it's these imbalances that can stand literally like a brick wall between you and your weight loss goals. So, what I'm here to tell you is that there is a way to smash through these walls to really take back control of your health and your life and lose weight. And what we're here to talk about is to go through some of these hormonal barriers and how they act as barriers and how you can address them.

Erin Matlock

You know, Dr. Sisskind, I'm glad you said that because here's the thing, I look around and I see a lot of really successful people who have advance degrees, who are at the pinnacle of their career, who have families, who are leaders in their community and they're struggling with weight. So, I've always looked at that argument, oh, it's a lack of willpower as complete bull, because these are people who are absolutely driven to success. It takes willpower to become successful. And so, it's never something that quite aligned with me and I knew it had to be something else. Because it just doesn't- it didn't make sense to me that it's a character flaw.

Dr. Steven Sisskind

Right. I'm totally onboard. It's not a character flaw. We all have- we have a very strong character, all of us is just born in nature, you know, where it's just inborn to one self. So, but- so, let's go through some of these.

Erin Matlock

Yeah.

Dr. Steven Sisskind

Let's go through some of these hormones and some of these imbalances and get into some detail and then, you know, we can talk more about it. So, the first one that we talked about a lot is a hormone called, adiponectin. It's something you may not have heard of. It's not one of the more com-

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mon ones, but it basically is secreted by our fat cells. And what it does is it helps convert fat into energy. And so in people who are overweight and obese, the levels are low. The adiponectin levels are low and fat tends to build up instead of being used for energy. So what happens with the adiponectin, it's literally a hormone that tells your body to burn fat or fuel. So you could call it sort of like a fat burning torch in your body. And what research is showing is that low levels of adiponectin are associated with higher incidence of obesity. And what's frustrating about all this is that the more fat you have, the lower your adiponectin levels which is why losing fat is especially difficult at the beginning. So again, so this is sort of a barrier. It's a wall that sort of, you know, like basically you don't even know it's there but it's there and it's blocking you. So that's one. If you like, I go through some of the other ones?

Erin Matlock

Yeah. Let me ask you a question real quick on the adiponectin. To me that just doesn't, it doesn't seem like it makes sense. Why is our body, if the more fat we have, if I understand right, then the lower this hormone is which makes it more difficult to lose fat, it just seems like bad design, right, for our body?

Dr. Steven Sisskind

Well, the body was designed to survive. And so, there're a lot of signals and we don't know a lot about all of them, how they all work exactly well yet. But when the body is in the stress mode, the body goes into a conservation mode often. So you're in a situation where to survive you want to, you know, shut down, you know, conserve and there's a lot of these hormonal pathways are related to that. So what may be best for survival is not necessarily best for weight loss especially because we're not in a survival mode.

Erin Matlock

Right.

Dr. Steven Sisskind

You know, most of us are not thankfully.

Erin Matlock

So, it's back to the caveman days, right?

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Dr. Steven Sisskind

Yeah, sort of.

Erin Matlock

We needed to run our bodies like this for survival of the species but now that we're living, you know, less than a mile from the grocery store-

Dr. Steven Sisskind

Right.

Erin Matlock

We don't need it but, yeah, that's just how we run, so-

Dr. Steven Sisskind

Exactly. So, another one of these hormones is called ghrelin and that's called your hunger hormone. And basically, the more that you have in your system, the hungrier you are. And what happens is it's produced in the stomach. So when your stomach is empty, it's saying, I'm hungry, I'm hungry, and it puts out ghrelin and it stimulates the brain to feel hungry too then therefore go and eat. So, the thing about it is that, so if you find yourself sometimes fighting cravings and you can't seem to stay away from the refrigerator after dinner, this is something that could be due to elevated ghrelin levels as an example. Another one and this is when you probably have heard this, insulin.

Erin Matlock

Yes.

Dr. Steven Sisskind

And I think most of us have heard about that. And basically, if you're overweight or obese, there is a very good chance that you're experiencing some level of insulin imbalance, and this is resulting in excess glucose or sugar into your system. Now, it may not necessarily mean that you're diabetic, which is part of something you've also heard of, most people heard of diabetes.

Erin Matlock

Right.

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Dr. Steven Sisskind

But it does mean that your body's insulin or glucose regulator is becoming less effective at lowering your blood sugars. And the end results of this is that the sugar that's usually being used to feed your muscles or used for energy is getting stored as fat. It's getting converted into fat. So now you have this, you know, fat build up because of the insulin imbalance. So, it's pretty simple. If you have insulin resistance and many of us have it to some degree, it makes it very difficult or sometimes even impossible to lose fat.

Erin Matlock

How do we know if we have insulin resistance? Is there a test for that or we just know because we're carrying extra pounds?

Dr. Steven Sisskind

Well, there actually are tests for this. I mean, you know, if you go to your doctor or endocrinologist and get, you know, screened for diabetes, they'll check your blood sugar, your fasting blood sugar, they can even check your Insulin levels in something called hemoglobin A1C. So, there are well known, you know, accepted blood tests that can help diagnose this situation. So a lot of people just don't go through those tests and just may be carrying this condition around without even knowing it and, you know, not only is it harmful for your health, you know, from the perspective of a chronic disease, diabetes, which can lead to all kinds of complication, but it also happens to be blocking you from, you know, losing- your ability to lose weight.

Erin Matlock

Right. And then what's our next one?

Dr. Steven Sisskind

Well, the next one is cortisol and, again, that's one that many probably have heard of. It also goes back to this idea of survival in the caveman days. But basically, your body is producing cortisol in response to stress, okay. So we have a stressful situation that produces cortisol. And, you know, this can be a very good thing and in fact with crucial things. So like, you know, if you're in the woods and you run across a bear while hiking, you want to have a stress response so that you can, you know, mobilize your body and, you know, get out of there quick, right?

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Erin Matlock

Absolutely.

Dr. Steven Sisskind

But, you know, again, back to the same thing, you know, we're not living in a world, most of us are not aware that is an issue.

Erin Matlock

Right.

Dr. Steven Sisskind

But we are living in a world where we're under constant stress, you know, and today's world, many of us, you know, were busy. We have- it's a 24/7 hectic world. That situation of always being "on" is creating that same stress response in your body. It's elevating your cortisol levels beyond what they were originally designed to handle. And so how does this affect your weight? So it's very interesting, there's a lot of like very solid science that's showing that excess cortisol increases your cravings. It makes sense because if you're in a stress response, you want to, you know, gain calories, you want to conserve, you want to bring your energy in. So, it makes you increase your cravings for sweets and carbs which can obviously lead to overeating and hunger. It also actually causes your body to break down your muscle tissue for energy because, again, it's a mobilizing energy. The problem with that is muscle has a very high metabolism sort of tissue in your body. And when you have less muscle, you're lowering your metabolism and then that's going to make you gain more weight.

Erin Matlock

Unbelievable, right? Here we go again with our body working against us.

Dr. Steven Sisskind

Right. Yes, exactly. And then a couple other things about cortisol is it causes a larger percentage of your fat to be stored in your abdominal area which is known as belly fat or abdominal fat and that may not sound like such a big deal, but belly fat is actually the indicator of the highest unhelpful levels and it's, you know, high belly fat is a big problem. And the more cortisol you produce can cause more to be stored and so it's like this vicious cycle because you're under more stress, so you get more cortisol, more belly fat and you get more stressed and it's like a circle. So, there's a lot of things that problems with cortisol that makes it difficult. Again, it's a barrier. It's a hormonal barrier

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that helps- that's keeping you unhealthy and overweight.

Erin Matlock

You know, you talk about belly fat and it's something that always comes across my desk, research linking that and excess weight that we're carrying around isn't just a vanity issue. It's not about looking good in the bathing suit. This is actually affecting our brain.

Dr. Steven Sisskind

Yup.

Erin Matlock

Can you talk a little bit about that and kind of give us some background and what this weight is doing to our brain?

Dr. Steven Sisskind

Well, I think that's such an important question and I'm glad you asked it, and to me, the real question here is not like how do I look and how, you know, how great do I look in a bikini but-

Erin Matlock

Right.

Dr. Steven Sisskind

-To me it's like how important is your brain to you, okay? You know, we all desire to lose weight because it's going to make us look better, maybe it can even make us healthier, prevent heart disease, but for me, you know, when I think about it, my brain is the most important organ in my body, without a doubt. I mean, think about what your brain, you know, can help you do. It helps you to make good decisions, it helps you to remember information, handle stress, even age without dementia. I mean, think about the brain. It's the control center of your life and if you have a healthy brain, the rest of your body is going to be healthy too. And what's really interesting and this is a little bit shocking actually, we've written some articles about this, is that there's research showing that being overweight or obese can actually shrink your brain, literally shrink your brain anywhere from 4 to 8%. And there is this myth out there, "Well we only use 10% of our brains anyway."

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Erin Matlock

Right. Right.

Dr. Steven Sisskind

It's actually that- that is truly a myth, so you can't use that as an excuse because you need all of your brain.

Erin Matlock

Wow.

Dr. Steven Sisskind

And losing 4 or 8% of it is a big deal. And what's even scarier is that the brains of overweight people and obese subjects look anywhere from 8 to 16 years older than brains of people of normal weight. It's, you know, again-

Erin Matlock

Wow, that I had no idea.

Dr. Steven Sisskind

So, it's like mind blowing and like, so, you know, like when you talk about like well what is this actually affecting? You know, like it's easy to say that my brain is small and, you know, it looks older, but this is actually affecting your memory, your self control, your planning, your attention, your executive function, your long-term memory, proper movement, coordination. I mean, you know, when you think about, you know, if you ever- when I think about what's motivating me to lose weight, it's, you know, this is so strong. I mean, yeah, you want to lose weight to look good, but when you think about how important it is for your brain to work right, hopefully that's another motivation for people too.

Erin Matlock

You know, absolutely because this is really, it's everything. It's your memory, self control, like you said, planning attention, long-term memory, movement coordination, these are all things and especially because none of us are 19 anymore.

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Dr. Steven Sisskind

Right.

Erin Matlock

These things are all really important.

Dr. Steven Sisskind

Yeah.

Erin Matlock

And to be able to live a long independent healthy life, it's this information, you know, is kind of coming out that like you said, it's not just about the vanity issue, it's not just about looking good, this is a serious tie-in to the extra weight we're carrying around especially in this country in the US, because we have a huge problem and it is damaging our brain.

Dr. Steven Sisskind

Yup. And for me it's especially sensitive because next year, I'm turning 50, so that kind of [LAUGHING] whatever reason.

Erin Matlock

You are not.

Dr. Steven Sisskind

That number is starting to hunt me, so, you know, I feel even more motivated to try and, you know, stay healthy.

Erin Matlock

Everybody, you need to, when you get off this call, you need to go Google Dr. Steven Sisskind, S I S S K I N D, and you can see his photos, the man, this is a clean healthy living what you'll look like because you don't look like you're anywhere near getting ready to be 50. Good for you.

Dr. Steven Sisskind

Oh, I got lucky because my mom gave me good genes, my hair- I have good hair, so-

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Erin Matlock

You do have good hair. [LAUGHING]

Dr. Steven Sisskind

So I got- well that's not the topic of this conversation. Sorry.

Erin Matlock

I know. We're back on topic.

Dr. Steven Sisskind

Okay, I'm sorry. Forgive me.

Erin Matlock

No. That's all me. So, you know, this is the thing is we do all want to look good and that's great, but without a healthy brain, there are things we just can't do.

Dr. Steven Sisskind

So let me get back on the topic which is so then therefore, we all know why we want to lose weight. We all know now that there are these barriers that are, you know, keeping you back. So, let's talk about some things that you can actually do. Let's turn this, you know, into the positive side.

Erin Matlock

Okay.

Dr. Steven Sisskind

You know, what you can you do about these hormonal barriers that can actually help you and, you know, sort of fight, you know, break down those walls and break down the barriers that are blocking you? So, let's go through some of the hormones that I listed and talk about some of the natural sort of remedies to help you with those.

Erin Matlock

Awesome.

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Dr. Steven Sisskind

So, the first one as I mentioned is adiponectin and so when you increase your adiponectin levels, you're actually magnifying your body's ability to utilize fat for energy and it's sort of like reigniting your fat burning furnace in your body and that makes it harder for fat to accumulate also. So, one of the things that you can actually do is to increase your magnesium intake, either by taking a high quality supplement which are quite inexpensive or for example getting it on your food like seeds. Pumpkin seeds are a great example. Green leafy vegetables like spinach and kale; these actually can help you with your magnesium and help raise your adiponectin levels.

Erin Matlock

So throw the spinach and kale in salad and add pumpkin seeds.

Dr. Steven Sisskind

Yup. That's one start. Let's talk a little bit about ghrelin. So, again, this is the hunger hormone and new research is making it very clear that even low levels of- get this, sleep deprivation increase your ghrelin levels. So you're not getting enough sleep, you're ghrelin levels are increased, you're feeling hungry, you're having cravings, you know, you're going and eating more and more fat is being stored in your body. So, most people need between, and this is very important, 7 to 8 hours of sleep a day. And you got- and this is the hardest thing especially for me, I've got four kids and, you know, working and trying to build a business and family and all the obligations and, you know, it's so easy to say, okay, well I'll just do five hours or six hours. You need seven or eight hours and it's really important not only for your ghrelin levels but so many other aspects of your health. And one thing I will say is that, you know, jacking yourself up in the morning with caffeine or energy drinks is not going to do it. It's the wrong thing. It's not going to help you lose weight and it's simply not a substitute for getting good sleep.

Erin Matlock

This is the difficult one especially for the parents out there. And we've been talking about that a lot during the series and I hear from my friends who are moms, they have an average that seems to be, there's a consensus, they get six hours of sleep at night. And that's just not enough and we're seeing evidence of that that it's really harming us in ways other than just being sleepy.

Dr. Steven Sisskind

You could spend, you know, hours of, you know, on a simple topic about sleep and, you know, its

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effects on so many parts of your body and your health, but it's just- I can't emphasize it enough how important it is to get your sleep if you can. Change your life around, do whatever you can to try to get your sleep.

Erin Matlock

Absolutely. Because you need it or the ghrelin is going to be an issue and keep weight on their body.

Dr. Steven Sisskind

Yeah, exactly. So, let's talk a little bit about insulin. So insulin, again, you know, involved in your sugar metabolism, you know, involved with diabetes. There's a recent study that we came across that is very interesting that shows that consuming two tablespoons of, of all the things, apple cider vinegar before a high carb meal can significantly reduce your blood glucose levels for people who have insulin resistance. And remember before I said, many of us have it without even knowing that we have insulin resistance. So now, it may not be appetizing for everyone to eat apple cider vinegar, but the study did say that apple cider vinegar might work as well as a prescription drug at regulating blood sugar. So, to me, this is- I think it's fascinating, you know, and exciting when you can use a natural food and potentially get a similar results as using the prescription drug and without the nasty side effects and high expensive drugs.

Erin Matlock

I agree.

Dr. Steven Sisskind

I mean to me it's like, why wouldn't you try it and what's funny is like in our family we started using apple cider vinegar and we actually feed it to our kids and they actually love it now. They actually ask for it to eat with their vegetables everyday. So, it's sort of become a routine in our family and, you know, sort of once you get accustomed to the taste you actually start to enjoy it. So now, one thing I want to be careful, you know, I'm not recommending people go off of their medications here.

Erin Matlock

Absolutely.

Dr. Steven Sisskind

Yeah, you need to be under medical, you know, supervisement. You need to have a doctor telling

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you what you should be doing, but there are people who have been able to get off their medications by taking the right steps with their health and maybe that can be for some of your listeners as well.

Erin Matlock

Absolutely. I think it's always important. I know with me too. I always like to get new information, new research and the first place I go is to talk to my personal physicians, so we can go over and make sure it's right for me.

Dr. Steven Sisskind

Right, exactly.

Erin Matlock

Yeah.

Dr. Steven Sisskind

So, let's talk a little bit about cortisol, which again- it's a link, you know, basically it's, you know, high stress, high cortisol. So, this comes down to some pretty basic recommendations which you might yawn over because you've heard them before, but you've got to reduce your stress and one way of doing that is to get some exercise. Even if it's just walking for 30 minutes a day that literally will work wonders on your stress levels. It makes a difference. There are other things you can do too. There's breathing exercises, you know, even breathing in and out, eight long, you know, eight breaths long, in and out breath will literally reset your stress response. It takes a minute listening to music, meditation, yoga. You pick what you like and what you do but everybody knows about stress. Everyone knows what it takes to relieve your stress, so you got to take some time to actually do some of these things.

Erin Matlock

Right. And like you said, pick what works for you. I mean there are people who say, I don't like yoga or I tried meditation. Don't like it. You don't have to do it all. It's really, you know, picking something that can bring the stress down.

Dr. Steven Sisskind

Right, exactly. So, another topic which is a little bit, it's also before hormones but very important also, it's something called inflammation. I want to get into this a little bit because it's all- this is all

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interrelated even though it's not a specific hormone that I'm naming. Inflammation is a natural process that our body is using to respond to environmental stresses. So, for instance, you know, you're under stress from either cortisol stress, anxiety, external stresses, environmental food stresses, you know, poor diet, the body is responding by what's called an inflammatory response which is a healthy, for the most part, it's healthy. It's what your body designed to do. If you have a stress from a possible infection, your body has an inflammatory response to fight off the infection. But the promise is the same process that can help protect your body can also lead to a state of prolonged inflammation. So, if you're under constant stress or under constant assault and your body goes into this prolonged inflammatory state, you can usher in a host of major maladies. So, you know, it's at the root of obesity, diabetes, heart disease, arthritis and even cancer and gaining weight. So, inflammation is something that, it's something that you want to try to control and keep at bay inside your body.

Now what's interesting that it turns out that Omega 3 fatty acids from fish oil and other sources cannot only lower your inflammation but actually can also help you lose weight. And so, you know, it's an area that I think is very important for us to pay attention to, and there's a few ways that these Omega 3 fatty acids are doing this. One is that they're inhibiting the enzymes that cause you to store fat. They are stimulating fat oxidation, otherwise known as fat burning and they're increasing adiponectin and decreasing cortisol which are two of those hormones that I've talked about. So that's why this is sort of all interlinked. Now what's interesting is a recent study that I think is very important was published, something called the Journal of the International Society of Sports Nutrition. It explored what would happen if you compare taking Omega 3 to consuming safflower oil over a six-week period. And by ingesting 4 grams of fish oil a day, the subjects were able to lose fat, gain muscle and dramatically reduce their body fat percentage over a very short period of time. And this effect was not observed in the safflower oil group. So you also have to consider in the study that the participants did not change their diet or exercise one bit. So for an ingredient to have this kind of impact sort of "out in the wild," in other words without any changes in diet or exercise, I think it's very impressive. So, you know, fish oil is something that you might want to consider or some source of Omega 3 to help you not only, again, with helping you lose weight but so many other important parts of your health.

Erin Matlock

You know, and that's the thing, I think most of us listening, we keep hearing these studies about fish oil and how it's good for our brain. And it's something that I do take every day, but I found this

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study you just mentioned really interesting that without making any other changes, fish oil showed that these participants could lose fat, gain muscle and reduce their body fat percentage just over a short period of time. So it's even more incentive.

Dr. Steven Sisskind

Right.

Erin Matlock

You know, to talk to your healthcare provider again before you start taking but definitely to look into fish oil if you're not already taking it.

Dr. Steven Sisskind

Yes, please look into it for sure.

Erin Matlock

Now the one I thing I know, you know, you are chief medical director over at Real Dose Nutrition. And so, you know, I mean we could take about this all day. You knew all about these natural ingredients. And, you know, what else can you tell us about natural ingredients that can- we can maybe add to our regimen in order to help control all of these hormones that our body is kind of, you know, making go out whack.

Dr. Steven Sisskind

Right, so we've already - so we basically what we have covered up until now is "Here's these barriers and here's some natural ways that you can combat these barriers." But there also happens to be as you're mentioning Erin, there are natural ingredients from the world of supplements, you know, the supplement world, herbal, botanic derived ingredients that can actually help also to move, you know, move the needle here- to help breakdown these walls, these hormonal barriers that are blocking you. So let me go through- I can go through some of them that are specifically related to the hormones that we've talked about. So in the first set of ingredients is actually an extract of two plants that has been used for centuries in ayurvedic medicine which from India. One of them is called piper betel leaf and the other is dolichos biflorus seed. It's sort of a mouthful. But basically an extract of these two ingredients has been clinically shown to boost your adiponectin levels, which is the fat burning hormone that we have been talking about by 15 percent. And at the same time lowering your ghrelin levels, which is the hunger hormone we've talked about by close to 20 percent,

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and the net result is that you are burning more fat and feeling less hungry which is obviously a good thing. So that's the first- that's one ingredient. Another one is a special decaffeinated green coffee bean from Madagascar. Now you may have been hearing a lot about coffee bean extract. Well, it turns out that if you get the extract from the right species of coffee bean and you prepare it in the right way, in other words extract it with the right methods and just as a side warning, not all of what you see on the market place is, you know, sort of-

Erin Matlock

Right.

