Peter Attia MD Keypoints — Mental & Emotional Health

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Episodes in this pack: 25

404 Mental health beyond neurotransmitters: hormones in psychiatry, psychedelic therapies, & more

Guest: Linus Abrams
Date: 2026-08-17 · Duration: 2:19:21
URL: https://www.youtube.com/watch?v=fs89fhQCfj4

KEYPOINTS

- **Good psychiatry starts with understanding the person, not just picking a molecule.**
  Abrams, a psychiatrist with nearly 35 years in practice, deliberately trained at a Harvard program that taught both psychotherapy and psychopharmacology so he wouldn't split a patient's care. He still does a lot of psychotherapy and approaches every consultation similarly, whatever the diagnosis, because each patient is more complex than any provider's model of them.
- **Antidepressant classes are more of a continuum than tidy categories.**
  He jokes that if a drug scores 10/10 on serotonin and 3–4/10 on norepinephrine, at some point we just call it an SNRI. Effects involve receptor up- and down-regulation over time rather than simply 'adding' a neurotransmitter. Older MAOIs required tyramine-restricted diets that made patients anxious; escitalopram (Lexapro) is typically used at 10 or 20 mg.
- **Modern life likely creates far more anxiety, and plausibly more depression, than ancestral life.**
  Asked to imagine 10,000 years ago, Abrams thinks we'd see much less anxiety. Then it was impossible to live in isolation; people were outdoors by default; sleep wasn't necessarily 8 hours but fit natural rhythms. Loss of community, nature and movement are risk factors he weighs alongside biology.
- **Distress tolerance shrinks when foundational biology is off.**
  Peter offers a 'window' analogy: sleep loss, pain or hormonal disruption narrow the window of what you can tolerate, so irritability rises. He recalls being irritable two weeks into an injury until someone pointed out untreated pain makes anyone irritable. Abrams focuses on nutrition, exercise, sleep and especially endocrinology.
- **Abrams thinks of hormones as four axes: sex hormones, thyroid, cortisol and more.**
  Sex-hormone and thyroid problems are usually deficiencies that we know how to fix; the cortisol axis is hardest because most people have too much, driven by chronic hyperarousal, and there's no pill that is an antidote.
- **Estradiol and progesterone shape brain chemistry, and rapid drops drive mood disorders.**
  Estradiol supports neuroplasticity via BDNF, NMDA and glutamate. In PMDD, allopregnanolone, a progesterone derivative, falls late in the luteal phase. After delivery, estradiol may fall from around 30,000 to about 30 pg/mL and progesterone from several hundred to under 1 within 24–48 hours, contributing to postpartum depression. Severe postpartum psychosis is under 1%.
- **Women's testosterone matters, and units obscure it.**
  Testosterone is reported in ng/dL and estradiol in pg/mL—a 1,000-fold difference. Normalized, a woman's testosterone is about 10 times her estradiol, though about a tenth of a man's.
- **For men, exogenous testosterone generally beats clomiphene.**
  Abrams sees limited rationales for clomiphene/enclomiphene and considers hCG superior to clomiphene because it acts peripherally. Both discuss that estrogen is not 'bad' for men—it's important for male brain and body function.
- **A 'normal' thyroid panel can hide a deficiency that presents as depression.**
  TSH of 2.5–5 is often dismissed, but Abrams pays most attention to free T4: if it's suboptimal in a depressed patient, he refers to endocrinology or prescribes himself. He prefers combined T4 and T3, avoids compounded time-release T3, and doses immediate-release T3 twice daily—morning and 6–8 hours later—sometimes starting as low as 2.5 mcg twice daily, and sometimes uses T3 alone for treatment-resistant depression.
- **Ketamine can rapidly defuse suicidality.**
  He describes patients on the edge of hospitalization whose suicidal risk dissipates dramatically after a ketamine infusion, usually given at partially dissociative doses. He worries about recreational use and has friends who refer patients for ketamine addiction.

EXAMPLES

- **Menopause unmasking bipolar disorder**
  A woman described herself as 'just a high-energy person'; asked about her 20s and 30s, she admitted they were chaotic, with a depressive episode following a long hypomanic stretch. The menopause transition revealed underlying bipolar disorder, changing treatment—lamotrigine can help bipolar depression.
- **Very high-dose T3**
  Abrams recalls (conflating a few patients) a case of recalcitrant depression that finally responded to T3 at doses Peter considers very high, after atypical antipsychotics and other options.
- **The psilocybin-Alzheimer's report**
  A Japanese woman with supposedly decade-long severe Alzheimer's reportedly improved after 5 g of psilocybin, lasting until a second 3 g dose. Abrams is cautious: no metrics or imaging, and severe Alzheimer's plus 10-year survival 'don't go together' in his experience; he suspects a different underlying cause.
- **Peter's psychedelic experiences**
  Peter says he is resistant to dose-variable drugs; standard 5 g psilocybin does nothing, so he has used more than 10 g. One experience returned him to being 12 and feeling how much harder his parents' lives were than his—transforming that relationship.
- **Duration after one episode**
  For someone well for decades who has a single depressive episode, Abrams cites evidence to continue medication 8–12

months, then taper slowly, not necessarily indefinitely.

OTHER RELEVANT

- **Ask for free T4 and free T3, not just TSH, if depression resists treatment.**
  Abrams finds many depressed patients with low-normal levels respond to thyroid supplementation—under medical supervision. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Track mood across the cycle and life transitions.**
  PMDD, postpartum and perimenopause share a theme of rapid hormone withdrawal; recognizing it can redirect treatment.
- **Treat psychedelics as drugs with real risks.**
  Abrams expects a lasting role in psychiatry, perhaps via safer molecules, set-and-setting or combination therapy, but warns people don't hear enough bad stories, and serotonin-2A blockers can dramatically alter dose needs.
- **Lower doses of tricyclics aren't 'antidepressant treatment'.**
  Distinguishing mechanism and dose helps reduce stigma and supports informed, shared decisions. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Address chronic hyperarousal directly.**
  Because Abrams sees elevated cortisol as the hardest axis to fix with medication, the levers are behavioral and environmental: sleep regularity, time outdoors, social connection and reducing chronic stressors. These are the same ancestral defaults he argues modern life has stripped away.

339 - Unpacking trauma: How early wounds shape behavior and the path toward healing

Guest: Jeff English
Date: 2025-03-10 · Duration: 2:29:47
URL: https://www.youtube.com/watch?v=mE5vd98mohY

KEYPOINTS

- **Trauma isn't only 'big T' events like war.**
  English, a trauma-focused counselor at The Bridge to Recovery in Bowling Green, Kentucky, says people often picture Vietnam or 9/11-scale events. But trauma also includes chronic, highly stressful experiences in childhood—abuse, neglect, enmeshment—that shape how a person learns to survive. He cautions against both extremes: denying trauma and declaring that 'everything is trauma'.
- **The 'trauma tree': wounds are the roots, behaviors are the branches.**
  Roots are the wounding experiences (abuse, neglect, abandonment); branches are how they show up in adulthood—addiction, codependence, rage, people-pleasing, perfectionism. Abandonment is an 'umbrella wound': when a parent abuses you, they also abandon you. Treating only the branches, such as stopping drinking, leaves the roots driving new behaviors.
- **Childhood adaptations become adult maladaptations.**
  Strategies that helped a child survive—control, hypervigilance, caretaking, over-achieving—become liabilities later. Clients often resist healing because they fear losing traits they credit for success, a resistance Peter admits he felt. Socially rewarded behaviors like workaholism and perfectionism are hardest to address because everyone praises them.
- **Insecure attachment is the common denominator.**
  There are many unhealthy attachment styles, but English says the shared thread is insecurity, rooted in how caregivers responded.
- **Shame and guilt are different, and shame drives many behaviors.**
  Guilt says 'I did something bad'; shame says 'I am bad.' Shame can be passed down: one client said his father never had to get sober because the family carried the shame for him.
- **Healing requires surrender, fewer distractions and vulnerability.**
  Borrowing from 12-step language about powerlessness, The Bridge asks clients to give up control. The program removes distractions, and clients spend long days in group therapy plus evening 12-step meetings—even non-substance 'addicts' are told to substitute caretaking or work for alcohol in what they hear.
- **The program's rules exist to create emotional safety and surface patterns.**
  Examples: don't hand someone a tissue—a reflexive rescue can cut off emotion that 'may have been 25 years in the making'; adults ask for their own. Don't minimize others' experiences. Breaks happen about every 50 minutes. Group members are encouraged to 'take a risk' and name what they see, such as someone arriving late.
- **Storytelling and the 'no feedback to feedback' rule.**
  Each client gets about 45 minutes to tell their story, then must listen. They may not respond to feedback—undercutting the control many use to keep their polished narrative intact. Peers typically share feelings like 'when you described that at 8 years old, I felt angry,' showing they were present.
- **Immersion works differently from weekly therapy.**
  English compares it to language learning: two hours of Portuguese lessons a week works eventually, but moving to Brazil works faster. Residential programs aren't required to heal, though, and he warns against implying otherwise.
- **Trauma is transmitted across generations unless someone breaks the cycle.**
  A wound in generation minus two can manifest differently in minus one and become a blind spot in the current generation. 'I don't drink, so I'm not as bad as my parents' can mask work still to be done.
- **Insight alone isn't change; breakthroughs rewire beliefs.**
  English describes moments that shatter a belief and make change possible, but insists new patterns must be practiced. He distinguishes deep-seated trauma from simple bad habits by whether behaviors resist ordinary effort and are tied to emotional wounds.
- **Therapists must do their own work.**
  English says The Bridge doesn't operate from 'therapy hill': staff are expected to keep working on their own healing, which is why some clinicians won't work there. His own codependence taught him he expected others to rescue him. He sees his purpose as coming from both pain and hope, and says he heals a little each time he helps a client—while still knowing when to take the therapist hat off with his own family.

EXAMPLES

- **Peter at The Bridge, December 2017**
  Peter, one of 12 in his group, describes arriving feeling they were 'a collection of losers' who had lost everything and came because they had no choice. He said almost nothing for the first days because of the discomfort of opening up; morning runs at 5:30 helped him cope.
- **A reaction 16–18 hours later**
  English describes a client still having a strong reaction many hours after a schedule detail wasn't written on the board—showing how control needs link to old wounds.
- **The bullied boy**
  A client who spent three years being bullied daily while no adult noticed carried that neglect into his 30s.
- **English's own story**
  He was a client in 2016 before becoming a therapist there; his sister, raised in the same home, died in 2014, and his 87-year-

old mother lives with dementia in a nursing home.

- **'Higher dose' isn't the answer**
  Peter reflects that if you keep 'upping the dose' of a coping strategy you'd end up comatose—there's no dose at which a breakthrough happens without addressing the wound.

OTHER RELEVANT

- **Look beyond the behavior to the wound.**
  If a pattern persists despite willpower, explore what it protected you from as a child. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Vet 'trauma-informed' therapists.**
  A 45-minute seminar doesn't make someone trauma-informed; ask about depth of training and experience rather than a long list of modalities.
- **Expect the work to be uncomfortable.**
  Good therapists keep you grounded in the present while you revisit the past—'feel a little of the temperature' without drowning.
- **Parents: prioritize safety and connection.**
  English says his most important job is that his children go to bed and wake up feeling safe—the best way to stop generational transmission.
- **Be patient with change after intensive work.**
  English notes clients sometimes leave a great session and return a week later seemingly transformed—or backslid. Follow-up support, ideally with someone familiar with the program you attended, helps integrate breakthroughs into daily life.

330 – Autism, ADHD, and Anxiety: the rise in autism & an approach to diagnosing & treating children

Guest: Trenna Sutcliffe
Date: 2025-01-06 · Duration: 2:15:31
URL: https://www.youtube.com/watch?v=Az1oycmlpec

KEYPOINTS

• Anxiety, ADHD and autism are clinical diagnoses based on impairment, not biomarkers.
Sutcliffe, a developmental-behavioural paediatrician who founded a multidisciplinary Bay Area clinic, stresses there's no blood test or scan for any of them. Clinicians use DSM checklists, parent and teacher rating forms, history, clinic assessment and ideally school observation. The key question is whether traits impair a child's 'job'—learning, making friends, communicating, contributing at school. Anxiety itself is a normal emotion; it's about severity and pervasiveness.

• Each condition has its own diagnostic age window.
Autism can be confidently diagnosed from about 18 months (rarely 15 months in obvious cases), though the typical age is 3–4 and half of cases are diagnosed after 6. ADHD can technically be diagnosed at 4, but Sutcliffe usually waits until 5–6 because preschoolers are a 'moving target,' while starting behavioural support earlier. Anxiety conditions—separation anxiety, selective mutism, phobias, OCD—appear in preschoolers.

• Self-esteem is the impairment Sutcliffe watches most closely.
Children with ADHD get constant correction for forgetting, losing things and not finishing tasks, often from well-meaning adults. With elementary-age children, she asks about a 'third person'—why might another child come home crying?—because kids find it easier to describe others, and their stories reveal their own experience.

• Autism diagnosis requires differences in three social areas plus restricted or repetitive behaviours.
The three areas are social reciprocity (back-and-forth, initiating and responding), nonverbal communication (eye contact, gestures, reading others' cues), and understanding relationships and group context. Since the 2013 DSM-5, Asperger's and PDD-NOS fall under one autism spectrum, specified with or without intellectual disability or language impairment. Severe cases can be diagnosed quickly; milder ones need multiple visits and outside perspectives.

• Autism prevalence has risen far beyond what criteria changes explain.
CDC figures went from about 1 in 150–169 before 2013 to about 1 in 36 by 2020. Heritability is about 70–98%, higher than any other DSM condition, but it involves hundreds to roughly a thousand genes with a different 'fingerprint' in each child. Sutcliffe describes a multiple-hit gene–environment–epigenetic model, where timing and order matter. Implicated factors include pollution, maternal infection or prolonged fever, placental health, stress and parental age. Whether epigenetic marks pass across generations remains controversial.

• Level 1 autism is the blurriest category and often goes unsupported.
Levels 1–3 range from 'requires support' to 'very substantial support.' Level 1 children have strong cognition and language but social and coping difficulties. One clinician may call it autism while another calls it ADHD plus anxiety. They often miss services despite responding very well to coaching on coping, change and social skills. Sutcliffe wonders whether the next DSM will swing back.

• The conditions overlap heavily.
About half of autistic children also have ADHD (reports range 40–70%), a dual diagnosis only allowed since 2013, and about 40% have anxiety. ADHD 'frequently has a partner'—anxiety or mood issues, learning disabilities or oppositional behaviour. Imaging implicates frontal lobes, amygdala, cerebellum and temporal lobes.

• An 'ODD' label doesn't tell you what to do—find the function behind the behaviour.
Arguing, lying and defiance may come from anxiety or embarrassment (very common), untreated impulsivity, social misunderstanding, or sensory overload. Each needs a different plan. Sutcliffe left the traditional model in 2014 because it amounted to 'you have autism, here's a list of 15 recommendations, good luck.'

• ADHD treatment: behavioural parent training first under 6, medication plus training from 6.
Stimulants raise dopamine and norepinephrine in prefrontal synapses. Sutcliffe starts young children on methylphenidate (Ritalin, Focalin, Concerta), which meta-analyses show is slightly better tolerated. Amphetamines (Adderall, Vyvanse) give 'a bit more bang for your buck.' Formulations differ mainly in release mechanism, so switching brands can help. Common side effects are reduced lunchtime appetite and delayed sleep onset; some teens feel less funny or spontaneous, which calls for adjusting the dose or brand. Most families say 'I wish we'd started sooner.'

EXAMPLES

• ABA, from discrete trials to naturalistic methods
Applied behaviour analysis breaks skills like greeting someone—eye contact, turning toward them, speaking—into reinforced steps. Classic table-based discrete trials are controversial. Naturalistic methods use the child's motivators, such as requiring a glance before a swing push. Pivotal response treatment trains parents to do this everywhere. Sutcliffe recommends ABA, but quality varies as the industry scales.

• Non-stimulants and autism medications
Atomoxetine, guanfacine and clonidine must be taken daily and help emotional dysregulation, sometimes combined with stimulants. No drug treats autism's core features. Symptoms are targeted instead: stimulants for attention, SSRIs for anxiety and rigidity, and atypical antipsychotics, usually with a psychiatrist, for self-injury or aggression.

• Parents recognising themselves
While their child is being evaluated, many parents realise they share the traits. That can be validating ('it wasn't my fault'), and those with ADHD traits affecting work often seek their own assessment.

• Coming off medication
Stimulants clear daily, so there's no lingering effect. Sutcliffe won't promise lifelong or temporary use. Many patients develop

strategies, using neuroplasticity built through practice while medicated, and eventually stop as teens or young adults.

OTHER RELEVANT

- **How to choose providers**
  Look for individualised, flexible plans rather than one-size-fits-all; proactive coordination with teachers and therapists (for example, seasonal team meetings); and real parent training, not just education. Start with your paediatrician and build a team around a 'quarterback.'
- **Siblings carry risk and gifts**
  Siblings of autistic children have higher rates of autism traits, language delay, ADHD and anxiety, but often develop unusual empathy. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Strengths are real, especially at level 1**
  Memory, attention to detail and the ability to hyperfocus often suit STEM and technical careers. Autistic adults have successful careers and marriages.
- **Bridge health care and school**
  Sutcliffe attends IEP meetings and observes classrooms because insurers and schools each push responsibility onto the other. In California, an autism diagnosis is what unlocks insurance coverage for ABA.

321 – Dopamine and addiction: navigating pleasure, pain, and the path to recovery

Guest: Anna Lembke
Date: 2024-10-14 · Duration: 2:32:01
URL: https://www.youtube.com/watch?v=ZTxpIBk2F4c

KEYPOINTS

• Dopamine evolved for movement toward reward, which is why it drives motivation.
Lembke, a Stanford addiction psychiatrist and author of Dopamine Nation, notes that dopamine first helped simple organisms locomote toward food—probably no coincidence that the neurotransmitter for movement also governs pleasure, reward and motivation. The prefrontal cortex, which weighs consequences, is still maturing until about 25, so habits laid down earlier are harder to change later.

• Pleasure and pain sit on opposite sides of a balance.
One of neuroscience's key findings of the past 75 years, she says, is that pleasure and pain are co-located and work like a seesaw. Each hit of pleasure is followed by a compensatory tilt toward pain; with repeated use, the brain sets the balance toward pain, so people need the drug just to feel normal—craving, anxiety, irritability and depression between uses.

• Addiction is defined by behavior: continued compulsive use despite harm.
Diagnosis relies on behavioral criteria (loss of control, compulsion, consequences), which is why ten psychiatrists might give ten diagnoses—true of all mental health disorders. Harms include subtle opportunity costs, such as working so much you don't know your children. Someone losing $1 million a year gambling while earning ten times that may not meet criteria if it isn't affecting their life.

• Measure alcohol precisely with standard drinks and a timeline.
A standard drink is a 12 oz beer, 5 oz wine or 1–1.5 oz of liquor. The timeline follow-back method—reconstructing each day for a week—often surprises patients ('I'm drinking 21 drinks a week'). For adult men, more than 14 drinks a week or more than four on any day signals risk, based on epidemiology.

• Risk factors: nature, nurture and neighborhood.
Heritability of addiction is about 50–60% from family and twin studies. Nurture includes trauma and family dynamics. 'Neighborhood' means access—one of the biggest risk factors; easy access to a drug increases addiction risk regardless of other vulnerabilities.

• A four-week 'dopamine fast' resets the reward system for most people.
Lembke asks patients to abstain from their drug of choice for about four weeks. The first 10–14 days usually feel worse; by about four weeks roughly 80% feel better, showing the drug was driving their anxiety and depression. The 20% who don't improve reveal something else is going on, which is equally useful information.

• Some withdrawals need medical supervision.
Alcohol and benzodiazepine withdrawal can be life-threatening; and in the last 20 years, tapering people off very high prescribed opioid doses has revealed severe withdrawal. People who have repeatedly failed to stop alone should seek day or residential treatment rather than self-directed abstinence.

• Addiction is rising, with new demographics and digital drugs.
The male-to-female ratio for alcohol addiction was 5:1, then 2:1 30 years ago, and is now 1:1 among millennials. Cannabis use shifted from weekend recreation to daily high-potency use. Where online sports betting became legal, calls to gambling hotlines rose 300–500%. Cigarette use has fallen, but a 'whack-a-mole' effect shifts addiction to new substances.

• Medications help, and GLP-1s may become addiction treatments.
Gabapentin, typically 600 mg three times daily, helps alcohol withdrawal and sometimes maintenance, though some become dependent. Lembke occasionally recommends semaglutide off-label; small trials show effects, and she wouldn't be surprised if it's approved for addiction within 5–10 years. Naltrexone at 50 mg can blunt reward enough to keep some people free of alcohol and opioids.

• Twelve-step programs work for many and deserve less bashing.
Lembke credits easy access, low barriers, community and 'pro-social shame'—honest sharing that builds connection. She says don't force them or claim they're the only way, but don't malign something clearly effective; Peter mentions a devout Christian theologian friend who now attends 12-step meetings instead of church.