Dr. Steven Sisskind

Is qualified under those regards. But it turns out that there's clinically proven results showing that these ingredients, they contain a powerful weight loss substance called chlorogenic acid. And this is actually helping regulate your blood sugar by inhibiting sugar absorption in your intestines and inhibiting back up sugar production in the liver where it's just forcing your body to burn fat as energy instead of sugar. So for both of these ingredients, what's important about them, the ones- the ayurvedic ones as well as decaffeinated coffee bean, the specific extracts from these specific sources. What's important about them is that they have been proven safe, you know, first of all they have been proven safe. That's the main thing. But they've also undergone human double blind placebo controlled studies which is a really the gold standard. If you're going to measure an ingredient or anything it needs to be done on humans in a double blind placebo-controlled fashion. And these ingredients have shown that people who took these extracts lost more than twice the amount weight as the placebo groups for people following the same diet. So that to me is just great stuff. A third ingredient is an herb from Siberia which is the Eastern part of Russia called rhodiola rosea. And this has been used for centuries in Russia and Scandinavia as the natural remedy for stress, anxiety and fatigue. And so, you know, getting back to that barrier- the cortisol, you know, barrier. This is going to help with you with your stress. It's safe. It's natural and less stress means your cortisol levels are lower, your mood is brighter and your body can more easily burn off the dangerous belly fat that we've been talking about.

Erin Matlock

I've heard about this one for a while and, you know, it's been around I always find when certain supplements or nutrients stand the test of time. You know they have to work because sometimes we see these fad supplements that come in and out and then they disappear after a few years then we

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don't hear too much about them. It's more of a marketing push. But this one has been around.

Dr. Steven Sisskind

Yeah, rodiola is one of the greatest ingredients that I have come across, but you have to be very careful like I said before. It's grown all over the world and the research and the effectiveness has only been demonstrated or really demons- has really mainly been demonstrated in the version or the species or I'm not sure about the botanical names, but the actual rhodiola coming from this region of the world is where you're getting the best effect. So a lot of times what will happen is these companies will say, oh, well let's go buy our rhodiola somewhere else and get it cheaper. Yes, technically it is a rhodiola bush, but it does not have the same chemical makeup and it does not have the same effectiveness and the extraction methods are not the same and you just have to be very careful.

Erin Matlock

You know, you really do because sometimes you can even- you can do your research and get your ingredient list and you can go and buy your different bottles, but, you know, the problem for those of us who are just regular consumers like myself, we don't know where these things are manufactured and during transit, I mean I live out in the desert, it's very hot here. You don't know whether they were delivered in the right conditions and what kind of warehouse they're being stored in. So we spend all of this money and we buy these products and we don't know if it's just completely worthless by the time we get it into our mouth.

Dr. Steven Sisskind

Yeah. It's one of the biggest problems in the industry I think.

Erin Matlock

Yeah, I agree. And it's difficult when companies don't self regulate or actually when they get to self regulate, sometimes we get some dishonesty. Now, I know everyone listening. If you're like me, you've taken a lot of notes because Dr. Sisskind just gave us a lot of information and there are those of you who are going to want to do your Google research and you're going to want to make your ingredient list and do your shopping. But as the Chief Medical Director at Real Dose, Dr. Sisskind and his team, they've also put together a formula already with these ingredients that you need. And I'm wondering if you can just tell us a little bit about it.

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Dr. Steven Sisskind

Sure, sure. So, yes, basically the ingredients that I just listed above plus one other which is we called the piper nigrum; it's from black pepper extract. There are four ingredients that go into what we call the Real Dose Weight Loss Formula No. 1. That's the name of the product. And basically it's a combination of these ingredients that I've just discussed and it's helping you to overcome these four fat burning barriers that we've been discussing. And what's important is, without harmful drugs, no caffeine, no stimulants, this is not a, you know, a standard issue formula that's based on, you know, stimulants try to get their cycle. There's a whole another issue, a whole list of problems with doing that. So, basically, what this formula is doing for you, as we've discussed, is it's helping increase the fat burning in your body by normalizing your adiponectin levels. It's helping you curb your appetite, again helping, you know, to reduce your ghrelin levels. It's helping your carbohydrates in your body to get used as muscle fuel and burned as energy rather than being stored as fat and that's having to do with the decaffeinated green coffee bean extract working on the sugar metabolisms. And it's helping reduce your stress while boosting mood and energy and that's from the rhodiola part, so that's working on the cortisol. And so, you know, that's the formula. And so, let me just- a couple of comments on it and our company Real Dose. And you know, we talked about what's going on in the industry and that you can't, you know, how do you and, you know, what's real and what's not?

Erin Matlock

Right.

Dr. Steven Sisskind

And what's really in the formula. I think what sets us apart is that we spare no time or expense in developing this formula. What we did was we studied all the ingredients across the world that we could find that had any weight loss claims and we scrutinized the science behind each one. That was the first step. And then, when we finally identified the ingredients that were legitimate and that had true real science behind them from human studies, what we did was we made sure to source those ingredients from the same places where the original scientists did. And then, we made sure that we processed and extracted the ingredients by the identical method that the scientists did. And then, thirdly, we made sure to include them at the same dosage that the scientists did. So that when this formula is- it is the extension of the science that was done. It's the exact same thing. And, you know, most other companies don't ever take these steps because quite frankly it's very time consuming and it's a lot more expensive. It's very, it's a more expensive to go through this process and to, you know, buy these ingredients prepared in this way. But for us, you know, we felt it was much more

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important to create a product that works even though it might be more expensive rather than a cheaper product that, you know, that's infective and a waste of money.

Erin Matlock

You know that, it is an excellent point. As someone who takes supplements, it irritates me so much when I see companies and the green coffee bean extract was one of these that over the past year, year and a half, right? It's become just this ultra popular buzz word and it's been all over TV and it's got these great studies behind it because it actually works. And companies will just go and use that name, who knows where they're sourcing it from, and they're not paying attention to the dose that is from the study and they're not, you know, sourcing it from the proper place, but they're sticking it in this bottle. They're, you know, selling it for X amount of dollars and they're making just millions when it comes to my door and I put it in my mouth, it's nowhere near what I need or the quality I need for it to be effective. And it just irritates me as a consumer.

Dr. Steven Sisskind

It's a very serious problem and there's got to be some, you know, again, a separate conversation for that.

Erin Matlock

I know.

Dr. Steven Sisskind

You know, how do we fix this? You know, what we've- the approach we've taken at Real Dose is to at least point this out and say, listen, you know, we're combating it by doing, you know, by putting our money where our mouth is literally and saying, you know, we're not going to do any of these things.

Erin Matlock

Right.

Dr. Steven Sisskind

We're going to point out., you know, we are open book with, you know, where do we get all of these ingredients and, you know, here is the study, here is the doses used, here's the extraction methods and this is, you know, this is exactly matching what, you know, the science is showing. And that's part of the reason why, you know, we've had lots of people, tens of thousands of people have been

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using this formula with great success. And, you know, that it comes back to you, you know, does it work for you, you know, if you buy green coffee bean or any other extract and it's not the right extraction method or it's the wrong dosage, people are going to say, "Oh, it doesn't work."

Erin Matlock

Right.

Dr. Steven Sisskind

You know, there's no wonder, you know, like of course it won't work. But, so, you know, we have on the other hand, you know, great success with the formula. In case any, we have a website, it's called realdose.com, so you're welcome to go and check out more information there. What I also say is we have a very dedicated team of people in our company, our health specialist who cannot only answer questions about the product itself, but really are standing ready to help coach you along the way. We have email support, we have coaching and we have literally a health coaching. We're doing all of this as part of- basically for free, there is no extra charge because what we're really dedicated to is trying to help people to succeed, and we want them to have the tools that they need beyond just, you know, the supplementation, but we want them to know what healthy lifestyle changes, what natural things they can do to help, you know, their diet and improve and stay the course. We want to educate them and do as much as we can to help sort of give them a whole sort of realm of support to help them to succeed. So, it's something that's very exciting for me. You know, I love to hear it from you. Work with anyone who's interested to help you succeed in achieving and maintaining your ideal weight. It's what we do, passionate about it. So, I guess that's it, right?

Erin Matlock

Yeah, you know, I have to say something here too. I'm really finicky about, you know. I get introduced to companies and to principals of companies all the time. I have access to a lot of people and I have to tell you, there is just a wide, excuse me, a wide range of ethics and honesty and customer service and I can tell instantly with the way a company works with me as to how they're going to work with general consumers. And I have gotten to know your team in the short while that we've known each other and I've got to know you very well. We've talked a lot on a personal level and I can really vouch for you. I think it's so important as someone who does use supplements and who has received supplements that aren't worth what they're supposed to be and that don't work worth a darn. It's nice to see a real honest company and I appreciate that. I appreciate the work you're doing.

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Dr. Steven Sisskind

Well, thank you. Thank you.

Erin Matlock

Well, I want to thank you for spending this time with us and for educating us. I've got to get back and look over my notes. I took so much. I've got to learn how to spell all these words. And everybody, this is Reboot Your Brain. I'm your host, Erin Matlock. Goodbye.

RORY STERN PSYD



www.HelpYourADHDChild.com

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

DR. RORY STERN TRANSCRIPT

Erin Matlock

Hello, and welcome to Reboot Your Brain! I'm your host, Erin Matlock. A quick reminder for everyone listening: the information provided in this presentation is an information resource only and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient-therapist relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health-care provider for guidance about a specific medical condition.

My guest today is Dr. Rory F. Stern. He is the founder and Chief Behavioral Therapist at the ADHD Gifted Center—a virtual, on-demand, in-home consultation and support practice specializing in helping families affected by ADHD. He holds a doctorate in Clinical Psychology and a graduate certificate in Executive Coaching from the Massachusetts School of Professional Psychology. Dr. Stern is also the founder and moderator of the fastest growing and most supportive ADHD community on Facebook, "Help Your ADHD Child," and you can join him there at [Facebook.com/helpyourADHD-child](https://www.facebook.com/helpyourADHD-child).

Welcome, Dr. Stern!

Dr. Rory Stern

Well, thank you! It's so great to be here!

Erin Matlock

Well, thank you so much for being with us today. You are a Psychologist and you specialize in helping families affected by ADHD. Can you tell me a little bit about your background and your own story that brought you to this type of work?

Dr. Rory Stern

Well, sure. One thing I want to start with, though, real quick is just a disclaimer that I am, in fact, not a psychologist. Everything else you said about my bio is spot on. I want to tell people I'm not a psychologist by choice. Psychologist is a legal term that is issued to you when you get your license. I chose not to get a license. It was a personal choice and for various reasons which we'll get into. But I am entitled to and have earned all the rights and what-not that goes with the doctorate. So, that's just an important thing so that I'm representing myself properly. I am a psychotherapist and a behavior specialist.

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So, how did I get started, Erin? Wow. There's actually two parts to my story. One that really drove things home for me was that as I was getting my doctorate in clinical psychology, I did a lot of work with kids. And what would happen at these clinics, and I worked at a high school as part of a special education evaluation team—almost nine out of ten kids, when the file would come across the desk, it was suggested to have ADHD. It was just maddening.

Erin Matlock

Wow.

Dr. Rory Stern

Just absolutely crazy! Yeah! Wow! Just crazy that all these kids just happened to have ADHD. You know, even the fact that we're at a treatment clinic, or a treatment center, or at this high school, and the numbers do suggest anywhere from, what is it, four to ten percent of children across the world—that number is even pretty much across the world—are suspected of having ADHD. But those numbers just don't make sense. Nine out of ten referrals suggesting to have ADHD?

So it just, you know, kind of piqued my curiosity and it was something that I paid attention to, especially because no matter what the suggested diagnosis was, or supposed diagnosis, nine times out of ten—there is that 90% again—there was...we didn't focus on things related to ADHD. So, what kids were being seen for, it just wasn't always about ADHD. There were so many different things going on.

The reason I'm mentioning this is because that is what tends to happen in the medical field. We tend to overlook what's really going on and focus in on this label. It was maddening. That was one piece of the puzzle. I just got really disenfranchised and really, really frustrated with the medical community and how things ran at clinics. The fact that the insurance companies dictate that if you want to get reimbursed for seeing your client, then you have to have a diagnosis.

So if you think about traditional diagnoses or traditional investigation into, "well, gee...what does my child have? What's going with he or she, him or her?" You're either going to see a psychiatrist, who maybe, if you're lucky, you're getting 15 to 30 minutes. In very rare cases, you're getting up to an hour. With a pediatrician, typically 15 to 20 minutes max, where they ask you a bunch of questions, write down a piece of paper, "Here. ADHD. Here's your prescription." And send you on your way. Turnstile medicine.

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To get reimbursed for that, you have to have a diagnosis. And I can tell you that, in all my years of working with children, you cannot make a diagnosis in 15 minutes. You cannot make an accurate diagnosis in an hour. Sometimes it takes upwards of six months to really clarify what's going on. Sure, we can have hypotheses and theories about what's going on, but you just can't do it in 15 minutes. So things like that just really, really frustrated me, which is also, as I mentioned earlier, why I kind of walked away from the medical community.

Then there's the personal component of it. I grew up being a different child. As I saw how these children were being treated—when you get a diagnosis, when you get a label, it's typically the adults vs. the child. As a professional, it's like I'm sitting with the kid, I'm trying to figure out what's going on, and I'm telling them this, that, and the other thing: "this is what's wrong, this is what we need to work on." And not in so many ways, but it usually comes across implicitly. That's an awful lot to put on a child's shoulders, wouldn't you think?

Erin Matlock

That is. That's sad.

Dr. Rory Stern

It's a tremendous...go ahead.

Erin Matlock

No. It's difficult. I was also a different type of child. You start to label children and they carry that for the rest of their lives.

Dr. Rory Stern

They do. What happens is, not only do they get labeled, not only do they carry that, but typically, we overlook explaining to them, what does it really mean.

Erin Matlock

True.

Dr. Rory Stern

Most people, first off, don't ask, "Okay. What does it mean to you that you have ADHD? Do you even know what ADHD is?" They don't do that. They say, "Guess what? You've got ADHD," or we start

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working: "Do you know why you're here? Do you know why mom and dad brought you?"

"Well this is what I'm being told and this is..." It's kind of a messed up process. And, again, being a different child myself, I was just like, "You know what? I'm not being part of this." I knew as a different child—no diagnosis of ADHD, but I'll get to that in a second—I knew as a different child that you really need to have people behind you. You really need to be supported the right way, if you're going to make it—if you're going to have a chance to be successful—and starting out this way just wasn't right.

So, I personally took it upon myself before I even started specializing in ADHD, to say, "You know what? On my watch, no child is going to be misdiagnosed, mistreated, misunderstood, misguided, and certainly not put on medication if they don't need it." And we'll get to that later, probably. But I was just so sickened by the gross oversight of things going on in kid's lives and in families' lives that influenced what we were seeing behaviorally, that so many people just flippantly said, "It's got to be ADHD."

Now, one more component I think I'll add, Erin, is that I think it's important to understand. I mentioned that I was a different child rowing up. I was tested and identified as a gifted and talented student. As a gifted and talented student, everybody rallied behind me. I was never a hyperactive child. I just had a lot of energy. I was never impulsive. I made very careless mistakes. I wasn't easily distracted. I was bored, i.e., I wasn't being challenged.

So, if you look at the wording, and if you know anything, we'll back up a second. If you know anything about ADHD and giftedness, the characteristics are almost identical. The only difference is how they are worded. ADHD symptoms are worded very negatively. Gifted characteristics are worded, I don't want to say positively, but there's certainly no negative spin to it.

For instance, a child with ADHD has a difficult time with authority, whereas a gifted child likes to challenge authority. So, do you see how it's worded differently?

Erin Matlock

Yes. Absolutely.

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Dr. Rory Stern

It's the same thing. So, growing up as a gifted and talented child, people told me, "You can accomplish whatever you want. You can become whatever you want. You can do whatever you want." And I had people rallying behind me. That, in and of itself, I'll tell you right now—Those of you here, I hope you're taking notes, jotting ideas down. This is the biggest take-away. I'm going to give it away right now. There will be tons of information I'll share with you but this is really the big thing.

Whatever your child struggles with, if you choose to see it as a deficit, a disorder, or an illness, then that's how he or she will see it. That's how he or she will react to it. That's how other people will respond to the behaviors, what we're seeing. However, if you see it as a challenge or as just differences, then that's how we will tackle it in life. So the real, big takeaway here is: how are you going to choose to see your child's differences? Will you see it as a deficit or a disorder or will you see it as something that just makes them very unique, that with the right help, the right supports and the right people behind them, they can accomplish anything. That choice is up to you. I'll help you to make that decision so it feels more comfortable.

Erin Matlock

I like that. I have to tell you, I grew up as a gifted student, too. Looking back, you don't think about it, but if you look back, it is true. You see such a hard line between how we are rallied behind and how our behavior is. Oh, we're bored in class. That's why we're acting out, or however you want to label it, because we're not being challenged. I don't know. I've got to tell you, you just blew me away with that because you look at a student who is then labeled with ADHD and the language used is negative. It is different. That's some powerful stuff there. That's something that, like we mentioned earlier, can follow a child for life. It can affect the self-esteem.

Dr. Rory Stern

It really does, and I'm glad you said it can follow a child for life and affect the self-esteem. So I'll share with you a really, really another powerful example or for-instance. Now, there is research that's been around for decades. I never have been able to find the actual site for it, in years—many, many years. But this is something that stands the test of time. You just, please, take my word for this. It's so scary. I'm struggling to put the words together because it's so frustrating.

Take two kids. Take two students. A and B. I don't like doing Johnny and Mary and Suzie. I hated that in school [laughter]. But we'll take child A or child Johnny. Johnny is going from second to third

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grade. Johnny's second grade teacher goes to the third grade teacher and says, "Hey, listen. I want to tell you about Johnny. He's been an excellent student this year. He's really into it. He asks questions. He does this. He does that." What did the third grade teacher just hear? Good or bad? Good stuff, right?

Erin Matlock

Absolutely good stuff.

Dr. Rory Stern

So now, that story is going to set the tone for how third grade teacher sees Johnny before she's even met him. Now she will frame his behavior as being positive, good, inquisitive, intelligent, and maybe quirky, if I mentioned that. I know I thought it in my brain. Then we'll take—I don't know, what did I say?—child B Suzie. Suzie's second grade teacher goes to the third grade teacher and says, "Oh, my gosh. Suzie. She's...what a bad...she drives me absolutely crazy. She doesn't sit still. She doesn't pay attention." Unfortunately I'm painting a very bad picture here, because typically, a girl with ADHD has more of the inattentive symptoms, so just go with me here.

Erin Matlock

Okay.

Dr. Rory Stern

But the point is, that teacher just heard Suzie: Bad, negative. Now she's on her heals, up against a wall and everything that Suzie does is going to be seen in that light. That story alone, it doesn't even matter if we've mentioned a diagnosis. It doesn't matter if either child has a diagnosis. But just that little telling of a story from one adult to another has now set the stage for how that child will be seen.

Erin Matlock

And this is something that happens. I'm a former teacher and it does. It's just a natural—you go to the teacher who had the student before you and of course, there are records and all those types of things. It is. It gets past along. It does follow. You're right. It frames the situation. It frames the outcome, the expectations for the outcome.

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Dr. Rory Stern

Yeah. It's really, really sad, maddening. But fortunately, there are things that you can do to avoid it, which is just awesome.

Erin Matlock

I want to interject, real quick. You used the word, "quirky." I have to tell you, it's one of my favorite words. I am an odd duck. I have a lot of...I'm an introvert. I have a lot of things where I differ from the norm. I've always celebrated that and just called myself "quirky." I have quirks and I'm okay with that. To be in my group of friends or even my group of colleagues, you've got to be okay with that, too.

I was speaking to a friend of mine who's a mom. Her son struggles with ADHD and they were going back and forth with the school about some of the accommodations and certain things. She was talking about how much they've done and how far he's come and how great things are, but she says, "You know, he'll always have some issues. There are just things that are different." I was like, "that's awesome. Those are those quirks. He's quirky! He's just like me!" I looked at her and I said, "I'm proud of it. I'm proud I'm not the norm. I'm proud I'm different, and I choose to look at it in a positive way." I love the word. I use it all the time.