• Causality is hard to prove, which slows policy on screens and cannabis.
Peter notes tobacco's harms were established without RCTs, via Bradford Hill criteria plus mechanism—leading to a 50-year decline. Lembke is divided on cannabis legalization: criminalization caused harm, but access drives addiction.

EXAMPLES

• Peter's 300 mg/day of OxyContin
Peter describes reaching 300 mg a day of OxyContin for back pain—a dose that could kill a naive person. An anesthesiology resident he was dating told him he was crazy; years later, after two days of Percocet for a tooth, he noticed the pull and stopped.

• The cannabis patient
A longtime patient came for anxiety and depression, not cannabis. Twenty years ago Lembke would have prescribed for the mood symptoms; now she first suggests an abstinence trial, and most patients feel much better.

• The marshmallow test revisited
When children were lied to about whether the researcher would return, they were much more likely to eat the marshmallow early—untrustworthy environments make waiting irrational, which may raise later addiction risk.

• Gamblers who want to lose
Some gamblers want to lose because losing justifies staying in the game—revealing that the activity itself, not the money, is

the reward.

- **Pornography escalation**
  Lembke describes patients whose compulsive use escalated over years to extreme content; getting them out of the cycle can remove preferences that seemed fixed.

OTHER RELEVANT

- **Try a 30-day abstinence experiment.**
  Pick your drug of choice—alcohol, cannabis, phone, gambling—push through the first two weeks, and assess how you feel.
- **Count your drinks honestly.**
  Use standard-drink math and a seven-day timeline to see your real intake. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Delay kids' unsupervised digital access.**
  Lembke recommends no unsupervised internet-connected devices for children under 13; talk with teens frankly about drug biochemistry and risk.
- **Get medical help to stop alcohol, benzos or high-dose opioids.**
  Withdrawal can be dangerous; repeated failed attempts warrant a higher level of care. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.

298 The impact of emotional health on longevity, self-audit strategies, & improving well-being

Guest: Paul Conti
Date: 2024-04-15 · Duration: 2:33:57
URL: https://www.youtube.com/watch?v=obW0NDzEO88

KEYPOINTS

• Emotional health is the one part of healthspan that doesn't have to decline

Peter splits healthspan into cognitive, physical and emotional health. You can slow the decline of the first two, but you can't reverse it. Emotional health can actually improve with age. Conti says it usually declines, partly because society treats aging as a loss. Improving it takes intention: staying curious, learning, keeping an expansive mindset and caring for the body.

• There are no biomarkers for emotional health, so you assess it by looking inward

Strength or processing speed can be measured. Emotional health can't, so Conti uses questions instead. How do you feel when you wake up? Are you low-grade afraid or 'on the back foot'? What do you say to yourself when you're alone? What phrases repeat? Is there a 'shadow voice' that is ashamed, regretful or oppressive?

• Three drives: assertion, pleasure and the neglected generative drive

Psychiatry has long recognized an assertion (aggression) drive and a pleasure drive. Conti adds a generative drive, the urge to create, explore and grow beyond yourself. He says it, not war (contra Trotsky), is the 'locomotive of history'. When the three are in balance, gratitude and humility follow, along with physical and cognitive self-care.

• Achievement is not the measure of the generative drive

Two people running three companies can look identical from outside. One is engaged, has good relationships and wakes up feeling worthwhile. The other is driven by shame, fear or past deprivation, with a huge assertion drive, little pleasure and a weak generative drive. Conti says outside data without context is misleading.

• Neglected physical health is a strong sign of emotional trouble

Peter asks how well drinking, smoking, overeating or not exercising predict emotional problems. Conti says the predictive value is 'very, very high': it doesn't feel good to know you're unhealthy. The reasons people give ('no time', 'too stressed') 'aren't good reasons.' What matters is curiosity linking the two: noticing the sign is useless if it goes no further.

• Self-care runs on a continuum, and over-management is the hardest to spot

Peter describes three patterns. Some people neglect everything. Some, like Peter with emotional eating ('elbow deep in the Pringles'), are mostly fine with stress-driven lapses. Others over-optimize and 'eat, exercise, sleep like a robot.' Conti uses Freud's id/ego/superego model: when the managing superego takes over, people internalize a persecutor. Perfection is 'the enemy of everything that's not misery.'

• Harsh self-talk is common, invisible and harmful

Peter says a brutal 'Bobby Knight' inner voice ran for about 45 of his 47 years before he recognized it. Conti says such voices get a 'bye' because they feel normal and seem to drive achievement. He links critical self-talk to lost motivation and confidence. He also says it may raise inflammatory markers and illness risk, an association he states without citing specific data.

• Change is slow, then sudden, and repetition rewires both ways

Conti's analogy: say a random word 1,000 times and it's with you later today; say it 5,000 times and it's there tomorrow. Thought patterns work the same way, so undoing years of them takes sustained, brave work against the fear of losing your 'edge.'

• Slowing anger is necessary but not sufficient

Conti describes a cascade: affect (aroused without choice) becomes feeling (related to self), then emotion (related to others or the world: 'it's your fault... I'm cursed'). Pausing helps, but the lasting gain comes from understanding why you're angry. With balanced drives, gratitude and humility cool the reaction.

• Drop comparison framings, even 'be grateful' ones

Peter feels torn: he knows Dust Bowl life (The Worst Hard Time) was far harder, yet he still gets angry at a four-hour flight delay. Conti says to throw that framing out rather than adjust it. You can't know you wouldn't have been happier then, just as Conti's shepherd ancestors may have been. Comparing guarantees shame. He calls these mental constructs 'funhouse mirrors' and says simplicity is the rule of good mental health.

• Not knowing what comes after death can be a source of hope

Peter envies people who believe in an afterlife. Conti notes that older people near death mostly fear loss of control, not death. He says uncertainty about what comes next activates his generative drive rather than despair, and urges glorifying living well over merely not dying.

EXAMPLES

• The recording exercise

When Peter left PCs, his therapist Katie asked him to record, after every mistake, what he'd say to his best friend, and send it to her. The early recordings felt strained, 'like learning a new language.' It took about three months (roughly 100 days of work) to change. Later, when a glass bottle of Nivea aftershave shattered, his only thought was to avoid the glass, instead of 'a three-minute internal lashing.'

• The 40-minute urge gap

Therapist Andy White asks smokers to set a 40-minute alarm whenever they have an urge, then smoke when it rings, separating urge from behavior. Peter adapted it to anger: wait an hour before sending the nasty email or making the call. He says he manages this about half the time and calls his anger only about 50% improved: 'the 400-to-350-lb guy.'

• The silent commute

An underachieving client who loved music didn't listen to any on a long drive to an unnecessary, farther-away job. Through

questioning, Conti found the drive was time to berate himself uninterrupted. Once that stopped, the client's performance rose dramatically.

• Rich and poor, equally unhappy

For a period about seven or eight years earlier, Conti saw very high achievers for about a week at a time. He alternated that with a unit treating uninsured, often indigent patients with addiction problems. He 'could find no difference in overall happiness.' One man living behind a bush was happier than most of the wealthy patients.

OTHER RELEVANT

• Choosing a therapist: does 1 + 1 equal more than 2?

Rapport is necessary but not sufficient. The test is whether something new emerges between you, which Conti traces to Frankl and existential therapy. A clear 'no' can come in the first one to three sessions (for example, no eye contact). Otherwise allow five to seven sessions, because progress isn't linear. Look for a 'holding environment' where you can disclose shame without the therapist recoiling.

• Auditing an existing therapy

If years of weekly sessions leave you unchanged, ask what you're paying for. Is it sympathy while you vent, or help understanding yourself and changing? Therapy shouldn't always be comfortable. Conti has seen his own therapist for about 13 years and says it involves crying as well as fun. The therapist has an obligation to be working toward change.

• Approaches for four common types

Workaholic: ask what they're avoiding. Optimizer: ask what anxiety perfecting something already good enough is soothing. Anxious 'future-tripper': ask what the fear is about. Denier: Peter Grover's sign asks 'How's that working for you?' Lawrence Havens sat beside patients to look at the world together. With deniers, say once how it looks to you, plant a seed ('remember this when it starts feeling different'), then stop before you drive them away.

284 Overcoming addictive behaviors, elevating wellbeing, & thriving in an era of excess

Guest: Michael Easter
Date: 2024-01-08 · Duration: 2:06:11
URL: https://www.youtube.com/watch?v=gN2mySEkXbg

KEYPOINTS

• Scarcity Brain began with pandemic hoarding.

Journalist Michael Easter, author of The Comfort Crisis, finished that book in March 2020 and watched people hoard canned food, toilet paper and sanitizer. Over the following months, drinking, drug use, shopping and weight gain all rose. That led him to ask how a brain built for scarcity copes with a world of abundance in food, stuff and information, the subject of his book Scarcity Brain.

• Obesity reflects an evolutionary mismatch with a cheap, hyper-palatable default food environment.

Overeating once gave a survival edge, since stored energy carried you through the next lean stretch. Now food is abundant enough that the US throws out about a third of what it produces. Michael says Americans spend about 8% of income on food, versus over 40% in the past, and Mexican women once spent about five hours a day grinding corn for tortillas. Peter's 'default food environment' is palatable, calorie-dense, non-perishable and cheap. He doesn't see it as nefarious, but 'healthy' was never one of the design criteria. About 40-plus percent of Americans are obese.

• The Tsimane eat 'every fad diet's forbidden foods' but almost no ultra-processed food, and have remarkably healthy hearts.

Michael traveled to Bolivia after reading a 2018 paper on this Amazonian forager-horticulturalist group. From La Paz it took a 12-hour drive and a six-hour boat trip up an Amazon tributary. The Tsimane eat white rice, plantains, sweet potatoes, corn, fish, small wild chickens and tapir, with few vegetables. Everything is a single ingredient, usually unsalted and fire-baked. CT heart scans brought out by researchers showed hearts that looked about 30 years younger. People who avoid accidents (snakebites are a real risk) often live into their 70s. The nearby Mosetén, who buy processed food and fry with oil, appear to have more heart disease.

• Kevin Hall's ultra-processed food study: about 500 extra calories a day.

Kevin Hall at the NIH, an empiricist skeptical that processing mattered beyond calories, ran a metabolic-ward study. Volunteers ate as much as they wanted for two weeks each of ultra-processed and minimally processed diets matched for nutrients such as carbs and salt. On ultra-processed food they ate about 500 more calories a day and gained weight. On minimally processed food they spontaneously lost weight. One explanation is eating speed. A food-industry contact told Michael snacks need 'three Vs': value, variety (many intense flavors) and velocity (fast to eat). He says snacking barely existed as a habit before about 1970.

• Michael's one-ingredient diet experiment made him lose weight without trying.

For a month at home he ate only single-ingredient foods, combined as he liked: oatmeal and eggs, air-fried plantains and fish, sweet potatoes, green beans, elk he had hunted, and fruit for snacks. Whole aisles at Costco were off-limits. He dropped weight so quickly from about 180 lb that he had to force-feed 'mountains' of plantains to stay near 175, eating 50–70% carbs. Social meals forced compromises. He suggests it as an experiment to find foods that fill you up, then eat that way 80–90% of the time. Michael says about 60–70% of the American diet is ultra-processed.

• The 'scarcity loop' is three parts: opportunity, unpredictable rewards and quick repeatability.

Common casino myths (no clocks, songs only in the key of C, no right angles, pumped-in oxygen) didn't hold up. Michael found the real explanation at a Las Vegas research casino funded by 73 gambling and tech companies. Slot machines offer a chance at something of value, unpredictable payouts from nothing to $20,000, and instant replay: players average 16 games a minute, faster than we blink. Modern machines return about 85 cents per dollar, with frequent small wins. The same loop drives social media likes, dating apps, Robinhood's fee-free trades and spin-the-wheel discount ads, which he says raised conversion sevenfold.

• Addiction isn't purely a moral failing or purely a brain disease.

Michael describes the 'moral failing' and 'brain disease' models. A counterexample: about 20–25% of US soldiers in Vietnam regularly used heroin. Under Nixon's Operation Golden Flow they had to pass a urine test to go home, and nearly all did. Back home, about 95% stayed clean, and those who relapsed tended to have used drugs before the war. Michael also reports from Baghdad, where war trauma, few other outlets and a flood of the stimulant captagon from Syria fueled a new drug epidemic, much as factory closures preceded the US opioid crisis. Drinking at 15 or younger carries a coin-flip chance of alcoholism, versus about 10% when starting at 21 or older.

• Happiness comes from enjoyment, satisfaction and purpose, which often require struggle.

Peter favors Arthur Brooks's 'macronutrients' of happiness: enjoyment, which is deeper and more shared than pleasure; satisfaction, which is fleeting and highest after struggle; and purpose. Michael spent a week at a Benedictine monastery in New Mexico. The monks rise around 3 a.m., eat little, keep silence, are celibate and do about four hours of labor daily ('pray and work'). Researcher Alex Bishop has found them happier than average Americans. Michael's takeaways: hard-won rewards satisfy more, and serving something beyond yourself matters. Peter admits the routine would drive him mad.

EXAMPLES

• Stuff.

A couple of centuries ago a person owned about three outfits. Today the average is about 104, and people regularly wear only about 10% of them. Homes hold an estimated 10,000–40,000 items. Michael's four reasons we buy: tools, status ('no one buys a Rolex to tell time'), belonging and boredom, which one-click shopping and eerily accurate Instagram ads exploit.

• Boredom as a signal.

Boredom evolved to say your current activity's return has worn thin. Hunters would switch to fishing or gathering. Now we reach for a phone. Both men practice going out without their phones, and Peter calls rucking a 'no-phone zone.'

- **The penny press.**
  Michael traces negativity-driven media to an early newspaper publisher who sold papers at a loss for one cent, made money on ads, and grew readership by covering murder and mayhem.
- **Peter's own wiring.**
  Slot machines and getting drunk hold no appeal for him, but food is a lifelong struggle. Neither man sees these differences as moral. Michael, who is sober, thinks early exposure during vulnerable years sets the pattern.

OTHER RELEVANT

- **Change your environment to subtract a habit.**
  Peter's rule: when quitting something, reshape what's in your pantry and around you, rather than relying on willpower.
- **Favor foods that are ingredients rather than foods that have ingredients.**
  They're slower to eat and harder to overeat. Nobody eats 1,000 calories of broccoli.
- **Add friction to the loop.**
  Michael's rule that the faster a behavior can be repeated, the more likely it is to be repeated suggests the reverse: slowing it down weakens the cycle.
- **Seek voluntary hardship and purpose.**
  Uncomfortable challenges and service beyond yourself counter the pull of easy, endless rewards.

245 Overcoming trauma, finding inner peace, & living a meaningful & fulfilling life | Lewis Howes

Guest: Lewis Howes
Date: 2023-03-06 · Duration: 1:39:28
URL: https://www.youtube.com/watch?v=oWDpSjxiiyk

KEYPOINTS

• Childhood adversity can stay buried for decades and then erupt.
Howes was sexually abused at age five by a babysitter's son of about 16 or 17, and kept it secret for roughly 25 years. Growing up in the 1980s and 90s, he never heard a male perspective on abuse and believed he was essentially the only one it had happened to. The pain surfaced as insecurity, shame and anger rather than as a memory he talked about.

• Success built on proving people wrong didn't bring peace.
Howes says he was fuelled to win, look good and be acknowledged, assuming that would bring joy and fulfilment. Instead, the more successful he got the angrier and more upset he felt. Around age 30 he had several breakdowns at once — in an intimate relationship and in a business partnership where he felt he was doing about 80% of the work.

• Ego was the barrier to getting help.
Already working in personal development and making money, he thought he had the answers and that people just needed to understand and accept him. Only after friends repeatedly recommended it did he try therapy and workshops; he now approaches every therapeutic experience with a beginner's mind.

• Telling the secret in a room of men was the turning point.
At a 2013 emotional-intelligence workshop he stood in front of about 40 people and told the story for the first time, reliving it vividly. Afterwards a man in his late 50s — married 25 years with four kids — told him the same had happened to him at 11 and no one knew. About 12 or 13 men came forward; several said they'd never told anyone.

• Being authentic deepened his relationships, including with family.
Howes says he'd been missing 25 years of true intimacy and connection because he was inauthentic about who he was. Opening up strengthened bonds and gave him a sense of inner peace he'd never had.

• Adversity and trauma are different, even if both can carry meaning.
Playing football with a broken wrist for 14 games or with three broken ribs was adversity that also produced good. Attia pushes back on framing abuse at five the same way: no parent would choose that for a child, even if meaning can later be found in it.

• Adverse childhood events predict adult disease.
Attia describes the ACE (adverse childhood events) score, a standardized 10-question test his practice gives patients when relevant. Its histogram shows how scores from zero to ten predict physical and mental health outcomes in adulthood. He notes that Howes' brother's imprisonment would likely count, since an 11-years-older sibling functions almost like a parent figure.

• Unresolved trauma can show up as physical symptoms.
Even after a decade of work, Howes had sharp chest pain unrelated to exercise and a throat-clenching feeling 'like someone was strangling me' when emotionally triggered. A five-month intensive therapy and coaching programme about two years earlier, focused on intimate relationships, is when he says the pain lifted.

• He chose partners he could 'fix'.
Howes realized he sought partners with a hole he felt he could fill — subconsciously trying to fix his parents' unhappy marriage through his own relationships.

• Healing is gradual, not a switch.
Attia stresses these changes aren't digital, zero-or-one switches. Howes describes re-parenting his five-, 10- and 18-year-old selves, and having compassion even for the 11-year-old who stole.

• Mortality can be a motivator.
After his father's accident, Howes went after everything, knowing life could change suddenly. Attia shares a 'life in weeks/ months' chart: at about 50 with a life expectancy near 88, he's more than halfway through.

EXAMPLES

• His brother's prison sentence
Howes' brother, 11½ years older and a violin prodigy who was in the Columbus Symphony at 16, sold LSD to an undercover cop at 18 and received six to 25 years on a first offence. The family visited weekly for about four years, sitting in a room with some 40 inmates and their families; he was released after about four and a half years and later played with Les Paul for a decade in Times Square.

• Leaving home at 13
Amid turmoil at home, Howes begged to go to a boarding school in St Louis and essentially lived with roommates from 13 to 18; at 8–12 he'd had no friends for years while dealing with his brother's imprisonment.

• His father's brain injury
When Howes was about 20–21, his father was hit by a car and suffered a traumatic brain injury. For 17 years he couldn't work, often repeated the same conversation and sometimes called Lewis by his brother's name, until he died a year before this conversation.

• The life-percentage shirt
Howes describes someone who wears a shirt displaying how much of his expected life he's lived, updated each year — a constant reminder of mortality.

OTHER RELEVANT

- **Consider taking the ACE questionnaire.**
  It's a quick way to see whether childhood adversity may be relevant to your health; discuss results with a clinician or therapist.
- **Try therapy or coaching even if you think you don't need it.**
  Howes credits workshops, therapy and coaching, over a decade, for changes success alone never gave him. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Notice physical symptoms tied to emotional triggers.**
  Recurrent chest tightness or other symptoms during emotional stress can be worth exploring — after medical causes are ruled out. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Speak up to break isolation.**
  Howes' disclosure prompted others to share; telling a trusted person can be a powerful first step. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.

220 Ketamine: Benefits, risks, and promising therapeutic potential | Celia Morgan, Ph.D.

Guest: Celia Morgan
Date: 2022-08-29 · Duration: 1:42:40
URL: https://www.youtube.com/watch?v=fNFnr8UTGI4

KEYPOINTS

• Ketamine began as a safer replacement for PCP

Celia Morgan, a psychopharmacologist who has studied ketamine for nearly 20 years, explains that Parke-Davis synthesized it in the 1960s as an anaesthetic to replace phencyclidine (PCP, 'angel dust'). Both act on the NMDA receptor, but ketamine is about 10 times less potent and lacks PCP's long-lasting psychosis-like effects. Edward Domino coined the term 'dissociative anaesthetic' for the class, which some also extend to nitrous oxide. Ketamine remains a valuable anaesthetic, especially where respiratory depression is a concern.

• Its effects change with dose

At low doses, ketamine has stimulant properties. Higher doses bring perceptual distortions, a sense of floating or melting and dissociation. Morgan notes that people at higher doses are especially vulnerable to accidents because they are partly but not completely detached from reality. Like LSD, it has no practical lethal dose in the usual sense because it doesn't suppress breathing, but behaviour under its influence can be dangerous.

• Heavy recreational use causes serious bladder damage

Ketamine is directly toxic to the lining of the bladder. Morgan has worked with heavy users, including 16-year-old girls, who needed their bladders removed (cystectomy). This harm appears mainly at very high, repeated doses. She has seen people functioning on several grams a day, doses that 'would floor an elephant'. It became a recreational epidemic in the UK in the 1990s and early 2000s, partly because it was cheap and gave strong escapism.