Dr. Rory Stern

You know, it's funny. Quirky. First off...what am I saying? Introvert? You cannot believe that for a second, so, that gave me a little smile when you said that. Anything is possible.

Erin Matlock

I'm a good faker! [laughter]

Dr. Rory Stern

Really? But, that's just it! I love how you described your story, because that was my story, too. I'm a different person. I'm not a bad person.

Erin Matlock

Nope.

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Dr. Rory Stern

I'm just different. People used to say...and I think a lot of people hear this, but I embodied it. I embraced it as a child. And I also want to preface this by saying, listen. Being identified as a gifted and talented child, knowing that everybody had my back and was being me—just want to put a little disclaimer out there. That didn't mean I had it easy.

Erin Matlock

Right. Oh, right!

Dr. Rory Stern

Being different, period, is not easy. But, I learned to deal with it the best that I could and, yeah, I used to walk around, as I was saying, a lot of people probably say this to their kids or have heard it before, but it's like everybody told me, "When they made you, Rory, they really broke the mold." [laughter] "You are one of a kind." I embodied that. Yeah.

Erin Matlock

Uh, huh!

Dr. Rory Stern

Yeah! I'm really, really different. I guess "quirky" is the way to say it. But yeah, I'm a different person. I'm an odd bird. In fact, I found out this weekend when I went out with my brother-in-law, I'm so different and quirky and odd, that I come with a warning when he tells other people he's bringing me. I get a warning!

Erin Matlock

I love that!

Dr. Rory Stern

Yeah. So do I. It's funny. I get a warning because I bring the life of the party.

Erin Matlock

Yeah!

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Dr. Rory Stern

It's interesting, because, again, because I am more ADHD-like, even though I've never been diagnosed, and I've told you that I've been identified as gifted and talented. My brother-in-law is very straight-laced, linear, by the book. If it helps, he works for the government, so he has that government mentality. And it's like, yeah, I guess, when you're like that, you kind of do see me as needing a warning, but I bring the party! I'm fun! There's nothing wrong with that!

Erin Matlock

You do bring the party! I remember when our good friend, Alex Doman, who is CEO of Advanced Brain Technologies kind of brought the two of us together. He always said, "You're going to love him, but be ready for him!" I love that, because who wants to just be part of the norm and conform? I certainly like being unique and I'm cool with it, so it's nice when I get to talk to someone else who celebrates it, too.

Dr. Rory Stern

Yes. It is a lot of fun and I do just want to go back. You and I could banter back and forth like this forever and we're good. We're solid. We're grounded. We've got it. But I do want to take a moment and remember who we're talking to here and let folks know that, yes; it's not always easy. And because Erin and I are joking back and forth about it right now, I've got a good attitude, I've got a good outlook on it...that doesn't mean I don't have my bad days, my tough times.

You know, it's hard. It takes practice and work. But again, with the right supports, the right people behind you, the right knowledge and understanding, you—if you struggle with any of this or with your child—if you're on the fence trying to figure out, "Oh, my goodness! Will my child ever get it? Will they pull it together? Will they amount to something?" There's a lot of stress and worry that you can have, but I'm telling you. It just takes a little bit of practice. It takes some time, some dedication, and your kid's quirkiness, or your quirkiness can be your greatest asset.

Erin Matlock

And don't you think, too, Rory: I know that it's taken a while. You and I are both grownups. We've gone through some of the harder times of figuring all of this out. But I have to tell you, one of the first steps for me, and especially as a woman—because as a woman, we're taught to include everyone, please everyone, have everyone like us and I had to learn to be okay with people who weren't okay with me and to say, "This is who I am and I try my best everyday and I'm not like everyone

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else. I'm okay with it and it's okay if you're not okay with it. I'm going to find the people who are cool with me, who will support me and we're all going to take this journey together. Everyone else, I'm cool with you, too, but we'll have that distance."

Dr. Rory Stern

Yeah. You know. That's interesting. That's really...I don't know if I'd say it's exclusive to being a woman. I certainly struggled with some of those issues myself constantly trying and wanting to fit in. I could tell you stories about just being a child and wanting to be normal. Wishing I could be normal, just for one day.

Erin Matlock

Yeah. Me too.

Dr. Rory Stern

But forget about it. It wouldn't work. But, I mean, the bottom line is that's an adult thing. That's a big life lesson there where you start to embrace the fact that, "You know what? I am who I am. If they're not okay with who I am, I'm okay with that, because I'm not here to make everybody happy."

I actually gave a talk recently where I actually told people, and I thought about saying it again as I was introducing myself and talking about my energy and who I am. I almost thought about it. So I was on this call and I said, "Listen, if you don't jive with what I'm saying right now, if you don't connect with my attitude and my approach, hang up the phone. Don't listen. You chose to be here, so either you connect with this and find it good and interesting and maybe fascinating, and hopefully a little bit inspirational at some point.

"But if you're like, 'this guy's a nut!' hang up the phone! Go hang out with your kids. Go hang out and watch TV, or Facebook. Do something. I'm not going to connect with everybody. Not everybody is going to resonate with me and I'm okay with that. I've still got love for you. That's cool. We can get along." But that is really a higher-level thing and bridging the gap; again, back to—certainly in my arena working with kids and working with families—it is sometimes hard to remove ourselves from the emotion of what's going on in a situation.

We as adults, again we could do this for ourselves really, really well is we can get caught up in the everything. "Oh, my gosh! This is going wrong and this is going wrong and this is going wrong! So if

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this isn't working and that isn't working, oh, my God! It's so overwhelming! Is it ever going to work?" You know what? Just take a step back. Take a deep breath. We don't have to master all of these pieces right now, right in this moment. It will come together if you want it.

Erin Matlock

Absolutely. You know what? You bring up a good point. It is a very adult level skill. For parents who are listening, what's a step, what's a piece of advice to give in trying to talk to your child about embracing that maybe they feel different and maybe they have quirks because that is difficult when you're stuck in class year after year after year with some students who can't always be nice. You make a good point. What is a step that parents can do for their children to help the situation?

Dr. Rory Stern

Alright. So...a step...

Erin Matlock

A step.

Dr. Rory Stern

I'm going to offer a bit of a framework and a mindset. The first thing you want to do. You know what? Let's back up a second. First off, I'm going to tell you that when I hear ADHD, when I talk about ADHD, when I refer to ADHD, I do not see it as a deficit, disorder, or illness. You need to know that about me right now. Yes, it's labeled and named as a deficit and a disorder. You know, Attention Deficit Hyperactivity Disorder. That makes me cringe because, again, there's that negativity.

There is no set rule that if you have ADHD you're not going to amount to anything in life. It's not an if-then statement like a lot of other cut-and-dried medical diagnoses. ADHD is a multi-faceted condition that impacts so many different arenas of life and so many different parts of our personality, and our quirks—there it is again, Erin—our quirkiness. If you gave me a hundred kids with ADHD and gave me all the same kids with all the same exact symptoms, I'm still going to have a hundred different cases, a hundred different approaches, a hundred different ways of looking at ADHD.

So the real key is, this is your mindset; this is your framework: differences. We're talking about differences. A child with ADHD, an adult with ADHD—everything is differences. Follow me. Okay? A person with ADHD, they see the world differently. When we see the world differently, we take it in

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differently, we interpret it differently, we react to it differently, we respond to it differently.

There is nothing wrong with how people with ADHD respond to the world. None whatsoever. People love this. This is awesome. One of my ADHD-like characteristics: I have no filter.

Erin Matlock

Right.

Dr. Rory Stern

I have no filter. I say what's on my mind. You ask anybody who knows me close, they will tell you, "Rory, Dr. Stern, the one thing I love about you is that I know where I stand with you all the time. There are no games. There is no hiding. There is no beating around the bush. It's cut and dried with you." I tell it like it is. And I don't see that as a problem. It's usually a problem for other people! So, again! Differences!

Did you want to...?

Erin Matlock

I'm just agreeing because I know you. You're so right. You have no filter and I love that about you. I know Alex does, too—who put us in touch—but I will tell you that I love what you just said. It's not your problem. It's other people's problem and that's true.

Dr. Rory Stern

I feel compelled to share a story and then I'll get back to this framework and stuff that people can take. I promise.

Erin Matlock

Sure.

Dr. Rory Stern

My first year in graduate school—every year I was in graduate school, because I did not go to a PhD program—PhD program means lots of research. I went to a Doctor of Psychology program. My initials are PsyD. That's an emphasis on clinical work. I was in the trenches doing work every day while studying. My first practicum—aka mini-internship—I go my first supervisor's review and everything

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was glowing. I'm sitting in his office. Now, granted, here I am more on the ADHD-like characteristics. This guy—God, there is no confusing this man for not having ADHD. There was just no way. Very journalistic. Very reporting the news. Very dry. Bright mind, but just totally not ADHD. Not the life of the party, AKA.

So he goes, "Rory, there is one piece of feedback that I want to give you. Everybody I come across says you're gruff, but they love you." And I'm like, "Oh, of course they love me! I'm me! I'm great!" I'm sitting there, I'm like, "Okay, so what's the problem?" But I've never heard this word "gruff" before. So, I was like, "Well, what do you mean?"

He said, "Well, you kind of just put it all out there for people. You don't seem to really care who you're saying what to. You just do it." In that moment, my eyes popped open. I'm like, "Yep! That's me! I don't see how this is a bad thing. This is a perfect evaluation. Yay, Rory!" I mean, it's just one of those things where it's like, "Yeah. I'm quirky. I'm different. I'm gruff. But everybody seems to like it."

So, you don't have to fit the mold. That's what I want to share with you. You don't have to fit the mold. You don't have to be like everybody expects you to be or how you think people expect you to be. You certainly don't have to be like society wants you to be and I will encourage you not to be like how society wants you. We don't need more sheep. We need more free, radical thinkers.

Dr. Rory Stern

But that's not why we're here again. So let's go back. What's the step that I can give you? Go back to differences. We're talking about difference. That's why I told you my definition of ADHD is, is that it's just about differences. So, you want to look at your child. Look at yourself, or your partner, and think in terms of differences.

The best way to understand, "Okay, Dr. Stern, what are we talking about here?" If, let's say you have, hopefully, more than one kid. That will help the example, but if you have one kid, you know friends who have kids or more than one kid. The bottom line is, we don't look at our children and say, "Well, yeah. That one sucks at that, and this one's no good at that, and that one's just plumb stupid." No, we don't do that. At least I hope you don't do that. God, I hope you don't do that.

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Erin Matlock

Right.

Dr. Rory Stern

Ultimately it comes down to—well, my son likes to do things this way, my daughter likes to do things that way, and my other daughter likes to do things another way. You know, to give you a more concrete example, I have three children. You know, being who I am, I'm probably more in tune to or aware of these things than a lot of other people.

Erin Matlock

Sure.

Dr. Rory Stern

But, I want to also believe that most parents will be able to nod their heads with what I'm about to say. Most parents can identify in their children very, very, very early on in life—I'm talking weeks, months—you can identify what they are really, really, really good at. Like, I can tell you right now, unequivocally: my oldest daughter—now eight years old—she's an artist. She's a performer. She has always been singing, dancing, coloring, into crafts. That's just who she is.

My son—you know I had to have a second child, really, to fully understand this and appreciate it. My son is rough and he's all over the place. He's a boy. He's boy! Total boy! But he's a problem solver. I remember, he was—I don't know—he started walking around seven or eight months. Somewhere in that area, he would, if he couldn't get—we had a glass siding door. He would want it open, so I would lock it. Of course, he's not tall enough, so what does he do? He pushes something over against the door, climbs up on it, and opens the glass sliding door. Unlocks it, opens the door and goes outside on our back patio.

Erin Matlock

Of course he does!

Dr. Rory Stern

Not even one year old. He's a problem solver. Okay? My son, even to this day—he's almost six—my son, those childproof locks? My daughter could never get them open. My mother-in-law struggles to get them open. You know the little door handles you put over the knobs?

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Erin Matlock

Yes.

Dr. Rory Stern

Okay? My son would just walk up and just kind of hit the sweet spot and they would just fall. That's just him. Baby proofing does not work with him.

My youngest. My third. First off, she's a little bit of a problem solver like him. Not so much. Somewhat of an artist and singer and dancer and bee-bopper, like my first. My third: sometimes I refer to her as the cartoon character spawn. She has a mind of her own. She does what she wants. She comes with a really rough attitude. Okay? We're talking about a toddler. She is a toddler and she has an attitude. A mind of her own: persistence, dedication, and devotion.

That's how my kids are different. I don't see any of them as having a deficit or lacking skills in certain areas. That's how I choose to see them. Now, could they someday meet the criteria for a diagnosis? Sure. I don't know. But they've got me as their parent. They're certainly not going to get labeled. Man, I feel bad for their teachers and stuff...

Erin Matlock

I do too!

Dr. Rory Stern

Because I'm just not going to tolerate it. That's another key. There is a hidden secret to what I'm saying. You are your child's parent. You are their advocate. You're the one that sets the tone. No one else. You don't have to go along with what everybody else says! Now, listen. Of course, there is a fine line here between being a strong advocate, knowing your child, fighting for them, advocating for them, and being a total narcissist who's completely out of touch with reality. Okay? I guess I'll go there because some of you might be scratching your head going, "God, this guy's really full of himself." In a way, yeah. I'm just very confident in how I see things.

So, that's the big first step is really looking at things as differences and explaining differences. You know, if your son or daughter—I had a client who had four daughters. Three of them all were able to take the dirty laundry, pick it up and put it in the hamper. The one that I was working with specifically, this daughter, no matter what, liked to take the clothes, throw it at the laundry door and leave

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it there. She would not put it in the basket. This was a real problem for the mom, especially "how do I explain this to my other daughters?"

We got to this point by saying, "Well, one of them likes to do the dishes. This one likes to set the table and put the table cloth down and the plates and the glasses and the silverware." Well, there you go! They have differences.

Erin Matlock

Wow. I can use that with some adults that I know and the clothes hamper! [laughter]

Dr. Rory Stern

Exactly! That's what I'm talking about. I specialize working with children because I love kids. I believe in kids. I believe that kids are totally misunderstood. But, yeah. My stuff applies to adults. It applies to you. It applies to me, Erin. I don't have a great big secret. We talked about this. I am a self-development, self-growth, personal development junkie. I believe that if we pay attention to positives and build on our strengths, we can have a lot of fun in this world.

If you focus on the negative and you're weaknesses and your areas of improvement, which is just a nice PC way of saying weaknesses, because we don't want to offend anyone anymore. You're not going to get anywhere if you focus on what you're not good at. Focus on what you're great at; what you're phenomenal at. Work to improve it. Find ways to collaborate with people who do things better than you in your areas that need improvement or your weaknesses. That's what it's all about.

Erin Matlock

It's interesting, because we do have that tendency, I believe, as human beings, to say, "Well, I do it this way, so my partner, my child, my friend, my colleagues—insert whoever you want—should do it this way because this is the way that makes sense to me." In reality, we all have our own way, and it doesn't mean we're trying to be difficult or we don't care or don't respect our parent or our child or our partner because we're not doing it their way. We just have a different way of, like you said, putting the clothes up or putting the dirty clothes in.

Dr. Rory Stern

Let's talk about more quirkiness: adults. Let's just talk quirkiness, okay? I mean, I have a certain way of loading the dishwasher. I have a certain way I like my dishes done in my house. People come to

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visit. They try to be nice. Please get out of my kitchen! Please don't load my dishwasher! [laughter] When I come to your house, I promise I won't try to do the dishes at your house. I'll be happy to clear the table. I'll be happy to scrape the plates clean into the garbage if that's how you want it. But when we're at my house, stay out of my kitchen!

Don't do my laundry. Don't dry my clothes. I fold clothes one way. My wife folds them another way. When we first got together and didn't know that about one another, we drove each other batty because we both did it our way. Eventually we learned, "Hey. You do things one way. I do things another way. Great! We're both awesome people."

Erin Matlock

You know, it's true. It's just allowing the other person or the other people to be their own person. Sometimes I don't know why that's so hard. Why do we sometimes, or for some of us, all of the time, need people to do things our way?

Dr. Rory Stern

That's where the psychotherapist in me comes out. It's simple. It's a control issue.

Erin Matlock

Ahhh.

Dr. Rory Stern

So many of us like to have control. Think about it.

Erin Matlock

Okay.

Dr. Rory Stern

We don't really have a lot of control in life.

Erin Matlock

No. You're right. We don't.

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Dr. Rory Stern

We just don't. We have the illusion of control, so we like to have as much control as we want. I'm not really a metaphysical peace, love the world, law of attraction type person—not that there's anything wrong with that! But you know what? We are individual beings strapped on a planet, spinning around the cosmos at lightening fast speed. We're here because of gravity. We don't have any control over what happens to us, really. I'm looking out my office window at my car. We don't have control over our car. We think we do. But we alone, with that control, can't stop accidents from happening. Someone could hit us, God forbid.

So we don't really have a lot of control. So, we have the illusion of control. Lot's of people cling to that control and, in fact, that's what leads to a lot of problems. We'll bring this back to ADHD differences in behavior. We're fighting for control. A lot of times, you can get in a silly, silly argument with your child. Typically it's over control. Who's right? Who's wrong? How you see it my way, their way, this way, that way. Ultimately, we argue over stupid things and it turns into, "Well, I'm the parent, you're the child. Deal with it." We just want control. We just want to know that we've exerted our super-human ability over a living breathing soul to be like, "Ha, ha! Go clean your room, now!"

Erin Matlock

You explain it so easily. You make it seem like it'll be an easy choice. I'm going to have to remember that.

Dr. Rory Stern

No. You know, I'm making light of the situation because, honestly, there are so many things going on an so many different moving pieces.

Erin Matlock

There are.

Dr. Rory Stern

The reality of the situation is that we're talking about really serious stuff, here. We're talking about people who struggle, whether it be parents, whether it be adults with ADHD, whether it be a child. There are people who do really struggle. This is serious stuff. I'm trying to bring a little levity to the situation to lighten it up. But, yeah. The reality is, these are real things. I bring up, "Go clean your room." It's big deal for a lot of parents. We're trying to shape our children. We're trying to pass on

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values, beliefs, morals, expectations, and societal demands. Okay?

So, I make it light because, number one, you mentioned earlier that these are adult decisions and things happen to us and life opportunities and we grew up. I haven't grown up. I am nothing more than a child stuck in a man's body who happens a doctorate who speaks to people and helps them. But I'm a goofball at heart. Yeah. I make light of the situation, but the reality is, we're dealing with some pretty serious stuff and I'll make light of it in this conversation, Erin, because I'm with you and also because it illustrates something.

A lot of times, we get caught up in stressful situations, making bigger deals out of things than they really are because of expectations. I often say, "unrealistic expectations." I'll give you a for-instance. I gave a talk the other day. As a result of it, a mom messaged me and said, "Dr. Stern, can we find a time to talk." I'm like, "Okay." I'm expecting "Boy, this was pretty quick. What's going on?"

Well, she starts telling me about how she homeschools her children and they're really good at home, but then they go to church and church classes and this one son, he lies on the ground and he doesn't sit still and he doesn't sit like all the other kids.

And I'm going, "Okay, where's the..." I'm asking myself—the clinician in me, the therapist is going, "What's the problem? What am I missing?" So I'm asking questions. I'm inquisitive. I'm waiting for the other shoe to drop. I'm like, "what hasn't this mom told me?" I go, "Okay. Well..." And what was bothering her, was she wants her son to sit up, not lie down on the ground.

So, "Okay. We can look at it behaviorally and try and understand it," I said. "But we're missing something here." She goes, "What's that?" I go, "Have the teacher's come to you? Are people complaining? Is he distracting in the classroom?" "No! I just don't think it's right!" I was like, "If he's not getting in trouble, let him be!"

Erin Matlock

Leave him be.

Dr. Rory Stern

Leave him be.

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Erin Matlock

Leave him be.

Dr. Rory Stern

He's not distracting the kids. He's not distracting the teacher. He's not upsetting the teacher. I come to find out through our conversation, the teacher sometimes even lies down on her back!

Erin Matlock

Oh! Does she?

Dr. Rory Stern

And I'm not sharing this, you know, I'm not sharing this to make light or insult the person who brought this to me, because this is the perfect example of what we were just talking about, Erin. The fact that I'm making light of this conversation right now, but there are people who have real frustrations and struggles and challenges.