• Regulation came late

Morgan says the US scheduled ketamine (now Schedule III) around 1997, and the UK followed in 2006. In 2003 Putin banned it in Russia even for human medical use. After Brigitte Bardot petitioned him on behalf of animals, the ban was lifted for veterinary use but kept for humans, which Morgan calls 'horrendous' given how good an anaesthetic it is.

• A single low-dose infusion can lift treatment-resistant depression within hours

Robert Berman's group at Yale published an early study in 2000 using a single infusion of 0.5 mg/kg over 40 minutes in treatment-resistant depression. For an 80 kg person that is 40 mg, compared with perhaps 100–200 mg for a recreational 'blast off'. Early studies such as Carlos Zarate's at NIMH reported response rates around 75%. As with most new treatments, rates have fallen as more studies have come out. Morgan's rough estimate is that 50–60% of patients may not respond, and she says better real-world data are needed. Benefits often last about two days to a week.

• How it works is still debated

One theory is that ketamine blocks NMDA receptors on glutamatergic neurons directly, triggering a downstream cascade. Another is that it blocks NMDA receptors on GABAergic interneurons, releasing the brakes on glutamate. It may be both. Either way, it increases synaptic plasticity in the prefrontal cortex, growing new synapses and dendrites, and this correlates with the antidepressant effect. In animals, the plasticity window starts about four hours after a dose and peaks around 24 hours.

• Time therapy for when the brain is most plastic

As a psychologist, Morgan's interest is in pairing ketamine with psychological therapy delivered in that window, so people can learn new patterns while the brain is most able to change. Her group is using EEG to chart when that window occurs in humans. She worries about frequent low or daily 'maintenance' dosing given what she has seen in addicted users, and says an international registry of real-world patients would help define safe dosing.

• Ketamine plus therapy showed promise for alcohol dependence

Morgan's trial gave three infusions of 0.8 mg/kg, one to two weeks apart. The dose was higher than for depression because of cross-tolerance with alcohol. The trial had four arms of 24 patients each (96 in total), and patients received about 11 hours of support over six months. In the group that got ketamine plus relapse-prevention therapy, the abstinence rate at six months was about 86%. The group that got placebo plus education still reached about 68%, which she partly credits to a supportive team and trial effects. A 280-patient phase 3 trial funded by the UK government is under way in NHS settings.

EXAMPLES

• Evgeny Krupitsky's Russian studies

Starting in the 1980s, Russian psychiatrist Evgeny Krupitsky gave inpatients with alcoholism or heroin addiction ketamine with psychotherapy, using intramuscular doses of about 1–2 mg/kg. Morgan recalls roughly 40% less relapse at 12 months in groups of about 100. She considers the work important but 'dodgy' by modern ethics and trial standards.

• John Lilly and Marcia Moore

Neuroscientist John Lilly, who invented flotation tanks and inspired the film Altered States, became so addicted that he described being on an almost round-the-clock ketamine drip. Marcia Moore, whose husband was an anaesthetist, also experimented heavily with it and froze to death after taking it outdoors.

• Ketamine in the UK clinic

Morgan says no ketamine product is licensed for depression in the UK because the national regulator hasn't recommended Spravato (intranasal esketamine). About five NHS centres prescribe IV ketamine off-label for treatment-resistant depression, and private clinics are emerging. She is involved with one of them.

• Why heavy users keep going

In interviews with about 120 users, reasons included cheapness, escapism and, for 'psychonauts', the pursuit of insights. Tolerance builds quickly, so people take more and more.

• Blood pressure on the drip

During infusions, blood pressure typically rises only modestly, by about 10 points. An anaesthetist is present, and one trial infusion was stopped when blood pressure went above about 180.

OTHER RELEVANT

- **Treat ketamine as medicine in a supervised setting**
  Morgan advises against self-experimentation. If someone does use it outside medical care, start with a very small dose. Doses of 100–200 mg are high.
- **Pair it with therapy rather than relying on the drug alone**
  The best results in her research come from combining ketamine with structured psychological work in the days after dosing.
- **Don't expect it to work for everyone**
  Perhaps half of people with treatment-resistant depression don't respond. Benefits may last days, so plans for maintenance need careful monitoring.
- **Watch for warning signs of misuse**
  Frequent use, rising doses and urinary symptoms are red flags. Heavy use can permanently damage the bladder.

219 Dialectical behavior therapy (DBT): skills for overcoming depression & emotional dysregulation

Guest: Shireen Rizvi
Date: 2022-08-22 · Duration: 2:36:04
URL: https://www.youtube.com/watch?v=qA2sgsxImM8

KEYPOINTS

• DBT grew out of CBT's failures with chronically suicidal patients.
Rizvi, director of the DBT clinic at Rutgers and a former student of Marsha Linehan, explains that Linehan began in the 1970s trying to apply standard cognitive behavioural therapy to people who were chronically suicidal. CBT's heavy emphasis on change left these patients feeling invalidated — as if their suffering were being dismissed — and many dropped out.

• The core dialectic is acceptance and change.
Linehan's insight was to balance change-oriented behavioural strategies with acceptance strategies drawn from Zen practice. 'Dialectical' means holding two seemingly opposite truths and finding a synthesis rather than a mushy compromise.

• Psychotherapy trials often exclude the hardest patients.
Rizvi explains the standard randomized trial — say, 12 weeks of CBT versus nothing or treatment as usual — used narrow inclusion criteria, often excluding suicidal or complex patients. CBT works well for many, but not for everyone, and evidence often doesn't generalize to those excluded.

• Linehan was, in effect, her own index case.
Linehan was hospitalized in her late teens or early 20s, received a lot of treatment, and only went public about her struggles in a New York Times piece around 2010–2011. Attia compares her synthesis to Bruce Lee's Jeet Kune Do, built from over 30 martial arts by keeping what was useful and discarding what wasn't.

• Borderline personality disorder is fundamentally emotion dysregulation.
People experience intense, uncontrollable, rapidly shifting emotions — affective lability — that drive behavioural dysregulation such as substance use, reckless spending, impulsive sex and driving. Chronic self-injury or suicide attempts appear in more than 75% — in some studies 90–95% — of people meeting criteria. Rizvi believes men are underdiagnosed and must be more severe to receive the diagnosis.

• 'Wise mind' synthesizes emotion mind and reasonable mind.
Conflict often arises when one partner is in emotion mind and the other in reasonable mind. Wise mind asks what is valid in each and seeks a synthesis.

• Radical acceptance reduces suffering without condoning.
Rumination — 'if only I'd left 15 minutes early' — adds suffering to pain. Accepting that nothing can change the present moment can bring distress from 100 down to around 50; if a problem recurs, change strategies address prevention later.

• DBT teaches skills in several domains.
Mindfulness (capacity to be aware of the present), interpersonal effectiveness, emotion regulation and distress tolerance are the core four; a fifth set of self-management skills was in the 1993 manual and now appears as 'walking the middle path', developed for adolescents and families by Jill Rathus and Alec Miller.

• Chain analysis and vulnerability factors reveal what drives problem behaviour.
A chain analysis maps the events, thoughts and feelings leading to a target behaviour like exploding in anger. Vulnerability factors — poor sleep, an overloaded schedule, physical pain — make negative emotions more likely, and treating them can make life run more smoothly.

• Opposite action changes unwanted emotions.
Simple in concept, hard to execute: act opposite to the urge. If anxiety urges avoidance, approach; and do it all the way — a fake smile doesn't work.

• DBT skills help people without a diagnosis.
Attia, who meets no DSM-5 criteria, credits DBT with transforming his anger. Rizvi wonders whether low-dose interventions like skills videos might help many people before they need intensive therapy, though evidence is still emerging.

• Distress tolerance is about surviving the moment, not solving it.
When distress is at 90 on a 0–100 scale, Rizvi says, people are not taking in information or learning much, so the first goal is to bring arousal down. Skills such as mindfulness and acceptance make an unchangeable moment more bearable; problem-solving and prevention come later, once the person can think clearly. This is why DBT separates crisis skills from change skills.

EXAMPLES

• DEAR MAN with a 13-year-old
DEAR MAN — Describe, Express, Assert, Reinforce; stay Mindful, Appear confident, Negotiate — is for asking for something or saying no. Attia role-plays asking his 13-year-old daughter to postpone getting a third ear piercing; Rizvi advises keeping it short.

• Attia's anger homework
Attia spent about three months filling out worksheets for every episode of anger — around 16 a day — realizing he didn't want his kids seeing him angry all the time.

• Accepting grief
Attia describes a close friend whose daughter drowned a year earlier, exploring how radical acceptance applies to unchangeable tragedy.

• Surgery and pain
After shoulder surgery with six trocar sites, Attia used acceptance to avoid escalating frustration, while trying to wean off pain medication; Rizvi notes chronic-pain patients are often told nothing can be done or that it's in their head.

- **Missing a flight**
  Rizvi uses a missed-flight scenario: mindfulness can lower distress in the car, even if it rises again at the airport.

OTHER RELEVANT

- **Use DEAR MAN for hard asks.**
  Script a short request, reinforce why it benefits the other person, and be willing to negotiate.
- **Address vulnerability factors first.**
  Sleep, pain and overcommitment raise emotional reactivity; fixing them can prevent blowups. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Practise opposite action fully.**
  Act against avoidance or anger urges wholeheartedly, not half-heartedly. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Find a properly trained therapist.**
  Many clinicians claim DBT without fidelity; Linehan's DBT-Linehan Board of Certification lists certified clinicians.
- **Start small with self-directed skills.**
  Rizvi suggests that people without a diagnosis can benefit from exposure to DBT skills through books, workbooks and videos. Pick one or two skills — such as noticing vulnerability factors or practising opposite action — and use them deliberately in daily life before deciding whether formal treatment is needed.

Freedom, PTSD, war, and life through an evolutionary lens | Sebastian Junger & Peter Attia (Ep. 195)

Guest: Sebastian Junger
Date: 2022-02-14 · Duration: 3:18:49
URL: https://www.youtube.com/watch?v=uaYKdPEktA0

KEYPOINTS

• His family history taught him about fascism early.
Sebastian Junger, a journalist, war reporter and author (The Perfect Storm, War, Tribe, Freedom), describes his father's family fleeing Franco's Spain in 1936 and then the Nazis in France; his father was Jewish and a physicist. When Junger turned 18 in 1980 and refused to register for Selective Service, his pacifist father surprisingly told him to sign, because some wars, like the fight against fascism, must be fought.

• Tree work and running shaped him before writing.
Junger ran a 4:12 mile and a 2:21 marathon, and spent years as a climbing arborist, topping 100-foot white pines between houses, work he loved for its danger and craft. A chainsaw injury and Achilles problems pushed him toward writing; living in Gloucester, Massachusetts, when the 1991 storm hit led to The Perfect Storm.