Now, you mentioned earlier my Facebook group, and it's a really, really powerful community. It's amazing to see over the years, over time, despite how big we've gotten, how many people are there day in and day out offering positive support. One of the things I hear most often is, "Wow. I'm not alone!" It's like, "Yeah, you're not alone! Do you see how many people are part of our community? Have you paid attention to the..." And I'm not being rude here. "Have you paid attention to the fact that four to ten percent of children across the globe specifically here in the US, where I'm based, are being diagnosed with ADHD? You are not alone."

But yet people feel that way because, for whatever reason, everybody who has an opinion feels entitled to have an opinion. Everybody with an opinion who's heard about ADHD thinks they understand ADHD and now you get all this negativity and again, you fall into that darkness of "it's a disease. It's a deficit. It's a disorder. It's an illness." Whoa, Whoa, Whoa. Let's pull you back out from there and let's take a look at what's really going on. Differences. Your children. Yourself. You're unique. You're different. It's okay. I promise you it's okay.

Erin Matlock

That's some powerful stuff. I want to interject here and just remind people, if you want to go to Dr. Stern's Facebook community, it's [Facebook.com/helpyourADHDchild](https://www.facebook.com/helpyourADHDchild). I'm on there, too, and

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your posts always show up in my newsfeed and I am always amazed at how much interaction. It's not just posts and nobody is listening. Your community interacts with each other and they help each other. And you're always initiating conversations and I love when you submit questions from the community. You say, "Hey, community members. We need help. One of our parents is going through this. Can you suggest something for them?"

Dr. Rory Stern

It's really...I'm very, very proud of that community and not because it represents me. I'm proud of it because of what it's turned in to. I set out to start...I educate people and I speak and I work with clients all over the world because, as I said earlier: not on my watch. Kids are not going to fall through the cracks or be misunderstood, misguided or mistreated on my watch. I started my work because I wanted to make a difference and reach people and this page is just an extension of that mission and that vision and that strong desire. Again, I'm proud of that page, not because it has fulfilled my dreams. It's gone far beyond anything I could ever imagine and when people thank me for that page, it's just like, "I'm not doing anything. I'm merely here as your guide to help you. I thank you for being here and making it what it is." It's so amazing. I'm getting tongue-tied, because it's just really that powerful.

Erin Matlock

It is. It's a great resource. I want to circle back for just a minute. I, being a former teacher, my mother is one of the most gifted educators I've ever known. She's retired now. So, I love teachers and have a lot of friends who teach and I want to ask you, because teachers often get their hands tied. There are legal issues. They have to follow rules at the school. We have things like IEPs and allowances for certain children and the word is escaping me, but teachers need to follow certain structure for certain students. My question to you would be, just for one tip, what would be your tip for a teacher listening today to maybe think about the children in their class who have a label of ADHD differently?

Dr. Rory Stern

Yeah. You know, I'll tell you this: I love teachers, too. I'm married to a teacher. Sometimes people misinterpret what I say, especially when I talk about schools and teachers, that I'm speaking negatively. I love teachers. I could not do what they do. I tell you that right now. I just couldn't. I can get up and speak in front of thousands of people in a live audience, no problem. Lead a classroom of 12, 20, 30 kids? No way! No thank you! So, I love teachers. I admire them. I respect them. They are

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some of the hardest working people I know. They certainly don't get the recognition they deserve financially, or non-financially. Just the recognition and support of the community and people. So, teachers. What can they do? Listen, I tell parents all the time: "be proactive. Go in to your teacher, your kid's teachers. Introduce yourself. Tell them what concerns you might have and then shut up and listen." I don't ever really tell people to shut up. I just say, "Go in and listen. Listen to the teacher. Find out what the teacher has to say. What is the teacher's experience with kids like yours?"

And I will always warn people: parents, teachers, everyone. Never go into a situation and say, "My kid has ADHD or so and so has ADHD." Because what you've just done there—we've talked about control—what you've just done there is given control to the other person because ADHD doesn't mean anything. What you think about ADHD certainly doesn't translate to what somebody else thinks about ADHD. So don't just go in and say, "Yeah. My child has ADHD." Whoa! Because now you're playing in to that person and we don't know what that person thinks.

So, you want to be specific. "My son has a really difficult time paying attention in class when.... My child has a difficult time sitting still during lectures on...." Give me specific behaviors.

So now, let's reverse it, okay? Teachers, what can you do? Well, again, you've got a hard, hard job. You're not just responsible for one or two kids. You're responsible for a whole lot of people. The things that I will really, really, really beg of teachers, is number one, is to remember your position of power. The parents do see you as an authority figure so there could be some loss in that translation when they're trying to talk to you. They could be a little nervous. They could be a little scared. They could be really, really, really angry and frustrated and it might be taken out on you, because I know that happens a lot. I hear from my clients about how angry they are with their teachers. So, you know, just one thing to keep in mind.

The next thing is to really, again in these conversations, keep in mind that parents may not know—especially if they're not working with me! Let's face facts! Parents don't really know that they can come to you and try to see you as a team player. Again, I tell parents, "Ask the teacher: How have you worked with students like this in the past? Are there any things that you have to offer me that I should be trying at home?" Again, take the reverse of that. "Mr. or Mrs." Teacher, ask mom and dad, "How do you handle so-and-so at home?" You might be surprised, "Well, we really don't." "Well, are there some things I can suggest to you?"

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Look at it as a team position—a collaborative effort—and I think you'll have a lot more success in communicating with the families, because a lot of parents do come in with a chip on their shoulder. They're very angry. They're very fed up. That's what we see. But then understand my job here. They're scared. They're worried. They don't know what to do. And what do we do when we're scared, worried and don't know what to do and we feel like our backs are in the corner? Out come the nails, the teeth, the claws.

Erin Matlock

Absolutely.

Dr. Rory Stern

So, those are the types of things. If you're wondering, "Gee, is that enough?" Yeah! You'd better believe that's enough!

The only other piece of advice I'll offer, and I feel like a lot of teachers know this, especially the younger teachers we're training and developing. Again, remember the differences. Remember that approach as you're working with children. A lot of times I find that we take it for granted that kids learn in different ways. So it's our job as parents, as adults, educators, professional leaders, to figure out how does this child learn? What do I need to do to connect with that child?

And, I'm remembering one really huge important thing that just popped in my mind and I want to let all teachers know this. One thing that I need you to know: I hear this from my wife and I love it and I experience this as a therapist. A lot of times your kids in your classroom could be acting out—and I hate that term—but they could be acting out behaviorally because they feel like their life is so out of control, or so dark, or so horrible, and you might just be that one person, that consistency, that rock in their life who they see every day.

If you notice something going on with one of your kids, pull them aside. Instead of lashing out—and again, I'm not trying to be negative about teachers. I love you. I admire your work, your passion, your dedication, your sacrifice. Pull these kids aside: "What's going on? Is there anything you need? Is there anything I can do?" You might be the only person in that kid's life who cares enough to ask. That is far more valuable than anything else, in my opinion, that you can teach them.

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Erin Matlock

That's good. That brings me way back. I know we all probably right now are thinking about teachers in our childhood that made that difference because they made that connection with us. I think every one of us has a teacher who created a defining moment in our childhood. It's so powerful. I think you may have answered it, just now, but I do want to follow up with one more thing. You mentioned something about children feeling like they have no control. What would be a way for either a parent or a teacher to take a step to give children a feeling of control? I mean, that's a huge, open-ended question, but just one thing?

Dr. Rory Stern

Well, that is honestly a huge question and it's actually really simple, so I'm glad you asked it. Again, remember that we talked about illusion and we've talked about control, and specifically the illusion of control. One tactic, this can go both ways, Erin. One tactic I share with parents is the same tactic I'll share with teachers. Give children the illusion of choice. You can either A) go pick up your room and clean it or B) you can go to bed. You're giving them two choices. Both of which are win-win for you, but you're letting them make the decision.

It's like the parents can say, "What do you want for dinner tonight?" That's a huge question. But if you say, "So, are you going to have chicken or mac and cheese? What would you like?" "Well, I want a hot dog?" "No. It's either chicken or mac and cheese." That's the example. So when you're in the classroom, give them choices.

Erin Matlock

I like that. [Crosstalk]

Dr. Rory Stern

Help them feel...

Erin Matlock

I'm sorry. I just talked right over you. But I like it because you're still maintaining your control as the adult, as the parent, or as the teacher because certain things have to take place during the day or during the evening, but yet, during the day, you're giving your children choices so that they do feel they have some control over their life.

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Dr. Rory Stern

That's basically it.

Erin Matlock

Yeah! It's beautiful. It's a loving thing to do.

Dr. Rory Stern

Yeah. You give them choices. Now, again, let's be realistic. This is not some Disney fantasyland fairy tale where the glass slipper fits and the prince kisses the princess and she wakes up. It's not going to be this cut and dry. I'm giving you tried and true, time-tested strategies and information and advice. But by no means am I trying to sell you on the dream that this is going to be one, two, three magic. It's not that at all. This is going to take time and you're going to probably want to pull your hair out and bash your head into a wall or whatever else you imagine yourself doing to get rid of that stress. It is not going to be easy. It's going to be hard, but these are simple, basic things that if you start to use, it will start to get better.

Erin Matlock

I like it. It's good stuff. I have one question we didn't get to, but I wanted to cover it before we leave today. I hear a lot about ADD and ADHD and now we're not supposed to use the term ADD anymore. I know you don't like labels, but can you explain the difference?

Dr. Rory Stern

Absolutely.

Erin Matlock

Okay. Thanks!

Dr. Rory Stern

I don't like to use labels generally and figuratively speaking, but at the same time I am very much a realist and I understand that they do exist and they are out there, so this is a great question, Erin. Because there is so much confusion about it. ADD: Attention Deficit Disorder. And you've got ADHD: Attention Deficit Hyperactivity Disorder. The majority of people for whatever reason—and a lot of it is the media, society and even my own brothers and sisters in the medical community—people think that ADD is ADHD without the H meaning that their child has Attention Deficit Disorder, no

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hyperactivity. Simple enough. Makes sense.

But the reality of the situation is they are the same exact condition. ADD is a term that we should not be using any more. There is a book called "The DSM" or "The Diagnostic and Statistical Manual of Mental Disorders." It's our checklist, cookbook if you will, of how we make diagnoses in the medical and mental health world, specifically mental conditions. We are now at the DSM5.

There was a DSM3 back in, I think the early to mid—I think the early 80s, that we named everything Attention Deficit Disorder. Even if you were hyperactive, you were Attention Deficit Disorder. Later on in the 80s, early 90s—I'm forgetting my history lesson right now—the DSM4 came out and it changed to Attention Deficit/Hyperactivity Disorder. But we don't really print the T-shirts and the labels with AD/HD. It's now just become ADHD.

We further classified ADHD with three subtypes: ADHD primarily hyperactive impulsive, ADHD primarily inattentive type, or ADHD combined type. But no one is walking around saying, "My son or daughter has ADHDPI, primarily inattentive." nobody says that. So we toss around the words ADD, ADHD. We think they mean one thing. They really don't.

I'll be honest with you. In the grand scheme of life, I don't care what you call it. Okay? But I do want you to be educated and know that there is a difference, because I actually have people who fight with me. Talk about control! Remember we talked about that earlier? People will fight with me! They will question my credentials as a doctor and an ADHD expert because I'm telling them that ADD and ADHD are the same thing. It really, really gets under people's skin. Just don't be like that! Let's just be friends!

They're totally the same thing. They refer to the same thing. They're just different iterations of the same condition and I'll leave you—well, I won't leave you with this, but I'll let you know: did you know that before it was ADHD and before it was ADD, it was Minimal Brain Dysfunction and then before that, it was Minimal Brain Damage.

Erin Matlock

Oh, I did not know that!

Dr. Rory Stern

Okay? So, again, these are names! These are labels! We don't want to talk about labels. We don't

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want to talk about deficits, or disorders, or illnesses when it comes to a child with ADHD or ADHD-like characteristics. We want to talk about differences.

Erin Matlock

Hmmm. I like that. I do. I want to thank you so much for spending about an hour with us today. You and I can go on and on and on, but I want to remind people of, first, the Facebook community, if you want to go check it out. It's Facebook.com/helpyourADHDchild. Also, Dr. Stern has agreed to hold a special live Q&A call for anyone listening who wants to go over and ask him questions and learn more from him and about his philosophies.

You can sign up for his free call at helpyourADHDchild.com/brain. So, once again, it's helpyourADHDchild.com/brain. And he'll set that up where you can register. He's going to do a free Q&A call. That will give you more time with him and perhaps you'll be able to get your own questions answered from Dr. Stern.

So, again, I want to thank you so much for being here.

Dr. Rory Stern

My pleasure.

Erin Matlock

I celebrate your quirks and I celebrate my quirks and I hope everyone goes away from this celebrating their own quirks, because it's awesome! It's so much more fun to love your differences. Thank you and everyone have a great day!

Dr. Rory Stern

Yeah. If I can add just one quick thing.

Erin Matlock

You can add whatever you want.

Dr. Rory Stern

First off, thank you, Erin. Thank you for letting people know to come to helpyourADHDchild.com/brain. Yes, I'm going to be offering a live Q&A where you can follow up with me. But I also want to

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let people know that it's going to be so much more than a live Q&A, because you are catching me at a time where I am doing some really, really cool and exciting and interesting things that I am introducing for the first time. I will be training you and telling you about those things on that call as well.

So, hopefully, if you're interested in what I have to say, and you like my approach, I would love for you to come and join me so I can share with you some of the new and exciting ways that I will be helping parents all over the world with ADHD so that you can find differences and not the deficit, disorder and illness that so many people have led you to believe your child has.

Erin Matlock

Awesome. One more time, that URL is helpyourADHDchild.com/brain and this is Erin Matlock, signing off!

MARK TYRRELL



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

MARK TYRRELL TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only, and should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create a patient/clinician relationship, and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal health care provider for guidance about a specific medical condition.

My guest today is Mark Tyrrell. Previous to practicing as a hypnotherapist and therapist trainer, Mark worked as a psychiatric nurse. More recently, he worked for the European Therapy Studies Institute, the UK's largest independent trainer of the NHS and social service. Organizing and delivering training in psychotherapy to health professionals. He is particularly interested in treatment for depression and anxiety conditions. He runs a thriving psychotherapy and hypnotherapy practice in Brighton. Along with Roger Elliot, he set up Uncommon Knowledge Training back in 1996, and ran a diploma course for ten years at Brighton University. He now runs hypnosisdownloads.com, the world's biggest hypnosis site, and conducts online training for professionals wanting to use hypnosis as part of their practice. Welcome, Mark! Thank you so much for being here today.

Mark Tyrrell

Oh, thank you for having me, Erin. A pleasure to be here.

Erin Matlock

Well, it is my pleasure. Can you tell us a little bit about your story and how you got interested in hypnosis?

Mark Tyrrell

OK. Well, I think, always, I've been interested in people. And why people do and feel and think what they do. And also how people overcome stuff, you know, adversity. And as a child, I heard stories of my dad when he was a boy. He broke his arm very badly, and he'd gone to the hospital and they had to re-set it. And the doctor had hypnotized him as a boy so that when the arm was reset he wouldn't feel any pain, which he didn't. So that had always piqued my interest, if you like, and then, as you mentioned initially, as an adult I worked as a psychiatric nurse and I worked with people who were deemed a risk to others or themselves. These were on so-called "locked wards," which cared for patients deemed to be extreme, if you like. And I kind of got frustrated because you saw

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the same people coming in and out of the institution. And I always felt that there must be some other way to help people other than purely chemically, you know, with drugs.

So that kind of was what instigated my training in hypnotherapy, which I did back in 1993, which is, unbelievably, twenty years ago--you wouldn't think I was that old, would you? So that was incredible, and I started to find that I was treating people who had very similar conditions, sometimes, patients who were in the hospital. So really traumatized people, addicted people, depressed people, and so forth, and very often getting good results with them. I was even managing to help people through psychological means for things that aren't supposed to be helped psychologically, such as high blood pressure, irritable bowel syndrome, and pain from operations, and so forth. So that was really the instigator for leading me down this path of using hypnosis and training others to do so.

Erin Matlock

How about that, starting right from seeing your father have surgery, and for such a long time ago, to be using hypnosis to help with that surgery?

Mark Tyrrell

Yeah! I didn't actually see him have it because he was only about eleven.

Erin Matlock

So it was when he was a child.

Mark Tyrrell

Yeah, when he was a child. He'd always sort of told us this and this was fascinating.

And also actually, also, my mother went to a hypnotherapist in the early seventies for a flying phobia, and she's still flying happily now. So I guess it was on my mind. And I read lots about it, but of course reading about it and doing it and seeing it done and seeing people hypnotized and seeing how effective it can be are two different things, really.

Erin Matlock

Absolutely. Can you give us a background of just what is hypnosis, and how does it work?

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Mark Tyrrell

OK. It's a simple question, and the answer may not be quite so simple. But it's a great question, and you'll often hear even hypnotherapists saying things like hypnosis is a state of relaxation, or even, we don't really know what hypnosis is, but we know it works, and so forth.

But hypnosis isn't just relaxation. No, hypnosis is a fascinating part of human experience. And it can be described as the state in which people can learn very rapidly and very deeply. And the learning, perhaps, is what certainly is different from consciously learning.

So trances occur all the time. We dip in and out of trances. And I'm reminded of the young fish who went to the old fish to ask what water was. When you're surrounded by something, it can be hard to see, so we can define a trance state as a narrowed focus of attention, first off, in which we pay attention to one aspect of reality and thereby disassociate from other aspects of reality. Sounds quite prosaic, really. And that's where we begin.

So we can define the trance state as that narrowed focus of attention. So there's an element of disassociation with a hypnotic trance, in which wider environmental stimuli are ignored, for the time being. So when we dream at night, that can be seen as the deepest hypnotic trance that we experience, whether you recall the dream later on wakening or not. So when you're dreaming, you're completely disassociated from the context of your wider life, generally speaking. You're disassociated from your bedroom and from the street that you're in, and from the bed. You're not generally aware that you're lying asleep in bed when you're dreaming. So that disassociation is incredibly profound when we're dreaming. And we all dream about two hours out of every twenty four hours, sort of intermittently through the night.

Now, when we direct our attention on memories or ideas or external realities, something shocking happens or surprising happens or fascinating happens, and you narrow your focus of attention, then to some extent you're excluding current physical reality; your focus of attention is narrowing down. So this is a type of a trance state; it happens when people remember stuff. It also happens in psychotherapy, whether the therapist realizes it or not. If you ask someone to think about a memory, happy or painful, then you're inviting them to some extent to disassociate from the immediate reality that they're in. And people will often be glassy-eyed, and there is something hypnotic going on there. But often it's not recognized as such: the fish in water wondering what water is.

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So the most basic trance state is the emotional trance state. Now, the more emotional we become, the more our attention focuses and narrows, and the more suggestible we become. And this is one reason why cults, for example, work to whip up emotions in their followers in order to implant beliefs. [8:26] So, hypnotic trance is all around us and leads us to learn what we need to learn to become and stay healthy in mind and body. Or it can be counter-productive, as when someone enters a terror trance during a traumatic experience, and then is to reactivate that terror all too easily later on in the form of a post-hypnotic flashback. So, paradoxically, trance can be brought on either through extreme emotion, in which portions of reality become disassociated from. But also during profound calm, which is what we tend to use when applying hypnosis therapeutically.

Now as to what hypnosis is—I'm getting there—it seems to correlate with the REM state. I mentioned dreaming at night, in which we all enter deep hypnotic trance. And when we dream, we enter what is known as the REM state, the Rapid Eye Movement state; the eyelids are flickering from side to side during dreaming, very rapidly beneath the eyelids.

Now, we also see this happening in hypnotized subjects, and in fact, an old-fashioned way of inducing hypnosis, which is too much of a cliché to use, I think, now, was to swing a watch from side to side. And this is a way of artificially inducing a REM-state dream, waking. Now when we dream, our anti-gravity muscles become immobilized and we experience what we call catalepsy. And that happens so we don't physically act out our dreams. If I'm dreaming of being Superman on a summer night, and the window's open, I don't want to be leaping out of bed and diving out the window as Superman.

So the dream has me cataleptic; I might be free to move my hands and arms, but I'm not actually moving fully. And again, during hypnosis, you can either ask someone to become cataleptic, or they will quite naturally, to some extent. And again, when we dream, we visualize--and also experience--sound, touch, taste, and so on. And our imaginations become activated by our subconscious minds. And again, this occurs when people are hypnotized, so in short, hypnosis is a way of accessing the REM state when people are awake.