• War reporting took him into Afghanistan for decades.
His first war assignment was Afghanistan in summer 1996 as the Taliban took over, after the Soviets left in 1989. He was with Ahmad Shah Massoud in fall 2000 as he held the northeast; Massoud was assassinated two days before 9/11, which Junger sees as part of the same strategy. He entered Kabul behind Northern Alliance fighters in November 2001.

• By 2005 the 'easy win' was slipping.
Junger argues the early war was underfunded and undermanned, and the US failed to follow through for the many Afghans who welcomed it; by 2005 the Taliban insurgency was gaining traction and US casualties climbed. He also discusses the 2021 withdrawal and the collapse of the Afghan government.

• Restrepo documented one platoon for a year.
With his friend Tim Hetherington, Junger embedded with a platoon in the Korengal Valley, producing the book War and the film Restrepo. The soldiers, mostly 19–21 and childless, carried enormous loads (sometimes 160 lb on overnight patrols). Many joined after 9/11 out of duty, as an earlier generation responded to Pearl Harbor.

• PTSD is common at first; most people recover.
Junger had an unexplained panic reaction about 10 years after his war reporting, which he later understood as PTSD. He cites about 80% of people being fully recovered a year after trauma, which doesn't mean unchanged. Hetherington's death in 2011 sent him into his first truly dangerous depression.

• Humans evolved in small, interdependent groups.
For about 90% of our past, humans lived in groups of 30–50 people who couldn't survive alone, so loyalty and shared risk were essential. Junger argues modern isolation is a mismatch; soldiers describe combat units as the closest they've ever felt, and some miss war for that reason.

• Community heals trauma, and crises can unite.
Junger points out that depression and suicide dropped in London during the Blitz and in the US after 9/11, because shared crisis creates a call to action and belonging. In April 2020 he wondered whether the pandemic would do the same; instead division grew.

• He doesn't own a smartphone.
Junger deliberately avoids one, accepting that he can't email on the go, because he values attention and presence. He and Attia discuss parenting through an evolutionary lens, including letting young children sleep in the family bed, as was normal 10,000 years ago.

• A near-death experience shook an atheist.
In June 2020 a pancreaticoduodenal artery aneurysm, after months of ignored upper-abdominal pain, ruptured; his blood pressure fell to about 60/40. As doctors placed a line in his neck, he felt a black pit opening beneath him and saw his dead father, though he's an atheist and his father was a physicist. He says the aftermath was more traumatizing than combat.

• Freedom is about small groups resisting power.
His book Freedom grew from walking hundreds of miles along railroad lines with friends, carrying 60–70 lb and covering 10–20 miles a day. He explores how outnumbered groups resist, such as Montenegrins facing a 12-to-1 Ottoman invasion in the early 1600s, and why movements need leaders but also lateral networks.

EXAMPLES

• The 9/11 firefighter
Junger recounts a fireman friend whose brothers died on 9/11; one's last call came from an emergency phone on the 30th floor of a tower.

• Open schoolhouses in the 1930s
Junger notes that schoolhouses in the American West and Midwest were left unlocked for migrant families on the move, an example of community obligation at a larger scale.

• Waking up after nearly dying
Junger woke not knowing he'd nearly died until an experienced nurse told him; only later did the psychological impact hit.

• Women in resistance movements
He cites the observation that 'it takes one cop to handle 10 men but 10 cops to handle one woman', and points to the 1912–14 textile strikes and Algerian resistance to the French as examples of women's lateral networks.

• A teenage loss

Junger tells of a boy of 15 or 16 killed when a driver ran an intersection as his older brother drove him home from school, illustrating the unbearable pain of losing a child.

OTHER RELEVANT

- **Seek belonging, not just support.**
  Being part of a group that needs you can protect mental health and help people recover from trauma. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Know that recovery is the norm.**
  Most people heal from trauma within a year; persistent dysfunction deserves professional help. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Guard your attention.**
  Consider how much your phone costs you in presence, and whether constant reachability is worth it. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Don't ignore recurring pain.**
  Junger's months of untreated, searing abdominal pain, which he dismissed because he could bear it, nearly killed him.

190 - How to heal from trauma and break the cycle of shame

Guest: Paul Conti
Date: 2022-01-10 · Duration: 2:27:21
URL: https://www.youtube.com/watch?v=HoGBkn_1Z14

KEYPOINTS

• A personal tragedy shaped Conti's view of trauma.
Paul Conti, a psychiatrist who trained at Stanford and Harvard and runs a clinic of about 15 clinicians, lost his brother to suicide when Paul was 24. His family was blindsided, and each member coped alone in their own way, typical of the generation. In retrospect he sees in himself what he now sees in patients: shame and guilt walling off grief.

• Psychiatry training and practice are misaligned with healing.
Much of what he learned as a second-year resident, Conti says, should be taught in elementary school. The DSM, now in its fifth edition and updated every 15–20 years, is descriptive, so it catalogs symptoms rather than causes. Handoffs reduce people to billing codes ('a 296.xx with a 309.81'), and 15-minute appointments make it impossible to understand anyone.

• The system pays to treat symptoms, not roots.
Insurers fund brief visits and medication, while PTSD acts as an arbitrary gating diagnosis for trauma care. Conti avoids sending patients in crisis to hospitals because they may wait 36–40-plus hours in an emergency department. Few psychiatric problems trace to a biomarker like B12 deficiency; most are rooted in experience.

• Trauma is broad and its effects are heterogeneous.
Acute trauma, such as a suicide in the family, is the obvious kind, but what pushes coping past its limits differs by genetics, early life experience and emotional sensitivity. Conti uses a 'seed and soil' image: expose 100 people to the same event and, without knowing their soil, you can't predict how each will respond. Viewed broadly, he says, trauma's contribution to mental illness approaches 100%.

• Finding the 'why' is essential.
Tools like the Adverse Childhood Experiences (ACE) questionnaire help, but Conti says data only makes sense once someone sits in front of him. The last story in his book describes a woman who insisted she had no trauma, yet a decade later it proved to be driving everything; with intelligent, likable people, that blindness 'is the norm, not the exception.'

• Untreated trauma is like an abscess.
Walled off under shame, trauma can 'spin off symptoms for years' and generate new trauma: lost jobs, broken families and more shame. Medicine hunts abscesses with advanced CT scanners, Conti notes, yet we rarely look for psychological abscesses, and patients often don't know they have one; they just feel unwell. Grief can feel as immediate 50 years later as when it happened.

• Shame is the biggest barrier to healing.
Shame tells us we are bad, not that we did something bad, and drives people to avoid talking about the past. Conti compares it to a coat tree in his childhood bedroom that looked like a monster in the dark: the antidote is understanding, turning the light on. Lancing the abscess means bringing the shame into the open.

• What we repeat to ourselves becomes who we are.
If someone tells themselves they're worthless 500 times a day, it shapes self-concept; Conti uses repetition to show how internal dialogue entrenches beliefs. Healing starts by understanding where the feeling came from ('because of this event, I feel inadequate, so I do this other thing') and then changing it, which takes far more than two to four weeks.

• Emotional health is part of healthspan.
Attia reflects that to be a 'kick-ass 100-year-old' he must be a 'doubly kick-ass 50-year-old', including emotionally, and admits this is the hardest bucket to help patients with. Conti urges primary care doctors to see that well over half of complaints have emotional drivers.

• Overdose deaths reflect trauma and shame.
The US passed 100,000 overdose deaths in a 12-month period for the first time; Conti fears it could reach 140,000 within a few years if nothing changes, and sees it as an epidemic rooted largely in trauma and shame. In addiction settings, the commonality among patients, he estimates, is about 80% trauma.

• Psychedelics are a bright hope as adjuncts.
Conti calls psilocybin and MDMA (moving toward approval for PTSD) among the brightest hopes for the future, citing both decades-old and recent data, as tools that can help people access and process trauma within therapy.

EXAMPLES

• The physicians' room
Speaking to about 300 physicians from mixed disciplines, Conti stressed that there's no shame in trauma, and many came forward afterward.

• Stress reawakens old wounds
People can do well for 10–20 years, but under enough stress and triggering, buried trauma resurfaces.

• 'That stuff dies hard'
A patient who had told himself something negative perhaps 100,000 times wasn't afraid of the work, because he understood how deeply the belief had been rehearsed.

• The unseen case
A woman described in Conti's book attested to having no trauma; years of symptoms traced back to it once it surfaced.

• Twenty years of handoffs
Conti recalls that over two decades he has repeatedly taken over patients described only by diagnostic numbers, and that the real driver of their suffering emerged only when someone took the time to ask about their history.

OTHER RELEVANT

- **Talk about the past.**
  Overcoming fear of discussing trauma is the first step; avoidance keeps the abscess sealed.
- **Replace shame with understanding.**
  Ask why you feel what you feel; context makes self-blame lose power. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Be patient with treatment.**
  Expect healing to take months or longer, not weeks. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Look beyond diagnosis codes.**
  Seek clinicians who explore root causes rather than only managing symptoms. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Get help.**
  For anyone in crisis, reach out to local emergency or crisis resources; shame is not a reason to wait.

182 - Psychedelics & Recreational Drugs

Guest: David Nutt
Date: 2021-11-01 · Duration: 1:40:34
URL: https://www.youtube.com/watch?v=qhGDV4BvQ2M

KEYPOINTS

• Drug harms can be scored on 16 dimensions.
Nutt, professor of neuropsychopharmacology at Imperial College London, began working on principles for assessing drug harms in the 1990s and advised the UK government from 1994. His framework rates nine harms to the user and seven to society. Across Europe, Britain and Australia, the most harmful drug overall is consistently alcohol — chiefly because of harms to others and because about 80% of American and British adults drink.

• Alcohol is uniquely dangerous because it combines acute and chronic toxicity.
Tobacco kills more people, but usually in their 50s and 60s and with purely chronic toxicity; alcohol kills people in their 20s through accidents and acute poisoning too. Nutt says there's no healthy dose of alcohol, though some doses may not rise to meaningful toxicity; Attia notes how easily the line is crossed.

• US politics shaped global drug law.
Nutt says every British drug law until 2016 was made at the behest of the Americans, starting with 1934-era policy, and the UN largely follows US direction. He traces cannabis hostility to Harry Anslinger's efforts to keep his bureau relevant after alcohol prohibition ended — nearly 90 years of disinformation.

• The cannabis research gap leaves basic questions unanswered.
Attia is frustrated he can't tell parents whether a 16-year-old smoking pot will harm brain development. Nutt argues that with tens of millions of users, utility and harms could have been mapped within a few years if research had been permitted.

• Fentanyl is an economic inevitability of supply crackdowns.
When heroin supply was squeezed, Mexican cartels turned to fentanyl, roughly 50 times more potent than heroin and about half the cost to make. Nutt favours studying treatments like ibogaine for opioid addiction, though its cardiac risks make research difficult; Attia notes untreated opioid addiction itself might carry something like 300-per-1,000 mortality.

• Psychedelics may work by disrupting the default mode network.
Nutt's team's thinking is that the psychedelic state profoundly disrupts the brain's default mode network, potentially breaking over-learned habit circuits in addiction and depression and letting people escape rigid patterns.

• LSD research was extensive and largely positive before it was banned.
Synthesized in the late 1930s, LSD was the subject of over 130 NIH-funded grants, about 40,000 patients and 1,000 papers; it appeared safe, didn't cause psychosis, and if anything reduced suicide. Therapeutic 'big trip' doses were around 100–125 micrograms; 25 micrograms was used to lower resistance in psychotherapy, and anything over about 10 micrograms is perceptible.

• The ban may have cost far more lives than it saved.
A modern meta-analysis by two Norwegian researchers of six old US trials of one or two LSD doses for alcoholism found an effect size of about one — twice that of any later treatment. Nutt estimates over 100 million people died prematurely from alcohol in the 50 years since; even 10% helped would be 10 million lives, versus perhaps 2,500 saved by the ban. This is his rough calculation.

• Psychedelics show rapid tolerance.
Take LSD daily and the second dose is far weaker; at some point people stop responding — unlike drugs such as acetaminophen, whose effect stays roughly constant.

• Psilocybin vs. escitalopram for depression.
In Nutt's New England Journal of Medicine trial, all patients received the same psychotherapy; one arm got 25 mg psilocybin (two doses about three weeks apart), the other escitalopram (Lexapro) with a 1 mg psilocybin placebo. It was reported as a negative study on its primary measure; Nutt says it was never powered for non-inferiority, which would need about 150 patients per arm. 25 mg of psilocybin roughly equals 4–5 g of dried mushrooms.

• Ketamine was the first new antidepressant breakthrough in decades.
Couldn't be patented, so esketamine was developed. Depression doses are modest, but recreational users escalate to grams a day.

EXAMPLES

• Bill Wilson and psychedelics
The founder of Alcoholics Anonymous escaped his alcoholism through a psychedelic experience, later tried LSD when legal, and believed it could help many alcoholics.

• Magic mushrooms in Britain
Mushrooms were legal in the UK until 2005, with about a million young people a year using them; that safety record helped persuade regulators to allow Nutt's psilocybin research. About 200 species of mushroom contain psilocybin.

• Len Bias
The University of Maryland star, drafted by the Boston Celtics, died after cocaine use; his death accelerated the US war on drugs. Nutt notes it's unclear how much he used or whether it was laced.

• Wartime methamphetamine
German and Japanese troops used methamphetamine to stay awake and became sleep-deprived, paranoid and hallucinating. Crystal meth is longer-acting and probably more neurotoxic than amphetamine sulfate, pushing the dopamine system to depletion.

• Drunken drownings

Nutt notes that in Britain 20–30 people a year die jumping, usually drunk, from piers and breakwaters — illustrating alcohol's acute harms.

OTHER RELEVANT

- **Judge drugs by evidence, not legal status.**
  Legal alcohol scores as more harmful overall than many scheduled drugs. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Avoid cocaine, especially with heart risk.**
  Nutt doesn't think it's worth the risk; cardiac events can be sudden. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Don't self-treat with psychedelics.**
  Trial results come with careful screening, preparation and psychotherapy; dose and setting matter.
- **Ask about newer depression options.**
  If SSRIs fail or side effects are intolerable, discuss evidence-based alternatives with a psychiatrist.
- **Push for better research, not just looser laws.**
  Nutt and Attia both argue that the biggest loss from prohibition is knowledge: without trials, clinicians cannot answer basic questions about cannabis, MDMA or psychedelics. Supporting well-designed studies — including dose-finding trials and micro-dosing work — is how claims of benefit and harm get settled.

172 - Esther Perel: Trauma, how narratives shape our worldview, and accepting uncomfortable emotions

Guest: Esther Perel
Date: 2021-08-16 · Duration: 2:22:35
URL: https://www.youtube.com/watch?v=7be3O9ckZ1c

KEYPOINTS

• Perel grew up among Holocaust survivors, asking what makes people want to live.
Her parents each came from families in which every sibling had seven to 10 children; each lost about 200 relatives. Her mother went through nine camps in five years and her father 14, including a stint in Siberia. In a community where most adults had numbers on their arms, Perel's first question at two was why she had no grandparents. In 'Mating in Captivity' she distinguished survivors who 'did not die' from those who 'came back to life' — who could trust and reconnect again.

• Survivors credited luck, will and dignity.
Asked how they survived, her parents gave three answers: sheer luck (not being selected when a thousand were chosen each morning); wanting to live, in case someone was waiting; and living with dignity — her mother mended her socks and folded her clothes. Her father managed to feed about 60 young people with scraps and potato peels, which kept them able to work and therefore alive.

• Collective trauma demands collective resilience.
Her parents' community held gatherings for survivors of specific towns and camps, planted trees, celebrated and told stories. They understood instinctively what's now called collective or psychosocial trauma: they didn't try to heal alone. In the early years they spoke little, because others couldn't bear to hear more than two sentences.

• Resilience is not just an internal trait.
Responding to Susan David's line that 'the key to resilience is the radical acceptance of all emotion', Perel says there's truth in it, but it reflects an individualistic view. Another definition is the ability to face adversity, rebound and re-engage with life — drawing on community, the people who help you, luck and earlier experience. 'It's not what's inside of you; it's what's around you.'

• Adaptive parenting in trauma can become maladaptive later.
Survivors sometimes couldn't get close to their children — if I don't get too close, losing you won't hurt as much. Behaviour that was adaptive in the camps became maladaptive in peacetime. Understanding that a parent's behaviour reflects what happened to them, not who you are, can transform the relationship.

• Individualism changed what people bring to therapy.
Over about 50 years, feeling good about oneself became an organizing principle, rather than feeling good about how one acts toward others. Clinicians now hear 'I'm not happy' as a chief complaint. Children's books before the 1960s, she notes, weren't written around the child's needs; Dr Spock marked the transition.

• Generational expectations of fathers have shifted.
A son who felt he could never please his father would, 100 years ago, likely have heard 'I did the best I could; my job wasn't to pump you up.' Attia's father worked 14 hours a day six days a week, and was incredulous at being asked to do more.

• The stories we tell drive how we act.
If I believe 'he doesn't really care', I act on that story. Perel's work is reframing — not as an intellectual exercise but because a different narrative changes behaviour on both sides.

• Will and readiness are shaped by context.
When someone says they're finally ready to change, Perel asks why now — an ultimatum, a spouse about to leave, a son who hasn't spoken to them in two years? Each motive affects how the other person can receive the change.

• Relationships determine the quality of a longer life.
Attia says that five years earlier he'd never have considered it, but now believes emphatically that the quality of your relationships determines the quality of your life — what's the advantage of living longer otherwise? Numbing emotions, Perel notes, often comes from judging that you shouldn't feel them.

EXAMPLES

• Her mother's labour camp choice
At 18, hiding in the woods, her mother walked herself into a men's labour camp because waking up in the same place each morning was less dreadful than the uncertainty.

• The Mother's Day post
Tired of Hallmark sentimentality, Perel wrote with humour about her critical, superstitious mother; thousands replied, 'This is my mother.' Her mother died at 80 when Perel was 42.

• The nine-year-old who called the police
A man carried guilt for calling the police from a neighbour's house during domestic violence. Perel reframed it: he couldn't do more than a nine-year-old could, and it was one of the most loving things he could have done for his mother.

• 'You can't believe everything you feel'
Attia shares a psychologist friend's line: you can't believe everything you think, and you can't believe everything you feel. Mindfulness taught him the first half; the second was new.

• Nine languages
Perel speaks nine languages and was schooled for 12 years in Antwerp; she came to the US to study, never intending to stay.

OTHER RELEVANT

• Lean on community after trauma.

Healing often happens with others — rituals, shared stories and support networks. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.

- **Question your story about others.**
  Ask whether your interpretation of a partner's or parent's behaviour is the only one.
- **Understand inherited patterns.**
  Genograms and family history can show how a parent's survival strategies shaped you.
- **Let yourself feel.**
  Numbing usually stems from judging emotions; acknowledging them is part of resilience.
- **Invest in relationships as a longevity strategy.**
  Treat them as seriously as exercise or nutrition. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Ask "why now?" before announcing change.**
  When you tell someone you have finally done your own work, consider how your timing and motive will land; Perel suggests naming what you learned about yourself rather than presenting change as a bargaining chip.

#146 - Guy Winch, Ph.D.: Emotional first aid and how to treat psychological injuries

Guest: Guy Winch
Date: 2021-01-25 · Duration: 1:57:40
URL: https://www.youtube.com/watch?v=TNMyGoS5dP0

KEYPOINTS

• We treat physical injuries reflexively but ignore emotional ones

Guy Winch, a New York psychologist in practice for nearly 30 years and co-host of 'Dear Therapists' with Lori Gottlieb, wrote 'Emotional First Aid'. He was annoyed that every home has a medicine cabinet but none has a psychological one. He argues that failure, rejection, guilt, loneliness and low self-esteem are injuries that worsen when untreated, just as a wound gets infected.

• Our instincts for emotional injury are evolutionarily young

Every animal worries about physical injury, but caring for emotional injury depends on language, which may be only about 50,000 years old. Winch's conclusion is that we don't have another 5,000–50,000 years to work it out, so the skills need to be taught deliberately.

• Rumination is replaying, not thinking

Rumination feels productive ('something's troubling me and I'm thinking about it'), but it is an emotional hamster wheel. Research suggests two to three minutes of a task that needs concentration, such as a memory task or a puzzle, is enough to make the urge pass. Then reframe the worry as a problem to solve. 'I have so much work' becomes a scheduling problem, and putting it in your calendar eases both the stress and the urge to ruminate.

• Guard rails between work and home matter most

Winch calls this the most important step. Choose a time, say 7, 8 or 9 p.m., after which you're off, tell everyone, and build rituals of transition: change out of work clothes, put on music, change the lighting, and get into 'ten-year-old mode' with your kids or romantic mode with your spouse. You have an obligation to show up mentally for the people at home.

• Change the habit rather than medicating rumination

Winch says referring a ruminating patient to a psychiatrist straight away often skips the real fix. The habit sets you up to ruminate, so changing it is more effective than suppressing the symptoms.