Erin Matlock

It does sound like something out of a movie, doesn't it? How does this differ from someone going into a meditative state?

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Mark Tyrrell

That's a good question. I mean, I hypnotized somebody yesterday who needed help with an emotional problem. And afterwards, she said, "Oh, it's very much like meditation." But in a way, it's meditation plus. And what I mean by that is—and I'm not talking about any spiritual uses for meditation, I'm talking psychotherapeutically here—you know, meditation in and of itself can be very therapeutic because it calms everything down, which is therapeutic in itself. But with hypnosis, you are actually seeking to use the state for something very specific, with hypnosis applied clinically. So you don't tend to use meditation to de-traumatize someone who's been traumatized in a war zone, for example. But you might use hypnosis to deal with that or to help someone overcome smoking, or alcoholism, or whatever it might be. So it's using the state very specifically, that's what I would say. But also natural, everyday hypnosis: you might see anger as a form of hypnosis, and that's certainly different from what we think of as meditation.

Erin Matlock

Sure. What about—I hear these two terms: hypnosis, and then I hear self-hypnosis. I realize one means we have a facilitator, a therapist facilitating that session; one is on our own. What is the difference between what I just said, and what's the difference in the outcomes?

Mark Tyrrell

And that is another excellent question, and I don't think there's really been any sort of research done on the efficacy of whether somebody uses self-hypnosis as opposed to having a facilitator work with them. And again, we might say that in reality, all hypnosis is self-hypnosis. But it certainly can be more directed. And really, what you're doing there is if you're using it for yourself; you need to know exactly what you're trying to get from him. And you need to maintain perhaps more conscious awareness when you're using self-hypnosis, which can interrupt the trance state.

So, in my experience, it's better, if you're using self-hypnosis, to have a general sense of what you want to achieve, and then just go into hypnosis and let your unconscious mind sort it out, in a sense. You know, it's a little bit like—if you've ever had the experience, Erin, if you're anything like me—where you can't remember someone's name. You're talking about a movie that you liked with someone, and you're saying, "Who's in it?" And because you can't remember it, and amnesia is infectious, now they can't remember anything. Can't remember it. And then you forget about it. Your unconscious mind hasn't forgotten about it. So you kind of give yourself a post-hypnotic suggestion to remember it. Now, usually you remember it and you feel like phoning a friend, you know it feels

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like a relief to remember it, although it's not that important.

That would be an example of an everyday hypnotic phenomenon. You've given your unconscious mind a task, and then it does it in its own way. So rather than doing self-hypnosis and saying, "I am going to be fantastic at the presentation tomorrow," or "I'm going to be so relaxed on this date," or whatever it is, we have a general sense when we go into hypnosis of what we want our unconscious mind to do for us. Now, when someone else is facilitating, they can be a bit more specific than that.

Erin Matlock

So we can actually set ourselves into a sort of a trance state; maybe not a state, but be more receptive to our own suggestions, just maybe by some positive, self-affirming talk?

Mark Tyrrell

Yeah, absolutely! But you've got to believe it. And also, self-affirming talk tends to be a conscious thing; you're consciously thinking about what you're saying to yourself. Whereas, the hypnotic mind, or subconscious mind, can actually give you the experience of actually being more self-confident in a situation so you have experience of it before you have experience of it, if that makes sense. Because words can just be words, and if you start to say words over and over again they can start to feel that they don't have any meaning at all. Whereas experience is different. Say you have an inner experience in hypnosis. For example, someone comes to me because they're terrified of public speaking, and they have the experience in hypnosis deeply of feeling calm and flow and dynamic when they're speaking, then they've got that memory. They know it hasn't happened in reality, but a part of them feels, "Well, yes, we've done this before." So they're more likely to feel like that in real life. That's different from just repetitively saying—you know appealing to your conscious mind, saying, "I am this, I am this." Battering yourself over the head, as it were, with conscious suggestions.

Erin Matlock

You know, Mark, when most of us think of hypnosis—I know I do this, too—we think of the magic shows, and the magician onstage, and he's brought people up from the audience and, as you mentioned earlier, he's got the watch, and it's swinging. . . . It's kind of this silly entertainment, and I think it's given hypnosis a little bit of a bad rap. How is what you do in hypnotherapy and hypnosis sessions different from what these magicians are doing onstage?

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Mark Tyrrell

Ok. Well, first of all, we're not doing it for entertainment, you know. Some of the principles are similar, but without the silliness. In a way, it's a shame because it can serve just to increase one level of skepticism and decrease genuine curiosity as to what might be behind the myth. It's as though people were only interested in penicillin for the way it looks in the packet, or they think that, because language can be used to curse, that's all it can be used for, and of course it can be used for a lot more than that.

We can see similarities because post-hypnotic suggestions happen all the time, as I said. And I've worked with so many traumatized people who've developed long-term PTSD. Now, the interesting thing about people who have long-term Post-Traumatic Stress Disorder as opposed to the three months or so—which is normal, therefore naturally drops away in most people—is they can tend to be more naturally hypnotic than those, and so naturally get over it a lot quicker. Now, during a stage show, someone with high hypnotizability selected from the audience who might be hypnotized during the REM state and instructed when they come out of the trance, on a given suggestion, maybe a click of the fingers, they'll spontaneously reenter the trance for a few moments and cluck like a chicken, or flow with a broom, or whatever.

Now, I worked with a veteran of the Iraq war recently, who had witnessed death and destruction and was suffering flashbacks. He would be in the street in England and a car would backfire, or he'd hear fireworks—fireworks would go off, for whatever reason—and this, for him, was like the hypnotist clicking his fingers. He'd reenter the trance and feel like he was back in the war zone. You know, he'd feel, smell, hear, touch, taste the reality of the war situation. And that is what happens in a stage show, but in a different context. Because this is a different context; people don't really see it as a hypnotic phenomenon. So use hypnosis to change the effects of previous hypnosis, if you like, brought on through bad life experiences.

But certainly, when you look at the stage show stuff, it can be impressive. But what that person has done, the magician, is to select people for hypnotizability, but also for personality. So it's people who might tend to be more extroverted or perhaps have a need to exhibit themselves in some way. Or some people will go into a profound trance and just sit there with their eyes closed, and that's not very entertaining for the audience.

So yeah, that's really what's happening there. And, as I said, we all have hypnotic patterns to lesser

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or greater extents, but it's easy to do with the hypnosis stage shows, somehow nothing to do with everyday psychology because it seems so different. But actually, it's bringing out everyday psychology in stark relief. But in such a weird way that it puts lots of people off actually investigating hypnosis to actually find out what might actually be there.

But I mean hypnosis can be incredible and seem really weird; people can have major operations with only hypnosis as an anesthetic or analgesic; they can feel calm in place of terror, they can change their moods, or increase immune function, heal quicker, regress to another age, progress through time into a sense of the future, experience amnesia, change their depressive expectations to more hopeful ones, or impairing ones, and so forth. Blood flow can be encouraged to be diverted away from warts, to the point that they drop away. So things that we can't normally influence, or think we can't, can be greatly influenced during the hypnotic trance. So the stage show—I don't really—I've done plenty of hypnotic demonstrations during workshops, publicly, that tend to the more stage-showy side of it.

Erin Matlock

Great! Your participants aren't clucking like chickens?

Mark Tyrrell

No! I mean, some people might want to do that anyway.

Erin Matlock

Well, you never know!

Mark Tyrrell

They might have to be treated for it. But, you know, I haven't got people to cluck like chickens. Yet. Or I haven't got chickens to behave like humans either, so . . .

Erin Matlock

Ah, there's a show, right there!

Mark Tyrrell

Yeah, that would be something different!

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Erin Matlock

Get on that. Well, you touched on this a little bit earlier, but that was one of my questions: Does hypnosis work for everyone, or are some of us actually wired better for it?

Mark Tyrrell

Well, some people are exceptionally hypnotic and others less so. There is a variation. Anyone who can experience strong emotion, that kind of demonstration, their mind can focus very, very sharply. Or anyone who can concentrate, focus, tends to be good at going into hypnosis. People who have a rich inner life, if you like, tend, again, to be very good subjects. Sometimes people are very analytical, and they're analyzing everything.

And I think the strength of being an adaptive hypnotherapist is flexibility. So we teach our students to not just apply the same old inductions on everybody, but to specifically tailor their induction for the unique person that's in front of them. Sort of like if I'm talking to a smoker about being in nature or being in a beatific place; that may or may not appeal to that particular person. But if I talk to that smoker about the reality of smoking as a gateway into a hypnotic experience, invariably, they know how to smoke, even when they're not smoking.

They connect sensation with the sensation between their fingers, of the cigarette coming out of the cigarette box, and the weight of it on the mouth, and the sound of it lighting, the smoke in the air, the heat in the mouth, and drawing down into the lungs. And no smoker has a problem accessing that when they're not smoking. So what you're doing there—I'm not suggesting, because it can make it seem more attractive—but that would be a way of hypnotizing somebody that appeals to the way they already focus their mind, anyway, if that makes sense.

So you can hypnotize more people the more flexible you are. That's really, really the way we use hypnosis—or the way we teach our students to use hypnosis—is by being extremely flexible. We call it utilization principle. Built into every doctor Milton Ericson, who's also a psychiatrist and a medical doctor, perhaps the leading pioneer of this utilization technique, or approach, in psychotherapy and hypnosis was very keen not just to promote ideology, but to actually work from the unique perspective of the patient or the client coming to see him.

With our downloads—you know we have hypnosisdownloads.com, we've got 800 downloads—and of course, you can't tailor it to the individually unique person because you don't know who's listen-

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ing to them, but you can be as artfully vague as possible as to allow for lots of possibilities of response, if that makes sense. So it's a different way of communicating.

So, yes, some people are highly hypnotizable, some people are less so. But it seems to be that people who are prone to addictions or phobias or post-traumatic stress disorder are naturally hypnotizable anyway. So that's partly why they've got those conditions, potentially, so that means they're, fortunately, quite easy to treat using a hypnotic approach.

And why we use hypnosis therapeutically is because, you know, we need to deal with the feelings of the situation. So cognitive behavioral therapy or cognitive therapy is very big on the assumption that you need to change your thinking in order to change the emotions. And to some extent, that's certainly the case. But we have more connections from the emotional centers of the brain up to the thinking areas than we do the other way around. So with hypnosis, you can actually change the way someone emotionally responds to something so that thinking kind of follows on.

You know, it makes sense that emotions respond quicker than the speed of thought because they have to do with survival. So if there's a sudden bang next door, if there's a sudden explosion, you don't think, "I wonder if that was a gas cooker exploding, or a bomb?" and then feel frightened. You get the fear first, and then half a second before you think, your brain kicks in. So, you know, Antonio DaMassio, professor of neuroscience, has written books about the way the emotional mind works, and certainly we're very interested in that. And applying hypnosis to the feelings that people have, not just the thinking.

And it's also important to say that hypnosis is a delivery system. It's not a therapy, it's not a type of therapy, it's a delivery system for therapy. That's what people sometimes forget, I think.

Erin Matlock

I find that really interesting, actually. One of the objections I hear towards hypnosis is, "What if I get stuck in this hypnotic state and I can't get out?"

Mark Tyrrell

OK, yeah. And again, sometimes you hear this and start talking about the deepest trance that generally people experience is the REM response whilst they're sleeping, which is a dream, in which we forget completely our surroundings and believe completely in the imaginary scenario created by

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our minds as we sleep. But we don't get stuck in these dreams, fortunately, any more than we get stuck in hypnosis. So it's not as much of an issue as people perhaps assume it is, really.

You know, the brain is flexible and it has to change and it has to adapt. But, having said that, if we see some problematic emotional states like flipping into uncontrollable anger three or four times a day, or the addiction trance where someone can only think about what is that fix, and they can't think about anything else. Then, in a way, people can get stuck in those kinds of mindsets, which lead to them flipping back into the symptomatic trance. So that's another way of looking at it.

So sometimes we need to use trance or use therapeutic hypnosis to help people out of other trance states. But as for people actually getting stuck in a trance, long term or short term, it doesn't happen. Sometimes people are reluctant to come out of hypnosis because it's so relaxing. So I can be sitting there and I say, "Perhaps you'd like to open your eyes, before the end of the year." And the person just continues to feel relaxed and calm because they need it so much.

The other thing is, hypnosis isn't a state of unconsciousness. Sometimes people have amnesia afterwards and assume they were unconscious, but when you're communicating hypnotically with somebody, you're still communicating to the conscious mind. It's not like dream sleep, sleep REM, where the conscious mind is much less active. The unconscious mind comes to the fore a bit more, and all the things the unconscious mind can do, that you can't do, like activate the immune response and shut down the pain and so forth, stuff that your conscious mind doesn't know how to do.

So you're communicating both things to the brain. Someone can still think or be analytical or think about what they're going to have for dinner later but once they're doing that, you're communicating with another part of them. So people still have this volition.

Erin Matlock

And that answers my next question, that there's also a fear of losing control because there are trust issues. So if I'm under hypnosis, I'm not in control of myself, my emotions, my body anymore, and someone has this power over me.

Mark Tyrrell

Yeah. People often say to me, "What do you say when people say that?" And I say, weirdly enough,

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that they don't seem to say it that much. But that is what you expect people to worry about: that they'll lose control under hypnosis. And I think maybe one of the reasons that people don't usually mention that to me is perhaps they're really sold on the idea of hypnosis, and that's why they've come along. And also, if someone's really desperate for help, they sort of go down these alleys and they just want to know they can fly on a plane tomorrow, or not feel terrified when they see a spider, or whatever.

So, really, what I would say to someone like that, if they do raise such a concern, I might talk about the fact that we're using hypnosis to give them more control. So people feel out of control when they blush, and it bothers them. Or they have a flare up of IBS, or a relapse of depression, or uncontrollable flashbacks of some horrible assault or something. So that's really what leads people feel out of control, and people do need to feel control in their lives. And feeling loss of control is extremely depressing. And I like to reassure people that what we're looking for here is a huge increase in control, so they can get a handle on the—to use an unromantic metaphor—the control panel of their unconscious mind. And that's what we're going for, more control here.

Erin Matlock

So, if a person goes through a hypnosis session, or maybe a few sessions, how do they know if it has actually worked?

Mark Tyrrell

OK. Well, it's important to understand, again, hypnosis isn't a therapy. And also that it's not a panacea; you know, it's not a magical panacea for everyone, that some people and some people respond and some don't and so on. And sometimes people get hung up on whether they've actually really been hypnotized: "Was I really in hypnosis?" Because hypnosis can feel natural and normal and nothing unusual. Or it can feel incredibly, intensely profound and amazing, like going to another world. But either way, people can benefit from it. So sometimes people call me up and tell me they're amazed. They no longer have their phobia. You know, they saw a spider and they felt fine, or they don't want to smoke anymore. And they're amazed because they didn't feel hypnotized when they came to see me, necessarily. Because they didn't—I don't know what they were expecting, but it somehow didn't accord with their expectations.

Now, some people say the proof of the pudding is in the eating; I don't know if that's an English expression or an American expression. But seeing results. And sometimes they don't want to give you

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credit, which is fine. They'll say, "I'm not smoking, but I don't think I was hypnotized. I know I came to see you, but it's just a coincidence." And that's fine; they've paid you money, you don't need anything else in the way of esteem from them, particularly.

But in the simplest sense, someone will know that hypnosis has worked by its results, and that's really what we're looking for. And if it's not working, then it's not the hypnosis that doesn't work, necessarily, but the way that hypnosis was used for that person didn't accord with their psychology particularly. Some people don't like being given direct instructions or suggestions. Perhaps even the therapist wasn't often enough in the way they delivered new suggestions or whatever.

Erin Matlock

Yeah, I've got to tell you on a personal note, my first experience with hypnosis, I was going through a really severe clinical depression, many years ago, and had been in treatment for several years at that time, and on many different medications. I had gone through different treatment teams and I was starting with a newer therapist. And I really liked this woman, but I was at, really, the end of my rope. Nothing had worked; I'd been hospitalized, and I looked at my life and just thought, "I'm going to be on all these medications forever, and I'm just never going to feel great again because nobody can fix me." And she wanted to try some hypnosis, and I thought, "Lady, you are crazy!" I liked her, but I just thought, "I am not going to be hypnotized; I am in control of myself, that stuff doesn't work for me, it's crazy. . . ."

All those typical responses from someone who's just—you know, I was uninformed. And, as the great therapist she was, she said, "OK, you let me know when you're ready and we can try it we can, and if not, we won't go down that road." And I came in one day, and she said, on a scale of one to ten, she took that inventory: How are you feeling? Ten being the worst, one being you don't need to be here today, you feel so great. And it was a ten ; it was a really difficult time in my journey through depression.

And she said, "Would you like to try hypnosis?"

And I was like, "All right. This isn't going to work, but let's go."

And we went through just one session. And, of course, when she started to exit out of it, I didn't feel anything. Didn't think anything, that I'd "gone under." These typical things that are associated with

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hypnosis. And she said, "OK, let's take an inventory. How are you feeling at this moment, based on your levels of anxiety, your levels of extreme sadness with depression?" And she said a number, one to ten, and I said, "You know what? I feel like a seven." And, to many people listening, they think, "Well, Erin, a seven. That's not cured, that's not so great."

But it was the first relief that I'd had without being completely knocked out through medications. And almost comatose from feeling horrifically depressed from—I'd be so anxious, just panic-stricken. And I remember looking at her, and I thought, "I'll never be that closed-minded again. I will always be open to trying anything, at least once, that can give me some relief."

And we continued in that relationship, doing more work with hypnosis, and I count it as one of the tools that helped me actually beat clinical depression.

Mark Tyrrell

Yeah. That's an amazing and wonderful story. And you see that time and time again. And the thing with clinical depression, or one of the things—you know more than I do—is that it's a state of heightened stress. You know when someone is depressed—you know, they used to call clinical depression nervous exhaustion, and in a way I think that's more apt because it's descriptive, I think. So people don't become depressed for no reason at all; there's generally a big buildup of stress, maybe for several years, and of course, the body becomes exhausted.

Something that's very interesting is that depressed people dream two to three times as much as people who aren't depressed or, as themselves, are a little depressed. And that level of dreaming seems to cause waking exhaustion. And dreaming is trying to process all the anxious stuff that's going on in their head during the day. And so one of the first signs that someone's coming out of depression is that they start to feel more energy, calmer, and better in the mornings, as well. So depressed people don't tend to get the rest they need from their sleep. So it feels like there's nowhere to hide sort of thing.

So yes, hypnosis can be so relaxing, so calming, that it actually enables a person's stress hormone to diminish in the person. You know it's not the only thing that depressed people need, of course. But it's a big factor. We all have all kinds of needs, and therapists will, hopefully, be aware of the emotional needs that we all have, to varying degrees, and use hypnosis to encourage people to start meeting those needs again in a way that's sustainable, if that makes sense.

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For example, we all have the need for a sense of safety and security, but when you're depressed, you don't feel safe or secure. We all have the need to give and receive attention; when you're depressed you tend to lock yourself away and not see people because it feels threatening to do so, perhaps. But of course you need people. We all need a sense of community, of making a contribution, but you tend to feel useless because you can't make a contribution when you're depressed. We all need intimacy; you feel very low, even with others when depressed. And we all need a sense of control. As I said, when you're depressed, then you feel out of control.

All these needs—we have needs for purpose, goals, and meaning. During depression, the prefrontal lobes of the brain tend to become less active, so it's much harder to plan ahead, think strategically, and so forth. So all these needs get so corroded through the depression and it's not enough just to hypnotize someone, and "That's it, you're cured. That was the therapy." We need to be very mindful of all these needs and how they've not been met, or they've stopped being met, and how we can start encouraging.

You know, hypnosis can be just a way of helping a person relax so the stress hormone kind of normalizes. But also start to meet those needs in sustainable ways. So as I say, hypnosis isn't a magical cure, but, as you say, it started shifting things for you.

Erin Matlock

It's shifted in a huge way, and I agree with everything you just said. Part of when you're trying to come out of a depression and you're working through therapy, you are in such a heightened state. There's so much anxiety, high tension, emotion, sadness that you're not processing thoughts in a rational, linear method. You're not able to really work on some of the underlying issues because the emotional state is so intense. And I found that's what was so beneficial about hypnosis because we got—without medications—we got me to a point where I could come down into a calm state and be able to then work on, "OK, let's talk about what caused this depression and what are the ways that we can actually work out of it?" And it was just a major turning point for me.

And that's why I love to talk about it with people, and it does make me a little frustrated and sad when we think of hypnotism or hypnosis as the magic tricks because there's a whole field of legitimate hypnosis that can—as you said, it's not going to help everyone because we all respond differently—it can be so dramatic in the positive benefits for people.

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Mark Tyrrell

Yeah, that's right. And often when people do, perhaps concede that hypnosis can be useful, they'll purely sort of categorize it as something you might be able to help smokers with, which we certainly can do. But Michael Yapko, over where you are, in the States, has done a little sort of good stuff on the clinical use of hypnosis when treating clinical depression. And there used to be a myth that you couldn't, or you shouldn't, hypnotize depressed people and so forth. But as you say, depressed people, or anyone who's in any way troubled acutely, in an emotional sense, needs to have some parts of their mind made accessible again. So when you calm everything down, then what you'll be observing is the part that can see what's going on, perhaps a bit more objectively and actually reestablish itself so that reality starts to look a little bit different; you start feeling different again. And hypnosis is such a wonderful and natural tool for doing that.

Erin Matlock

I think so, too. You know we mentioned depression, we talked about trauma, traumatic stress, war veterans, smoking, but what types of conditions respond better to hypnosis?

Mark Tyrrell

Ok. Well, I don't want to be glib and say everything. Sounds like a sales pitch, really. But things like post-traumatic stress disorder sort of responds so rarely because as I mentioned, it's not a cognitive condition; the person doesn't think, "Oh that reminds me of being in Iraq," and then feel anxious. It doesn't work like that. The person can feel terrified, and then the next day they can realize that it's associated with being in Iraq. It's not a cognitive condition. So anything that isn't cognitively based: I've treated people who've been profoundly depressed; treated people who were alcoholic ; I've treated a couple of heroin addicts as well.

So what you have to do is to really get inside the state of mind they fall into like a rabbit warren when they feel compelled to engage in addiction, or start to feel terrible and don't know why. As I said, some hypnosis has been consigned to just helping smokers or some wacky stage show, where it's actually highly valuable as an adjunctive tool for treating depression, phobias, of course, post-traumatic stress disorder, addiction, and those things as well. And also, psychosomatic, and by psychosomatic, that means someone's making it up, but you know, physical conditions that are affected by stress, such as irritable bowel syndrome, Crohn's disease, ME, and so forth. And good research has shown that hypnosis can be very valuable when helping these physical conditions. I mean all sorts of conditions are affected by the mind, Cartesian split is kind of artificial really.

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So, yeah, absolutely all these things. I don't actually rule it out for working with anything. I don't tend to work with people who are psychotic, though, because the dreaming brain has gone out of control in such people. But I've worked with people who have been delusional, during the quiet times, when they're not delusional, to find ways to actually, if possible, stop them going back into the psychosis. And I'm quite comfortable working with people that are prone to psychosis because of what I used to do, working in the psychiatric hospital. And hypnosis isn't the treatment of choice for that, necessarily, because what you want to do with that is the person's subconscious mind is really hyperactive. You really want a conscious mind to take the reins a bit more. But fear-based, and that sort of issues, are probably the best thing to treat with hypnosis.

Erin Matlock

Now what about, you'd mentioned earlier, the fear of flying? That's a difficult one for people to get over, and you've seen success with hypnosis?

Mark Tyrrell

Oh, yeah. Without going into too much detail, what you need to do is to look at memories. That activate the passive now. Someone genuinely has a fear of something because they've had fearful experiences in the past, and if you find often phobic people as well as traumatized people will instantly feel anxious just by remembering a flight, for example. And what I would tend to do is use a specific technique which would get them very relaxed around the memories so the memories no longer feel scary. And then you can give them a sense of what it's going to be like to fly in the future.

As I say, that's a powerful part of what you're doing, but also, I kind of reframe stuff. Say for example you can deliver a cognitive reframe during hypnosis, which makes it almost sort of hectic, in a way. So I might say to someone, "You know, when you have a mouth ulcer or pimple and—I'm sure you don't have any, Erin—but you feel it; it feels enormous. You think, my God, it's the size of Mt. Aetna or something, or this mouth ulcer feels really big, and you look in the mirror and it's tiny! And I might say it's the same with turbulence when you're flying. It feels really dramatic, but from a quarter mile outside the plane, it barely looks like the plane is going up and down at all. From the ground, it just looks as if it's a smooth transit, entirely smooth. But to you it feels dramatic. So what you're doing is you're re-framing it; you're linking it to another pattern which is not threatening. And you're doing all those things.

Now, this is just an example; I'm not saying that is what you do with a frightened flier. But it's not

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just about hypnotizing them and telling them they're going to be relaxed, because that's the way you communicate to the conscious mind. So we use analogies, metaphors, similes, all these poetic type of language patterns when we're using hypnosis. To appeal to the subconscious mind, that knows how to change stuff on a feeling level. So you can have good success with fliers. You've got to hope it's not the pilot come to see you.

Erin Matlock

Yeah. (Laughing) As everyone who's listening with fear of flying, we've just increased it. Pilots are doing a great job! They're highly skilled!

Mark Tyrrell

Tell them to relax.

Erin Matlock

Yeah, oh absolutely! In control.

Mark, I'm wondering if—you know, we're reaching the end of our conversation—if you can do a mini-induction session with us today to give people a taste of what hypnosis is like.

Mark Tyrrell

OK, I certainly can. And this will be a generic, perhaps familiar, induction, because I'm working mostly with people not right in front of me. And it's good to not listen to this whilst operating heavy machinery, driving a car, flying a plane, or, you know, just don't, OK? As long as you're in a situation where you can close your eyes and relax. That'll be good, OK.

And you can start off just saying hello to your body and your mind, just directing your focus of awareness into your hands. And just noting the way they can just be there, and just imagining that you can breathe some peace and calm right into the hands. And as you do so, you might notice some warming going on in the hands. Sometimes, as you begin to relax, very deeply, you find there's a kind of warmth in the hands. Sometimes you just begin to get a sense of going inward and relaxing.

OK, if you haven't done so already, you can notice that your eyes can close. And you can really get a sense in your mind of the kind of place that just being there feels so much better. For some people

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it's an outside place. By the sea, with the warm breeze on the skin, sound of the sea, taste of salt on the lips. Or for other people it's somewhere inside: some particular part of the house, or garden, or being with a particular person. Whatever it is, I'd just like you to notice what comes to mind. Somewhere, just being there allows you to feel so relaxed. Hands and shoulders, and each finger, can relax. You really don't have to do anything, or try not to do anything, just allowing my words to wash over you. From the count of one to ten you can just notice what it's like to get a sense of becoming nearer to this place you have in mind. Or change, it doesn't matter. Ok now, ONE. . . even imagine just strolling or drifting to that place with the ground beneath your feet perhaps, pathway, and TWO. . . and relaxing deeper with each count, and THREE. . . and FOUR. If you can rest deeper into the sound of the words or relax more completely to the spaces between the words. FIVE and SIX and SEVEN. And EIGHT. Maybe there's going to be a gateway or a doorway into this place or the colors or the sounds. And the atmosphere, it's so restful, so positive somehow. NINE and TEN. Just drifting through to this place. Just taking time to notice in your mind's eye, your mind's ears, your mind's touch, what it is about this place that lets you relax deeper than ever. It's as if you can watch the color of relaxation, the sensation of relaxation, just drifting through the palms of the hands and through the arms to the mind, to the muscles of the legs, all around you, and even the air around you, can somehow feel relaxed. And in that place you can just get a sense of some future event and being aware of yourself being at your best possible state of mind at that event. It's like watching yourself in the future performing something really, really well. Just having a really great time with friends, or just taking a moment now just to like watching from the outside, something really good that's coming up. Maybe you didn't even know it was going to be so good. . . .

That's good. And then now we can just begin to feel that particular sense of restful place and the colors and the sensations. And coming back, preparing to come back to everyday consciousness. TEN, moving backwards to NINE, maybe a little bit of heaviness in the eyelids, that's it. And EIGHT, and SEVEN and SIX and FIVE and FOUR. THREE and TWO, just preparing to open the eyes, and

ONE, just coming back to the room. And feeling alert and relaxed. . . .

OK! That's a very simple induction.

Erin Matlock

And now we're all relaxed, on a beach, and feeling good for the day.

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Mark Tyrrell

Well, I'm certainly feeling a lot calmer, anyway!

Erin Matlock

I am, too.

Mark Tyrrell

It worked for me, so that's good.

Erin Matlock

To get a sense of relaxation from just a short, mini-induction, too, it's powerful. Well, Mark, can you tell us a little bit about where people can go to continue working with you and find out more about your hypnosis?

Mark Tyrrell

OK. Well, our principal site is hypnosisdownloads.com. It's written as it sounds, hypnosisdownloads.com. And you can also—we've got a Facebook page, Uncommon Knowledge, Uncommon-knowledge.co.uk, which is another site. There's also a couple of other sites, but it's probably best if you find out more about those. And there's an article site, as well, I've written a hundred and some articles on different issues to do with emotional problems and so forth, but it's best to find out about that from the Uncommon Knowledge site. Because otherwise, we'll be here all day, and we'd be giving URLs. The main one is hypnosisdownloads.com and we're soon to have a community section on that site as well, so we'd love to have you along.

Erin Matlock

Absolutely! Is the Uncommon Knowledge site, is that a dot-com? Uncommonknowledge dot com?

Mark Tyrrell

That's uncommon-knowledge.co.uk.

Erin Matlock

OK, uncommon-knowledge.co.uk

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Mark Tyrrell

Right. Yeah, that's the one. Yeah, it'd be great to have people along. And we're also very impressed with what you're doing, Erin, as well. It's fantastic.

Erin Matlock

Oh, thank you. I'm trying; I've been exposed to brilliant people like yourself over the last several years and love to bring you in front of the community. I know there have been things like hypnosis that helped me, and I never would have tried it had not someone put it right in front of me.

Mark Tyrrell

Psychological knowledge needs to improve across the board, it certainly shouldn't be just the preserve of experts; everybody should know more about how the emotions work and how the mind works, and what we all need to be happy and sane and healthy. And the more the everyday population knows about that, the better, you know, I think.

Erin Matlock

I do, too.

My guest today has been Mark Tyrrell. This is "Reboot Your Brain." I'm your host, Erin Matlock. Goodbye, everyone.

MARTIN WALKER



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REBOOT YOUR BRAIN
WITH ERIN MATLOCK

MARTIN WALKER TRANSCRIPT

Erin Matlock

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My guest today is Martin Walker. MindSparke CEO Martin Walker is an Oxford-trained scientist, author and technologist. A member of the British Neuroscience Association, learning and the brain, and MENSA, Walker has a passion for helping people achieve their brain fitness goals. He has also published a highly regarded book of original philosophy called “Life, Why We Exist” which explores the connections between physics, evolution and psychology. Welcome, Martin! Thank you so much for being here with us today.

Martin Walker

Hello, Erin. Great to be here.

Erin Matlock

Can you tell me a little bit about your background, your story and what got you interested into this type of work?

Martin Walker

Sure. As you just mentioned, I am a scientist by training. I think as with many scientists, I always had a very broad interest in science, so all kinds of science from the way things worked, really has always fascinated me. So, it was back about five years ago, back in 2008 that I first read about brain training and it was when I read about the study by Jaeggi and Buschkuhl, which is now a pretty well-known study where they had done some progressive brain training and actually measured an increase in the problem solving ability of the trainees. I read about that, and that just kind of startled me in some ways and also made me think, that’s something that somebody should be doing and should be making available to people. It just seems like such a powerful tool to put into people’s hands and something that shouldn’t be just left in research.

Erin Matlock

I remember when that study came out and the frenzy for people like myself, like you—all of us who

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really are interested in a life-long study of building that better brain, of optimizing our brain for a better life and it was such an exciting time, because everywhere you turned around, we all just felt so much hope with what could be done.

Martin Walker

Yep. Exactly. The capability that they set out in that study was in some ways incredibly simple. In the computer age, really something that was achievable with a commercially available program and that's what really captured my attention. In the years before that, I'd been doing a lot of work with computers and I'd been a programmer at one point myself, so I knew that it was possible to turn this into something that people could use.

Erin Matlock

Let's dig a little bit into this study. They used a specific task. They didn't just do a generalized type of training. Can you explain a little bit about the N-Back Task?

Martin Walker

Sure. This was something they had used before in various incarnations on different studies. The goal of the exercises they developed is to make somebody focus on a sequence of items. They used visual and oral items. As you focus on these items, you have to make decisions about whether there matches in the sequence. So, this is really a very specific exercise for working memory. That was why they had honed in on this particular task, called the N-Back Task because there is no way to be successful on that task and reach new levels of difficulty without your working memory being really plugged in. You can't do it if you're paying half attention to something else. You're really got to be paying full attention, and I think that was one of the reasons why it was so important to them as researchers to be using a task like this.

Erin Matlock

Now, you mentioned working memory. Can you explain the difference between working memory and regular memory?

Martin Walker

Sure. Working memory is really a set of processes. It's no one thing, but together they provide this catchall term that is working memory. What we're doing as we're paying attention to something in order to think about it is first we're paying attention in a way we can recognize what we're looking

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at—for the sequence or if it's spoken numbers or something like that. We know what those things are and we can store them in our short-term memory. So, if I give you a number to remember, you can remember that number in short-term memory.

But working memory goes a little bit further in that we have to be able to hold those things in our mind and be able to act on them or manipulate them in some way in order to reach some sort of conclusion about them or repeat them back to somebody. So, working memory is really that composite function of encoding information, storing it temporarily, retrieving it and acting upon it. And that's why it's such an important thing for researchers when they're looking at problem solving ability or just general mental capability because everything we do consciously relies on our working memory, from reading a sentence or remembering a phone number, if we're remembering somebody's face. We're always using our working memory for focusing on something that is immediately present in our mind.

Erin Matlock

You know, I read a study not too long ago, or I believe it's an article that referenced a study about working memory, being able to translate into a person being happier.

Martin Walker

That's interesting.

Erin Matlock

I hadn't heard that one before.

Martin Walker

You know, it reminds me of something I hear a lot, which is that, when people do this kind of training, it shifts their lives in sometimes subtle but powerful ways. A lot of the things we get are remembering people's names when you're introduced to them.

Erin Matlock

Right.

Martin Walker

And that's something that very few people are very good at doing. And some of us are not very

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good at doing it. But just improving your ability to do that can reduce social anxiety and that's key. That's one particular example of where, if you can improve your ability to remember people's names, you might be happier going to parties. Or you might be happier in social situations or work situations. So I can definitely see that there is this correlation between working memory or could be a correlation between working memory and happiness because it reduces frustration and it reduces anxiety. There is a very strong correlation between—or a negative correlation between anxiety and working memory. The more anxious you are, the harder it is for you to remember and focus on things. But it does all fit together and there are lots of studies that correlate working memory to all kinds of things in our daily lives.

Erin Matlock

You mention things like—well, what about anxiety; what about depression and those types of things? Working memory. Is there a transfer to, maybe, some relief? Do we know?

Martin Walker

Well, I don't know if they've done a transfer in that direction, but definitely a correlation between being anxious, being depressed and having a lower working memory not performing as well. And then once the anxiety is lifted and the depression is lifted, it sort of bounces back. There are also have been studies done about improving working memory and reducing anxiety and studies done between improving working memory and reducing our likelihood of succumbing to impulses. I want that piece of cake. No, I can't have it. I want that drink. No, I can't have it. So there is good data that shows that if we improve our working memory and strengthen our working memory, we're less likely to succumb to impulses that we might later feel bad about. I don't know about—I haven't seen anything that says if you do working memory training, it's going to reduce general anxiety or depression. I haven't seen those.

Erin Matlock

I never thought about using working memory training to prevent going for that piece of cake! That could be very beneficial and very helpful in dieting and healthy weight loss and a healthy lifestyle or things like smoking, or drinking. It's interesting.

Martin Walker

Yes. Well, there was a—two things spring to mind. There is one very—I forget the name of the guy, but a researcher, I think he was at MIT. He used to do very interesting studies and he had done a

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study about people being faced with a choice between a healthy salad and a piece of cake. He asked them, and overwhelmingly people said they would go for the salad because they were conscious of being healthy. Then he asked people to remember a four digit number while they were asked that question between taking the cake or the salad, and overwhelmingly they chose the cake, because he had overloaded their working memory and they were no longer able to make the healthy choice.

That's very atypical—it's not something that's going to happen in our daily lives—but that kind of thing happens in our daily life all the time, where we're stressed or we're anxious or we're thinking about ten different things and we go for the thing that we would choose if we would choose if we weren't worried about anything.

Another study was done last year in the Netherlands where they looked at problem—people who had said, "I have a problem with alcohol and I'd like to do something about it." They found that working memory training for those people reduced alcohol consumption, which was just—I read about that and that was a great thing to see as well, because it shows that we can have more power over the things in our lives than we think we can. We'd like to think, "Oh, this is the way I am." But I think one of the things that this study and this work on brain training has shown me is that we're not necessarily locked into who we think we are. We can make changes if we want to make them.

Erin Matlock

You and me both. That's one of the biggest things when I kind of first started, several years ago. It was very new to me. I thought I had this brain and it was going to get older and what I had, I had, and I was going to start to see a decline at a certain age and there was nothing I could do about it. And we now know that's simply not true and it's fascinating to think that the act of doing some training on the brain daily or a few times a week is similar to going to the gym, going hiking going running—those types of benefits for the body.

Martin Walker

Yep.

Erin Matlock

We can train! I want to go back to something you mentioned. I think this is very interesting. We human beings, we are stressed, we are overworked, we have poor sleep, we're exhausted, our kids are doing way more than we did as children, and all this technology. And it is very easy when you're

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stressed to reach for the donut, the candy bar, the chips, the sodas, or drive through the fast food. I think that's so difficult, because all those choices are cheap and readily available to us at our toughest times, our moments of weakness. So, I find it interesting that you can train with working memory, do the training and by having a faster, stronger, more efficient working memory quite possibly it can translate to better will-power in times where we are typically stressed and we make those bad choices about our health.

Martin Walker

And the other thing about it that comes up for me when I hear you talk about that is that the advances in technology and the speed with which things happen in the current world mean that our attention is almost habitually fragmented. We're always—information is coming from lots of different directions pretty much all of the time. We've got the radio. We've got the telephone. We've got the television. We've got the iPad or the electronic device. All of these things are impinging on us and distracting us, and you really get used to that distracted attention. The problem with that is, although we've become good at dividing our attention, it makes it harder for us to pay attention and I think one of the great things about this kind of training is that it forces you to pay attention and it kind of counteracts some of that fragmentation that happens in a good way. That means that it sort of regresses the balance, because our brains aren't really 21st century brains. Human beings don't evolve that quickly. Science and technology evolved much more quickly than we've been able to adapt to. I think it can be really hard for people to stay focused when there are so many distractions.

Erin Matlock

It's really tough. I've got to tell you, I even see it when I talk about maybe going to a movie. Going to the movie theater. There is this dread that comes over me because I feel like I'm going to be trapped for two hours in a theater with nothing else to do. And I used to really love to go to the movies. It was an escape and a fantasy world and great to just get lost in a movie and forget about everything else in the world that's going on. Now, I want to have the movie on the big screen on home and I want to be able to have my laptop going and an iPad going and that's just the world we live in. That is tough, because our brains aren't primed for that.

Martin Walker

Yeah.

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Erin Matlock

I think it's going to keep getting harder for us, because we haven't even seen what technology really has to offer.

Martin Walker

Right. Exactly.

Erin Matlock

These brilliant minds out there are coming out with all kinds of ways to make our life more exciting, more advanced, and it's a lot for our brain to take on. Can you talk a little...?

Martin Walker

My son said to me, he's nine years old, he said to me the other day, "Well, probably by the time I can get a cell-phone, I'll have Google glass."

Erin Matlock

Nine years old.

Martin Walker

Yeah! (Laughter)

Erin Matlock

Who needs a cell-phone? I've got Google Glass!

Martin Walker

And talk about stimulation. The Google Glass experiment is in some way terrifying to think you could have that much information right in front of you all the time.

Erin Matlock

And I can't imagine wanting that information in front of me all the time.

Martin Walker

No.

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Erin Matlock

I just need some peace. But like you said, our children, who are coming up and are raised on the internet or raised with iPods and iPads and all of this. There is going to be that generation that is raised with Google Glass and ten other things. So, it's going to be a completely different world for them. And then you and I are going to be like our parents, where "I remember back in the old days when we read books and went to the movies and that's it." All that good stuff. That's just time. It just keeps going on. But, yeah. Technology is exciting, it also sometimes scares me about what we're about to get into.

So, I'm wondering if you can talk a little bit about IQ, just maybe a broad overview of it?

Martin Walker

Sure. IQ stands for Intelligence Quotient and it really is simply an attempt by psychologists to measure how good somebody is at solving problems, figuring things out. Usually they consist of word problems or number problems or pattern recognition problems presented in ways you wouldn't usually encounter these problems in your day-to-day life. But you get enough information given to you that you can come up with an answer. It's not testing what you know. It's not testing your ability to remember facts and figures.

For the most part, it's not testing your ability to understand mathematics or linguistics or anything like that. It really is an attempt to say, "How good is this person at figuring things out, if I give them enough information to figure it out." It's a relative measure, which means that there is no absolute measure of IQ. You're always being compared against other people who have taken the same test. When they create an IQ test, they give it to lots of people and then normalize it around a central number, and then you're compared to that central number and all of the other people who've taken the test.

There are lots of different IQ tests that have been developed over the years, and usually what you will find is that if somebody scores in a certain place on the range in one IQ test, they'll score in a pretty similar place in another IQ test, and that's because they're all really trying to get at the same thing, which is the idea of novel problem solving.

Now, as we referred to back earlier in the conversation, there was this overwhelming scientific agreement up until the end of the 1990s or so that once you were born with a certain brain capacity

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that was it. There was no changing it. There was always this prevailing wisdom that once you were tested on an IQ test, your results would never change. You could have the same test 30 years later and score pretty much in the same range. Now that's all changed with this awareness that your brain is always changing. We're changing the connections in the brain all the time as we think about things and work on things and do things.

We're also changing the way the brain is composed, because the brain produces new brain cells throughout life and those either die off or they get put to use, and the way they get put to use is different depending on how you're using your brain. One of the great ways to think about this is the study of London Taxi cab drivers. In England and in London, the taxi-cab drivers have to know pretty much every street in London, and it doesn't work on a grid system and it's not easy to remember, and in order to become a cab driver, you have to know it. They found that the distribution of grey-matter in the brains of London cab drivers was skewed. They had more grey-matter, more cell density in areas that were responsible for geographic location. So, by virtue of studying and learning all of those streets had caused their brains to change in ways that would help them do it better and more efficiently and more effectively.

So, therefore, bringing that back to IQ, if we change our brain in such a way that we're better able to solve problems, then we actually change our place on an IQ test. Now, I would say there is really no reason to do that unless it's going to make a change in your daily life. It used to be that what people care about more is that if they're training their brain, they want to be able to impact how they work on a day-to-day basis: the things they can achieve or the amount of productivity they have. That seems to me—and I see this in what people want to do with the training. Very few people are concerned only about their IQ. Most people are concerned about, "What changes am I going to see in my day-to-day life? How is this going to affect me in my day-to-day life?" And that's where, as we've talked about the many impacts of working memory training, it's not just to do with your ability to solve IQ test problems.

Erin Matlock

I think that's so important. As a former educator, there is a lot of stress on IQ tests and these measures of children starting at X, Y, Z age. It tends to follow them throughout with their school records, and I think there is a lot of pressure for parents because so much is built around this number or this number range. I like all of the research, because what we're finding out is that that IQ number can be changed, but instead of focusing on, "Hey, let's train—let's brain-train so we can get a higher

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IQ, so we can feel good about ourselves or have that number that we can throw around, why not, instead, know that the brain adapts, the brain grows, the brain changes and use that working memory training, implementing a brain-training regimen into our weeks, our months, our daily lives in order to—as you said—to actually see better performance, better creativity, the ability to say no to the piece of cake or the cigarette, to focus in on doing our math, reading, with better comprehension. I think that's the tricky part of this, because there tends to be the group of folks who immediately see IQ and it's all about the IQ test and the IQ number and this label, and I think it's important to distinguish between—that is one aspect that can happen. The IQ number can change, but if we can get away from really focusing on that number and what it means, especially for our children. Then focus on what we can do to optimize their brain and see the success that they have throughout school and even in their social interaction. It's a line you walk, isn't it, because it's fun. It's catchy! "Hey! Improve your IQ!" That sounds great to all of us!

Martin Walker

Yes. And for some people, that's what they care about, and I think the important thing is to go into it with an open mind about what's important to you and to have the confidence that the thing that's important to you, whether it's remembering names or being able to focus better on your school work or being able to be more productive because you don't have a lot of time in your day, that you can affect change in those areas. You don't need to worry about the rest. You don't need to worry about this person who might be training alongside you who is really intent on a few points of IQ increase.

That's the great thing. It's like going to the gym, as you mentioned. Physically, we always know when we go to the gym that there is always going to be somebody who is quicker or faster or can jump higher, or whatever—lift more weights. But we go there for our own goals. I think that's the important thing to remember, that each person that exercises, whether it's physically or mentally, has their own goals and staying focused on those goals and working towards achieving them, that's the important thing. It's not a competition.

Erin Matlock

Something else: I know when I first started doing working memory training and really implementing brain training and I ran this test and I actually used your version of the training and this was kind of back when I came on the scene. The research is out there. The scientists have their findings, but for me as a human being, I'm interested in, "How did it apply to my daily life?" And I have to tell you: I

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didn't use it at that time to try to cure my addiction to sugar. That's something I'm going to have to write down and work on.

But, as someone who sits for long periods or is in a home-office for long periods of day, who runs my own company, is in charge of my own to-do list and knows there is a tremendous amount of work that has to get done and nobody's watching, I had these to-do lists each day. I'm very old school. I write with a pencil and a piece of paper and I write my list. I cross through them and it gives me that sense of accomplishment. Then I transfer to the next day, so there are always a certain number of tasks that have to get moved to the next day. I remember, I blogged about this as I was going through your program, MindSparke, that I started to get through my entire task list every day. It's a task-list that I have. I sit down and it's not three or four things. I mean, it fills up the entire paper, and I don't have the research on that, and there's not scientific data for me. But me, as a human being, that was what was important to me at that time, was seeing actual results of how this is going to help me? Why do I even want to invest my time?

Because I know, when I go to the gym, or when I am out hiking in the mountains, that I'm getting muscles. I'm getting toned. I'm looking good in my clothes. That's what I need. I also know it's healthy for me. It's healthy for my mood. But with brain training and adding it to whether it's to your life or your child's life, I always find that the research—we can look at the research, and then we have people that want to debate that research because that furthers the discussion. But I think each individual needs to try it for themselves and take a look at what they can document in their life that is changing for the better.

Martin Walker

Yes. That's a common question: "Well, How long before I see results?"

Erin Matlock

Yeah.

Martin Walker

Again, that's another excellent question: "how long will it be?" You have to—I encourage people to look for their own results, as you were saying. Start to notice things that, "Oh! That's different! That's changed!" It might be very quickly. Some people start to notice changes right away. I seem to remember that you had that same impression, that it was only a few days before you started to notice

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some subtle changes. For other people, it might be a couple of weeks. The research seems to indicate that you really shouldn't start to notice things before a couple of weeks. My own feeling is, just the act of sitting down and focusing intently for a period of time can have some changes right away that your brain hasn't yet caught up with changing cell-density or something like that, but you're feeling an effect from it straight away.

Erin Matlock

Absolutely. It's complete chaos—at least it was for me—the first few sessions because I had never worked with the N-back task. I had never even tried anything like that. I will tell you it was hard and it made me feel absolutely stupid. I never thought that I would be able to move up a level, let alone really complete a series of training and get any benefit from it. And you do start—it is amazing how quickly the brain starts to adapt to the training and just takes off. I found that really interesting and that's why I wanted to do it in a kind-of live blogging situation, because I wanted the results to be true. It was a test and what was so funny, just to give everyone a little background; Martin and I go way back.

I started a blog called "Brain-Training 101" and I had, years ago, suffered from a really severe clinical depression and when I had finally recovered, I had brain-fog. I couldn't find my words. I had that tip-of-the-tongue moment, but several times a day. I just felt like I couldn't remember things as well and I was a little scattered. This is typical. It can be a result of using anti-depressants. It can be a result of just having depression, so it really depends on your personal situation as to what's going to be the after-effects of going through clinical depression.

So I started the blog to document some of the tools, the technology, and the new things that were out there that could help optimize my brain. I remember finding MindSparke and purchasing it and the very next day I got an e-mail from Martin introducing himself personally and asking if there is any way he can help and what he can do and if I had any questions. I know that was a long time ago and your company has grown since then and my business has grown, but I just remember thinking, I'm going to like this guy, because who else sends me a personal e-mail? I know that's something we can't do for every customer that comes in, but it was great. I ran the 19-day live-blogging test. It was one of the toughest things I did, because I had to commit to a daily training regimen and I knew people were waiting for the daily results, but I will tell you, it sold me and it sold a lot of people on implementing this type of training into my life.

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Martin Walker

I have a couple of thoughts on that. One is that we have listened to people like you, Erin, who said it can be really overwhelmingly tough at first. Over the last couple of years we've actually introduced introductory phases into the training so you don't go—We don't drop people in right at that level that you started at any more. We bring people along a little more gradually to get them used to the idea of brain training and get them a little bit of a head start before we give them the progressive Dual N-Back, which is the exercise that we've been talking about.

The other thing is, I do actually do try and be the one to talk to people when they have questions or respond to them when they have questions for two reasons. One is, usually people who have questions have really valid and important and nuanced questions. It's not as simple as, "Where do I click?" I think we've answered most of those in the way the training is designed. But it never ceases to amaze me how many things there are about the way the brain works and the way it interacts with the training program that you really can't anticipate. Everyone approaches it with their own mindset. The other thing is to learn from people's experience and assume that it's going great and its working for everybody, because that's the way you learn about the training itself is people's response to the training.

Erin Matlock

That brings up a good point. I get questions everyday from people in my community: "Erin, what do you think about this? What are your real thoughts on this? Can you tell me privately about this? Will this help my wife? My kid?" And all of these things. I am literally amazed at some of the questions that come across are so detailed, so specific and they have done an incredible amount of research, and I do like to send them over to you, because there are some that just absolutely stump me. It's that people—the research that is available and the people who are interested in this type of training sometimes, it's just super-smart e-mails coming across and I like to hand them off.

Martin Walker

Yeah. And it's a very varied and big field. There are lots of different reasons that people might be looking for brain training. And for many of them, there is no good information out there. A lot of them, there is great information out there and it's good to be able to answer those questions and say, "Absolutely. As long as you stick with the training all the chances are good that this is going to have a positive impact." And there are some that you just sort of, "We don't know yet. There has been no hard and fast study done on that particular aspect."

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Erin Matlock

I just want to take a moment real quick here for anyone listening who is going to Google and do their research, some of the names that Martin has mentioned: Susanne Jaeggi is J A E G G I and Martin Buschkuehl, and that's B U S C H K U E H L. When we talk about N-Back and Dual N-Back. So N-Back is N as in Nancy, Back B A C K task. Sometimes it's called Dual—D U A L—N-Back. I know sometimes that's helpful for me when I'm listening to interviews. I like to go and do my own research, and I always want to look up studies and names and things like that. Anything you want to add to that, Martin? Or did I cover it?

Martin Walker

That pretty much covers it. Somebody might also, just to search on working memory and training, particularly Google has that great feature where you can look at things that come out of research or science papers and that's always—that takes you out of the broad internet realm and into very specific research-based papers. For people who are really interested and really want to see what the studies have said, they can look in there.

Erin Matlock

And that is scholar—S C H O L A R. www.scholar.google.com. Or you can just stick in Google Scholar and that is nice, because we always have people in our audience who are listening who really want to dig into the research for themselves. You're right. That removes everything else but the research articles so you can really dig in and make your own decisions about whether or not this is right for you.

I saw a follow up study that the original researchers did where they wanted to see whether personal individual personality differences affected training outcomes, because, Martin, some of the debate out there brings up studies that don't account for: Hey, this age is training against this age, or it's a female vs. a man, or it's someone who is dealing with anxiety, or it's someone who is shy—someone who has this motivation. So we're taking these broad ranges of people, clumping them together, testing them with working memory training and then taking their results. And there is, in my opinion, some flaw in the way they study.

So, the original researchers, they have this study and they took people who were neurotic and prone to anxiety along with more conscientious people and found that the neurotic people had better outcomes on an easier version of the N-back task and the conscientious people had better out-

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comes on the more difficult Dual N-Back task. What was interesting, and I'm glad they're continuing the research, is that we can't just group people together and put them into brain training and then take the results and say, "No, that doesn't work, or Yes, that does work." We are actually having to dial down to their personality level.

Martin Walker

Right. Yeah. That was a fascinating one to see. We took that study and I really took it to heart, because it was one of those things that make me think, "Oh, I have had these people, these customers, who've come back to me and said, 'this is no good. It's not working.'" It had puzzled me that people could be working hard at the training and really not feeling like it was any benefit to them. When I saw that study, I thought that might be part of the answer, that some people's minds might just not be predisposed to benefit from the training when it's designed in quite that way.

So we actually went back and we re-engineered our intake process so now, when somebody wants to do the training, one of the first things that they get to see is a little questionnaire, which just teases out those personality differences. If they're in the category of being overly anxious or potentially neurotic about the training, then we put them into a different training category and we give them the single N-back—the simpler single N-Back training instead of Dual N-Back. That is a great example of how research can continue to reform and refine what we're doing and how, as with all science, there is never a final answer. It's always a process. It's always refining and improving upon what you've done before.

Erin Matlock

Something I want to add to that for people who are thinking, "Ahhh! I don't want the easier training! I want the tough training!" It's not that you're not getting the tough training. You're going to be trained just as hard as someone on the Dual N-back. It's that your brain needs the single N-back—the adaptation of it—to get the same results as the other person.

Martin Walker

That's a good point. "Easier" is not really the right term to use. It's less frustrating.

Erin Matlock

Good one.

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Martin Walker

Because the training adapts automatically and increases the level of difficulty automatically, people who are training in just one—the visual aspect of the training, rather than visual and aural at the same time, they quickly move up through the levels, so they do actually get trained and it's just as difficult for them. It's just less frustrating because you've only got one stream of information coming in instead of two streams coming in.

Erin Matlock

So with all—I'm always hesitant when we have all of this training, we talk about IQ and we especially talk about students and children. There is so much pressure on our kids to perform, even from preschool and I look at these kids trying to get into college now and what they have to go through to get into college and it's very different, even from when I went. To not put pressure on parents, but what age can children start with the training so that it doesn't make them feel like "here's another added layer of performance-based anxiety that we're going to give to our children" but instead its something fun that is actually helpful to their brain?

Martin Walker

Right. I mean, part of the answer to the question is that really, the training can be straightforward enough that children as young as five or six years old, but that's not really the answer. The answer to what you're getting at is, when is a safe time, really for children to start using it. I would usually discourage parents, and I do, unless they have some particular reason. Then I wouldn't introduce training to young children. I would wait. Do it when they're in their 11, 12, teen age range unless you've got a very specific reason. If your child is already struggling for some reason or has been diagnosed with some attention deficit, or something like that. That might be a reason to look for a brain-training program.

But in the absence of that, I think, it's better for children to use that time to be involved in creative play or reading or something else, because, like you say, you don't want to give them something else to think about and think they have to do well on it. Really, if there is no reason for it, the brain is changing so rapidly in children that I don't see any particular reason to even think about brain training until they're older and the brain is starting to slow down in the degree of change.

Erin Matlock

I like that. I feel for parents because with technology, with science, with research, we have all of

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these new tools and they're very shiny and they have exciting results, but it also causes, I would think, a lot more stress at home is, "When are we going to implement this? When are we going to find time? When is my kid actually going to get outside and play?" which, as we know is just as important. So I like your philosophy on it. I like your answer a lot and I appreciate that.

Okay, I want, at this point, just to take a minute and for those of you into the Googling, and I know some of you are while you're listening: N-Back task. There are free sites, open source sites where you can go and Google and look up the N-back and try it for yourself. I do want you to remember that it's going to feel almost impossible or really difficult at the beginning. It's not this video game with all of these colors and meant to make you feel childish. It's not a gaming thing. It's actually a brain-training technique. Martin, for those people who want personality specific; they want to train with statistics, with feedback about "Are they getting better? Are they progressing?" Where can they go to find out more about your work?

Martin Walker

The best place to look and find out about us is to go to www.MindSparke.com.

Erin Matlock

Right. Remember the e on the end. www.MindSparke.com. Martin, thank you so much for being here with me today! Everyone, this is "Reboot Your Brain." I'm Erin Matlock. Goodbye!

Martin Walker

Thanks, Erin! Bye!

Erin Matlock

Thanks, Martin!

JAMIE WHEAL & STEVEN KOTLER



www.FlowGenomeProject.co

REBOOT YOUR BRAIN
WITH ERIN MATLOCK

JAMIE WHEAL & STEVEN KOTLER TRANSCRIPT

Erin Matlock

Welcome to "Reboot Your Brain." I'm your host, Erin Matlock. As a reminder, the information provided in this presentation is an information resource only. It should not be used or relied on for any diagnostic or treatment purposes. This information is not intended to be a patient education and should not be used as a substitute for professional diagnosis and treatment. Please consult your personal healthcare provider for guidance about a specific medical condition.

My guests today are Stephen Kotler and Jamie Wheal. Steven is a New York Times best-selling author, award-winning journalist and co-founder and director of research for the Flow Genome Project. Jamie Wheal is a high-performance and developmental learning expert and the co-founder and executive director of the Flow Genome Project. You can find more information about Steven and Jamie at www.FlowGenomeProject.co and it's FlowGenomeProject.co.

Welcome, Steven and Jamie! Thank you so much for being here today!

Steven Kotler

Hi, Erin. Nice to talk to you.

Jamie Wheal

Thanks for having us.

Erin Matlock

Thank you so much. I'm going to get right into it. Can you tell me, what is Flow?

Steven Kotler

So, Flow is a term used by scientists to describe an optimal state of consciousness. It's a state of consciousness where we feel our best and we perform our best. In Flow, what happens is, our focus gets so tight that action and awareness start to merge. Our sense of self starts to disappear, our sense of time starts to go away, and performance—mental and physical—goes through the roof. Erin Matlock How do you even recognize Flow? This is something I've gone through life and never even knew that maybe I had been in it before.

Jamie Wheal

That's one of the paradoxes, Erin. Obviously when we're in it, one of the key qualities is that we actu-

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ally lose track of our normal inner monologue. Our normal sense of self tends to go off-line as well. The paradox is that when we're in it, we are quite often—the very fact that we're in it means that we're probably not aware that we're in it until it's over. And it's only when it's over that we can look back and say, "oh, my goodness!" That hour-long conversation that felt like it flew by, or that one amazing ski-run. Or staying up all night writing that essay or blog-post or computer program. Something magic happened there, but while the magic was happening, I might not have even noticed where I was or even who was doing the incredible work.

That's a big part of us looking to sharing the story of Flow is giving people the road-map, giving people the research such that they can be a little bit more Flow-prone and be able to anticipate and understand where it comes from and how to get into their next Flow state.

Erin Matlock

So, with Flow, is this something that is more common in athletes? Is it something that athletes want to achieve, or is this something for regular people like me?

Steven Kotler

So, the original research in Flow—and Flow research really dates back to roughly the 1870s—but the modern incarnation started with a guy named Mihaly Csikszentmihalyi. He was the head of the head of the University of Chicago Psychology Department. He was really interested in what is the meaning of life. He embarked on what we know consider the largest global happiness study ever. He went around the world and he asked people from every walk of life that he could think of about the times in their life when they felt their best and performed their best. What he found was that every person he talked to—it didn't matter if he was talking to Navajo sheep herders, expert rock climbers, neuro-surgeons, elderly Korean women, Japanese teenage gang members—everybody you could possibly imagine, they all reported feeling their best and being at their best in the Flow state.

So, what we know is that Flow is ubiquitous. It shows up everywhere. We know in the business world, for example, McKinsey did a study: top executives report being five times as productive in Flow as out of Flow. We know from a tremendous amount of research in sports and athletics, that pretty much every gold medal that has ever been won, every world championship, there is pretty much a Flow state at the heart of that. Most major scientific breakthroughs, big jumps in the arts, there is Flow at the heart of all of this.

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Erin Matlock

You're looking at athletes and top executives who get into a state—because I just want to make sure I get it right—where they lose a sense of time. They lose a sense of, maybe, space, but their achieving the greatest achievement of their life, or of their week, or of their day? Is this something that is like a one-time—like you mentioned gold medals—or is it something that I can maybe try to do on a weekly basis?

Jamie Wheal

Exactly. And that's really why the Flow Genome Project exists. Up until now, really up until the last five or ten years, Flow has pretty much been a random fleeting event. It comes and goes from people's lives—even professional athletes, particularly field athletes like basketball players or football players. You can interview the greats: the Larry Birds, the Michael Jordans, and they will absolutely have their stories of when they were in Flow. Michael Jordan, game six, final game winning three-pointer—all those kinds of understandable moments. But they tend not to have actually had that many of them.

So, what we've been attempting to do, and the beauty of where we are with smart health and technology these days, is that for the first time ever, we've actually been able to empirically measure and capture what has been this fleeting, subjective experience. So, prior to this last decade, it was just personal anecdotes. It was folks like Mihaly Csikszentmihalyi doing these subjective studies, asking people they were interviewing.

Now, with the ability of functional Magnetic Resonance Imaging, EEG tracking, various quick skin-prick tests and tests of blood chemistry and all these things, we're actually able to capture in the moment and say, "Ah!" Instead of just, almost pulling a Ben Franklin and putting a key on a kite and flying it in a lightening storm hoping to get lucky, we can almost become more like Nicola Tesla and build a Tesla Coil. We can sort of bottle the lightening and now we've got a lot richer understanding of the various levers that we can move and tweak and adjust in ourselves so that we can have these more than once in a blue moon.

Erin Matlock

Is this something that children can achieve?

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Jamie Wheal

Steven, do you want to take this one, because that's a fascinating topic.

Steven Kotler

Yeah. Okay, so this gets a little bit into the neuroscience behind Flow. When scientists break down Flow, they talk about neurochemistry, neuro-electricity, and neuro-anatomy. Neuro-anatomy is, where something takes place in the brain is very important. So, one of the things that set Flow apart, is that one of the things that causes Flow is what is called Transient Hypo-frontality. "Transient" meaning brief or temporary. "Hypo" is the opposite of hyper. It means to slow down or shut off. And "frontality" means the prefrontal cortex, the front part of the brain.

There was an old idea about Flow. This is a long way around to get to your children question, by the way. The old idea about Flow, that Flow had to be every part of your brain kind of firing on all cylinders because it was actually you at your best, so everything had to be working, especially all of your prefrontal cortex, which houses all your executive functions and your higher cognitive functions and things along those lines. It turns out, that's exactly opposite. What happens in Flow is parts of the brain start to shut down. For example, your sense of self, as you move deeper into Flow, as attention and focus drill down, the brain makes an efficiency trade-off. It basically moves things out of the conscious mind and into the subconscious. It's actually the implicit system versus the explicit, but subconscious processing, which is high-speed and high-performance takes over. We just actually have conscious awareness of it while we're in Flow. Basically we're handing the reigns of control over to a different processing system.

As it happens, parts of your brain shut down, so when the door to the lateral-prefrontal cortex shuts down, that's essentially the portion of your prefrontal cortex that houses your inner critic: your sense of doubt and disparagement. That shuts off. One of the reasons we feel so liberated in Flow is that defeatist nag is turned off. That careful self is gone for a second. Time gets funky because time is calculated everywhere in the prefrontal cortex, so as parts of the prefrontal cortex start to come off line, we lose our ability to calculate time. And on and on.

The point about children is, children are developmentally hypo-frontal. Their prefrontal cortex doesn't come fully online until they're about 25 years old, across the boards. So, until that point, you have slightly easier access to Flow.

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Jamie Wheal

It's actually—it's almost a return to Rousseau's Tabula Rasa idea, how we've kind of romanticized childhood as a state closer to nature and grace. In the last 50 or so years, that's been fairly thoroughly been debunked. But, this notion that, wow, actually children, just because their hardware—they're not fully baked yet, they're not held hostage by their inner critic as much. They are actually more prone to slipping into Flow-like states and experiences, which is kind of the day-dreamy kid playing in the sandbox or wandering through the woods. They are more likely to not be white-knuckling the steering wheel of their own inner monologue.

Interestingly, there are other components, because Csikszentmihalyi, again the godfather of Flow research, turned and said, "Where in the world are there organizations that are the most Flow prone?" Really, the core places it ended up settling were two well-known progressive education models: Montessori and Waldorf schools. Both of them actually cater to it; they are defined by it. Long periods of uninterrupted concentration and much more interactive and fully embodied learning. Gross motor skills. Fine motor skills. Everything from stitching and weaving to sweeping and scooping, and a lot less sitting in your tight little row of seats and pay attention. A lot more kind of constructivist learning. Let's go out and make things and interact with things and everything from fine motor skills like "can I stack blocks carefully and neatly" to gross motor, "Can I actually get up and move around and sing and play music and those kind of things."

Those things, too, also contribute to the lucky children who are exposed to those kind of educational philosophies kind of double down on their natural tendencies. Interestingly, there was an article in the New York Times last year, which was talking about how the strange paradox that there is this disproportionate number of Silicone Valley Tech Titans that are enrolling their kids in Waldorf and Montessori schools, which are emphatically non-technological. I think Silicon Valley is, again, the hotbed of Flow ad Flow performance in the professional and working environments with knowledge workers. Intuitively, as a lot of those folks become parents, they've also understood, "hmm, I want my kid to have that immersive experience, but it's not going to come from just using a digital babysitter and putting an iPad in their hands at this early developmental stage."

Erin Matlock

Speaking of Montessori, I'm a Montessori kid. It is really interesting even as a full-grown adult, the way I work, the way I run this business, it's all based on what happened, what was taught to me and how I learned in Montessori. So, I've always thought it was interesting. I don't fit into a certain

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box, or a certain type of cubicle-type environment. I've always attributed that to how my brain was trained early on, starting at three years old and my first Montessori class.

Jamie Wheal

Yeah. In fact, there was a Wall Street Journal article that coined the term the Montessori Mafia. Larry Page and Sergei Brin from Google, both Montessori kids. Jeff Bezos of Amazon. Jimmy Wales of Wikipedia. Tons of [13:11 UNCLEAR] in the London School of Economics did a global study of entrepreneurs and leaders and found a disproportionate number of them were correlated with Montessori childhoods and upbringings. I think we would at least tentatively, advance the hypothesis that, beyond the open-ended learning and not getting beaten down by the educational factory system, that it's the cultivation of Flow states at an early age that helped inform their neural development creating persistent neuroanatomical structures like the ones you were describing that then carry through into creative problem solving as adults in their careers.

Erin Matlock

Is Flow something that we just have to wait to happen, or can I try to get myself into a state of Flow?

Steven Kotler

This is a lot of the work we've done together at the Flow Genome Project, but for a variety of reasons we'll come back to in a moment, action and adventure sport athletes—despite the fact that Flow is really the basis of high-performance almost everywhere—action and adventure sport athletes, for a very specific set of about ten or eleven reasons have become better at getting into Flow than pretty much any other group of people in contemporary history.

We've worked backwards from that data point and broken down, "Well, why is this? If they're so good at it?" We've known since the seventies what are the psychological preconditions for Flow. We've had that information. So, that information is out there and they're not that hard to apply. But we've gotten much better because neurobiology has started to come online with fine-tuning that. So, we've worked backwards from that data set of these exceptional athletes who are so great at getting into Flow and figured out exactly what are the Flow triggers that they're using and how do they work together? So, now we can reverse-engineer people into a Flow state much faster.

Erin Matlock

So, if I were to wake up tomorrow and say, "I really want to try to achieve a state of Flow in my life.

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I want to be able to have these moments." What would be one step that I could take to start the process, because it sounds like it's involved. It's not something we can turn off or on—at least people like me, regular folks—that I have to learn how to get my body and my mind into this state. So what's one step I could take tomorrow to work towards that goal?

Steven Kotler

You're kind of coming at it backwards.

Things that produce the most Flow in our lives—Flow is considered the source-code of intrinsic motivation. So, whatever it is that you are most drawn to, chances are, it's the thing that produces the most Flow in your life. That's just how we're hard-wired. So, the place to start is, what are the things that already produce the most Flow in my life? Do more of those. Then there are a specific set of tools that can be applied to the way you do more of what it is that you do that will make you more Flow prone. But you've got to start with your core passion, with that which you love.

On a certain level, psychologists talk about that you have to have value and belief kind of aligned with it. And there are reasons for that that have actually to do with how you focus and what you pay attention to that have a neurobiological underpinning. But, it matters in Flow. We're much more likely to get into Flow when we believe in what we're doing, when we're valuing what we're doing, when we think it's making the world a better place, and adding to it in this creative, and etc. etc. etc.

The best place to start is with the stuff that already produces Flow in your life.

Erin Matlock

Okay.

Jamie Wheal

And to build on that and drawing on our research with extreme athletes, the three big buckets of activity that they really intuitively just sort of found their way there. Number one, do things that involve as much of your body as possible. It can be as relatively unremarkable as gardening or going for a walk down your favorite neighborhood stroll. But get out and move. The more we get away from treating ourselves like brains on sticks and the more we actually—get your heart-rate going. Exchange some oxygen in your lungs. Move your limbs, and even move your limbs in interesting ways. So, embodiment, at whatever level. Make love. Take your pick. Listen to music. The more you

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can engage senses beyond “just me” cognitively: grinding stuff out into sensing, thinking, feeling, perceiving; using all five senses plus something that some of us our sixth sense, proprioception, which is my awareness of my limbs in space; even add my vestibular awareness—literally my inner ear and where is my head in relationship to my center, which is just below my belly button. All of those are super-rich sensory inputs. And when we start channeling, and start receiving information coming from all those, it’s a much richer experience.

Then, the other couple are rich environments. Adventure athletes are on the biggest mountains and the biggest waves. They’re in places that are truly awe-inspiring. They’re awe-inspiring on a number of levels. They always have been to humans. It’s where we’ve lived and grown for millennia except now, where we live in little boxes with stale air pumped and circulated. So, number one, it’s our home. And, number two, as Steven discovered in some of his research for “The Rise of Superman,” the book, highly complex environments, which natural ones are—but it’s not a patch of AstroTurf or a stair-master—highly complex natural environments, one of the things they do is they overload our circuitry and they create a feeling of awe. And a feeling of awe is usually one in which I feel smaller or non-existent. I’m gob smacked by the grandeur, by the scale, by the intensity and the magnitude.

So, embodiment and rich environment; deep embodiment and rich environment. The final one is fascinating and, again, actions with athletes have kind of given us the code here: high consequence. There is an old quote from Samuel Johnson, the English philosopher. He said, “There is nothing like the prospect of being hung in the morning to focus one’s mind.” The idea of being there on a rock wall or dropping down a crazy steep ski slope or trying to surf a wave that could hold you under for five minutes if you mess up. That focuses the mind and it tends to kick that inner Woody Allen right out of the frame.

For the rest of us, it does not need to be true life and limb. It could be taking a risk that seems almost trivial on the outside, but it still gets our heart rate up. Stepping up in front of people and speaking. Taking a risk by speaking something to someone you love, that you’ve just let stay under the rug. It could be brushing your teeth with your right hand. It could be changing jobs or careers. There are tons of different ways to create the situation where we feel accountable. Delivering a project on a deadline. Taking an entrepreneurial bet.

So, deep embodiment, rich environment, and high consequence. Doing the things that we love and are drawn to the most, as Steven suggested. That’s a really good hat trick for putting ourselves in

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Flow's way.

Steven Kotler

And just to elaborate just a little bit on what Jamie said, the whole point—When I started this, I defined Flow. I said Flow is a very intense focus when action and awareness merge. The point about a rich environment, high consequence, etc.—these things all catch and hold our attention very, very, very tightly. So, on a certain level, a lot of what we're doing is hacking attention in a very specific way.

Erin Matlock

Okay. So, I need to get out, move my body. I'm very lucky. I'm in Scottsdale, Arizona. I'm surrounded by beautiful mountains. Other than these three hard months in the summer, I'm always outdoors. I think that's where I feel my best: The top of the mountains, hiking, looking at the sunset. We have gorgeous southwest sunsets. I always call it my anti-depressant. But I think I must be getting some feedback from it, correct? That's where I go and I must be getting addicted to it, because I certainly like it out there.

Steven Kotler

Yeah. For sure. And just exactly what you describe. Most of us, our favorite ways to kind of recover or restore ourselves have several of these elements in place. Then throw in putting on iPod and your earphones and what do you have? You have subtle brain entrainment based on the rhythms and the beats. They've done research on, it's over 140 beats a minute that promotes the best and highest and most vigorous workouts and exercise. That also happens to be the sweet spot for a lot of electronic dance music, which is, obviously has blown up massively in the last five to ten years. Arguably, there is a huge reason. Technologically and sometimes neuro-chemically induced massive Flow states on a huge scale of a quarter of a million people at a time, plus. Going for those walks.

And the other thing, and this is just a personal thing, I personally have the damnedest time trying to meditate and get to a place of nerve-thought, sitting still on a cushion.

Erin Matlock

It's tough.

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Steven Kotler

I much prefer—I'm just more wired the other way—to actually occupy my brain, rather than trying to simply quiet it, I like to just take it out of the equation. So, if I'm on a balance board trying to juggle four balls, I'm not thinking about anything else. If I'm riding a steep mountain-bike trail and if I mess it up in any way, I'm eating dirt and it's really going to hurt, I'm not thinking about anything else. So, you can go with emptying your mind, kind of like the Eastern wisdom traditions have always practiced and has deep dividends and rich results, or for the rest of us who, maybe, have grown up in it and we're wired and dialed for a slightly more kinetic and even frenetic lifestyle, one of my favorite techniques is just to occupy.

So, even those old things of, I don't know if remember that book, "The Mists of Avalon." It was that retake on the Arthurian legends. But one of the women, she would always fall into a trance when she was weaving at her loom. It was that subtle, repetitive motion or action that can lead you to that. That's where runners or cross-country skiers. It doesn't really matter. It could literally be weeding in your garden or at a potter's wheel.

Steven Kotler

Erin, Flow exists at the sort of loosely at the balance-point between boredom and anxiety, emotionally. If you want to talk about it psychologically, it exists in what—there is a ratio between challenge and skill. So we are much more likely to stumble into Flow when we're doing something extremely challenging where it exceeds our skills by four or five percent, right in that sweet spot. That is when we're most Flow prone. So, it is a constantly stepping up. It shows up when we are challenging ourselves, again because challenge catches our attention.

Erin Matlock

I got you. Jamie, you mentioned something about runners. Is this similar to what we hear called runner's high? Or are those two different things?

Steven Kotler

Well, runner's high, in the zone, being unconscious, Flow states, peak experiences. All these are the same thing. The difference is, there are states of micro-Flow. Csikszentmihalyi defined nine psychological conditions. Micro-Flow is when three or four of them show up. There are other times when you are in a full-blown macro-Flow state when all nine conditions are satisfied. Those are usually the moments when time slows down and it's really intense. But the micro-Flow, one of the most

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commonly reported Flow states is in conversation between middle managers at work. There is a little bit at stake. They're paying attention and they're good at talking and they like it. It has enough challenge that it draws them into low-grade group Flow.

Erin Matlock

I wouldn't of thought that.

Steven Kotler

Yeah. So, Flow is—when we say it's ubiquitous, it's really ubiquitous. The very extreme versions and the stories we hear are the ones that show up in the action/adventure sport athletes when we hear about time slowing down and surfers merging with the wave. We understand there is neurobiology behind that, now. That's that deep Flow, macro-Flow experience. But we have micro-Flow states all the time.

Jamie Wheal

And just to take a plug on another one that we all have at least nominal access to for most of our lives is making love. There have been studies. Dr. Jennie Wade has done studies on contemporary adult sexuality and has found that some crazy number of people, I think it was 68 or 72 percent of the folks she surveyed in her studies have reported sort of non-ordinary states of consciousness, slash mystical experiences while making love. I would certainly say that when you think of, again, the neurobiology of sexual arousal, everything that's happening with raging heart-rate, blood constriction, changes in hormones, all of these things—it's definitely getting you into that neck of the woods.

Two out of three folks have reported having that kind of an experience while making love. The tragic part is, only 14 percent of those very same people ever shared it with their partner. So it is heart-breaking that these people are having these incredible experiences, but they don't know what they are. They don't have a name for them, whatever they want to call them. They could call them Flow if they wanted to. I think it is probably as defensible as talking about runner's high or something comparable.

And yet, here's this thing that most of us do most of the time, kind of in a half-assed unsatisfactory way. In fact, 70% of women today, surveyed within the last two years, report being dissatisfied or highly dissatisfied with their sex-lives. So, you think, "oh my gosh!" On the one hand, two out of

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three of us are having these breakthroughs, and on the other hand, clearly not enough of us are having them enough of the time and sharing them with the person we're co-creating them with. So, as far as, let's keep it simple: go to work. Have an interesting conversation at the water cooler. Go home. Have a walk. Check out the sunset. Work in your garden. Go to bed. Love the one you're with. Those basic things will get us most of the way there, most of the time.

Erin Matlock

Simple as that! Right? It's a homework assignment for the adults out there. Not your children!

Steven Kotler

And you've got to remember that Flow shows up in that sweet spot between challenge and skill. So this is an endless scalable progression in all directions so it allows us to continually and safely up the game, make it a little bit harder, keep us in that sweet-spot that produces the most Flow no matter who you are and where you start and where you want to go.

Erin Matlock

And this is something we should be aspiring to for our entire lives, right? We don't have to stop at age X, Y, Z.

Steven Kotler

Well, you mentioned life-long learning earlier. Here's what we know. Flow—everywhere they look, from brick and mortar schools to every electronic learning environment to studies run by the military—Flow accelerates learning. Why? Quick shorthand of learning and memory: the more neurochemicals that you get in your brain at a specific time, the greater chance that experience is going to move from short-term holding to long-term storage. Flow is a ton of neurochemicals, so a really big neurochemical reaction. The brain pays attention to everything that is going on.

For example, DARPA found snipers in Flow learned target acquisition 200% faster. A different study found that you could take novice marksmen, induce Flow through Trans-cranial Direct Stimulation—don't ask—and train them up into expert marksmen in 50% less time. We're talking about accelerated learning on top of everything else. So, when Jamie talks about going from where you're starting to whom you are looking at in a compressed time frame, one of the reasons is because Flow accelerates learning. You're taking that knowledge back into your life in whatever you're doing. That's just fundamental and critical.

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Erin Matlock

Critical it is. Tell me a little bit about "The Rise of Superman."

Steven Kotler

So, the idea behind "The Rise of Superman"—we touched upon this earlier. But if you take action/adventure sports and you forget about everything else and just look at them as a data set, what you see over the past 25 years is nearly exponential growth in ultimate human performance. Ultimate human performance is when life or limb is on the line. Now, sports performance is slow. It's steady. It's governed by the laws of evolution. At no time in history, when you plot it on a graph do you get a near-exponential curve. It's linear.

The fundamental question at the heart of "The Rise of Superman," where I started is, "What is going on? Where is this massively accelerated performance coming from?" And the answer is, for a variety of reasons, these athletes have figured out how to hack Flow better than any other group of people in the history of the world. If we can crack the code and figure out what they've been doing, we can take this knowledge and apply it across all domains in society. So, that's what "The Rise of Superman" is, out March 4th. You can go to Amazon and pre-order it now.

Erin Matlock

Something I want to tell you real quick before we let Steven and Jamie go. I met them a few months ago at a conference via our friend Jim Quick, who is a superhero in his own right. They blew me away with a talk about Flow and the projects they're doing. Steven is a mega-successful author and he had a mega-hit called "Abundance" that he co-authored. So, anything that Steven puts out, I'm reading. Even when I send e-mails to him, I always go through and I look at my punctuation, everything. Because he is so brilliant. It is just so engaging to read what you write, Steven. "The Rise of Superman" will kind of tie all this together. Like you said, it hits stores in March of next year, which is going to hit us pretty fast.

What I want to do before I let you guys go, because I know you've got to run, is just to make sure we tell everyone where to go, which is www.FlowGenomeProject.co. Once again, the Facebook community is www.Facebook.com/FlowGenome.

Anything else from you guys before I let you go?

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Steven Kotler

Thanks for having us. This has been a lot of fun.

Erin Matlock

Thank you for being here. I know you're traveling. You're insanely busy. I know your schedules. Thank you for answering all of my questions as I try to understand this and how I can achieve Flow and how my community can. I want to thank all of you for listening today. This is "Reboot Your Brain." I'm your host, Erin Matlock, signing off. Goodbye, everybody!



BLAZ DESIGN

These transcripts were created with awesome love and care by Shannon Blaz of Blaz Design.

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