• Most complaining is venting, and venting makes you feel powerless

Research from customer service shows that about 95% of people with a complaint about a product never raise it, because it seems too hard. Instead they tell 12–16 people about it. Retelling a story of being wronged without acting on it reinforces a sense of victimhood. Complaining used to be transactional: if the blacksmith fitted the horseshoe wrong, you went back.

• Social comparison can make success invisible

Winch says that on any metric he could name, he could find 10 people better than him in 30 seconds. He sees patients who went from nothing to $20 million but don't feel successful because a peer made $50 million. Attia admits he struggles to acknowledge any achievement, such as shaving a lap from 1:16 to 1:14 after months, before moving the goalposts.

• Positive affirmations can backfire

Positive affirmations are a multi-million-dollar industry. Research shows that generic ones ('I am going to be a great success') help one specific group but harm those with low self-esteem, the very people they target. The statement doesn't feel believable, so it reminds them how much they feel like failures. Useful affirmations are believable, hopeful and goal-setting, and too long for a fridge magnet.

• A good therapist retells your story so that you're no longer stuck

In a first session, Winch listens and then tells the story back with a different account of why you feel stuck and what to do. Attia compares it to being shown an onion and seeing it has 12 layers.

• The pandemic changed how organisations see emotional injury

Winch says it moved the dial more than anything else because few people escaped stress, grief, loneliness or relationship strain. Organisations that would never have contacted him now ask for talks; one was to 7,000 front-line health workers. Therapists are already full, so online interventions for loneliness and anxiety are being studied as a way to scale.

EXAMPLES

• Getting stuck in a lift

On a hot July night, his neighbour, an ER doctor, panicked when their lift stalled. Winch heard himself mock him, so out of character that he realised his own stress was out of control.

• A visa deadline

On a J-1 visa, he had five years to finish a PhD whose average completion time was eight years, plus 18 months of practical training. The pressure gave him panic attacks, including in libraries. He also cut back from 50–60 hours a week of clinical work.

• Fourteen years unpaid

He wrote screenplays for 14 years without publishing a word or being paid, until one was optioned for a second time in 2008. Those years taught him to take opportunities when they come. When his first book stalled in early 2011, his agent told him to sell a second one before the paperback came out, so he put everything else aside.

• Attia's 47 affirmations

During three weeks of residential therapy (about 10 hours a day), Attia was asked to write one affirmation for each year of his age. He couldn't write two for most of it, then wrote all 47 in one sitting after a breakthrough. The point was that he had to believe them.

• 'Emotional First Aid' found its audience

His first book, 'The Squeaky Wheel', did poorly in the US but sold in 12–15 countries. 'Emotional First Aid' is in 27 languages.

OTHER RELEVANT

- **Interrupt rumination, then turn it into a task**
  Do two or three minutes of something demanding, then rewrite the worry as a problem with a next step in your calendar.
- **Set an 'off' time and a transition ritual**
  Change your clothes, the music and the lighting, so your brain registers that work is over.
- **Complain to whoever can fix it**
  Skip the 12–16 retellings. Make a clear request to the person who can act on it.
- **Use believable affirmations**
  Write your own, specific, hopeful statements rather than slogans that contradict how you feel.
- **Measure progress against yourself**
  Comparing yourself with peers finds someone better every time. Acknowledge a finished goal before setting the next.

#139 - Kristin Neff, Ph.D.: The power of self-compassion

Guest: Kristin Neff
Date: 2020-11-30 · Duration: 1:16:41
URL: https://www.youtube.com/watch?v=oPkoLHbjQAU

KEYPOINTS

• A personal crisis led Neff to self-compassion

As a graduate student at UC Berkeley studying moral development, Neff left her husband for another man, who then died of cancer within a year. Her ex-husband hated her, and she describes herself as full of shame and 'a basket case'. She joined a nearby Thich Nhat Hanh meditation group. Actively speaking to herself with kindness ('Hey Kristin, I know you're hurting') worked almost immediately.

• Self-compassion has three components that work as a system

The three are self-kindness, mindfulness and common humanity, the sense that suffering connects us rather than isolating us. Neff says they 'operate as a system'. Self-kindness on its own can become a self-focused 'poor me' state. Mindfulness gives perspective, and common humanity reminds you that you aren't the only one who fails.

• Self-esteem is contingent; self-compassion is stable

Since William James, self-esteem has meant feeling worthy because you are good at something you value. That makes self-esteem rise and fall with outcomes. Self-compassion says you are worthy because you are human, so it fluctuates less. She isn't against self-esteem, and the two are fairly strongly correlated. The problem is the unhealthy routes to it: feeling better than others, and bullying, which she links to middle schoolers trying to feel good by comparison.

• Self-compassion is unrelated to narcissism

When self-esteem and self-compassion were entered together in a regression predicting narcissism, Neff says self-compassion's correlation came out at 0.0. She calls it 'totally orthogonal'. Self-esteem showed what she recalls as a moderate correlation, though she said she'd have to check the figure.

• Harsh self-criticism works, but at a cost

Neff admits that many people have got through medical or law school on harsh self-criticism, so it does 'kind of work'. The side effects include anxiety, fear of failure and avoidance: the next big task feels threatening because failing means another beating. She argues that self-compassion is a better motivator than either self-criticism or self-esteem.

• The inner critic is trying to keep you safe

We criticise ourselves because we want to be well and loved, and we fear that failing will harm us or others. Neff says we shouldn't beat ourselves up for beating ourselves up. Instead, we should have compassion, and even gratitude, for the critic's motive. When her programme skips that step, the shift to compassionate motivation 'actually doesn't work', because the critical part feels it is fighting for its life.

• Childhood trauma makes self-compassion harder, and sometimes frightening

Early sexual, emotional or physical abuse hinders adult self-compassion, mainly through the attachment system. If care was unsafe, the inner programme may say you're worthless and not worthy of care.

• Self-compassion appears to influence physical health through the nervous system

Neff cites a meta-analysis finding a small-to-medium correlation (about 0.28–0.30) between self-compassion and better physical health. She calls it 'significant, not mind-blowing'. In experiments that induce all three components, for example by writing a self-compassionate paragraph about a current problem, sympathetic markers such as inflammation and cortisol go down. Heart rate variability, a marker of parasympathetic activity, goes up. Immune function also looks better. Attia notes the field is nascent and partly speculative.

• Children can learn it from around age 7 or 8

There is no good measure of self-compassion in children. Neff suspects it becomes teachable once kids understand friendship, reciprocity and fairness, what Piaget called two-way thinking. Self-criticism kicks in later, because young children have a positivity bias unless parents tell them otherwise. Adolescence, when abstract thinking and identity formation start, is when it matters most.

• You don't need to meditate to learn it

In her randomised trial of the Mindful Self-Compassion programme, gains in self-compassion were linked to practice. It didn't matter whether that meant formal meditation or informal 'self-compassion breaks' during the day. A hand on the heart and a kind sentence in the supermarket is 'portable' and 'scalable'.

EXAMPLES

• The failed vocabulary test at Berkeley

Undergraduates all failed a test made of the hardest SAT vocabulary items. One group was told to be kind to themselves about the failure. A second got a self-esteem boost ('you got into Berkeley, you're smart'). A third got no instructions. Given free time to study before a retest, the self-compassion group studied longer and harder than the other two, and study time predicted their next score.

• Attia's five months of voice memos

Archery and his racing simulator had become barometers of Attia's self-worth, and bad sessions led to anger, tantrums and feelings of worthlessness. His friend and mentor Ric Elias, a past guest, suggested he picture a close friend making the same mistakes and console him instead. Every day for five months, after each session, Attia recorded a voice memo to himself as if to a friend: 'Hey Peter, I know you just had a really bad day shooting... but it doesn't mean you're bad.' Eventually he could forget a bad session within about three minutes.

• A one-week self-compassion letter

In one study, people wrote themselves a compassionate letter once a day for seven days, covering mindfulness, common humanity and kindness. It reduced depression for three months and increased happiness for six months. Neff cites it as proof

that you don't need meditation for the practice to help.

- **Her son's autism and The Horse Boy**

  Trained as a developmental psychologist, Neff noticed her son's delayed language early. What helped most was letting herself feel her grief and fear without suppressing them, while actively supporting herself because of them. Her husband turned it into an adventure, a horseback trip to Mongolia that became the book and documentary The Horse Boy. Their son 'basically learned to speak on horseback'. Neff speculates that constant rebalancing aids brain integration via the cerebellum.

- **Self-compassion and addiction**

  Neff knows of no randomised trial with addiction as the outcome. She cites research suggesting that part of why AA works, when it does, is that it increases self-compassion. She speculates, without firm evidence, that compassion and connectedness may be an active ingredient in psychedelic therapy.

OTHER RELEVANT

- **Talk to yourself the way you'd talk to a friend**

  When you fail, picture a close friend making the same mistake and say what you'd say to them, using your own name. Attia's daily practice shows it can take months for this to become automatic.

- **Take a self-compassion break in the moment**

  Notice that you're suffering (mindfulness), remember that others struggle too (common humanity), then offer yourself kindness, for example with a hand on your heart. Neff uses this when her mind races at 3 a.m. and says it helps her fall back asleep.

- **Thank the critic before you replace it**

  Don't attack your self-criticism. Recognise that it is trying to keep you safe, then show it that kindness is a more effective way to do the same job and keep you motivated.

- **Root your worth in being human, not in performance**

  If your self-worth depends on how well you perform, you are 'doomed to fail at some point'. Keep high standards and strive, but don't make your worth conditional on the result.

- **Further resources**

  The Mindful Self-Compassion Workbook, co-developed with Chris Germer, takes you through the 8-week programme on your own. It can feel hard at first if you have a trauma history.

#122 - Lori Gottlieb: Understanding pain, therapeutic breakthroughs, and keys to emotional health

Guest: Lori Gottlieb
Date: 2020-08-03 · Duration: 1:30:12
URL: https://www.youtube.com/watch?v=biSHLJKli0k

KEYPOINTS

• Gottlieb's winding path shaped how she does therapy
After college she worked in film development, then at NBC the year ER and Friends premiered. The ER's physician consultant told her she seemed happier in the real emergency room than at her day job, and urged her to try medicine. She went to Stanford medical school, left to become a freelance journalist, and later retrained as a therapist while raising an infant. She says none of these moves were impulsive: she weighed leaving medicine for about two years.

• The sunk-cost argument rarely survives scrutiny
Attia left medicine around 2006, at 33, while people around him argued that ten years of training were too much to walk away from. His answer was that he still had about 40 years of work ahead, so the question was what he wanted to do for those years. A Hopkins attending, Peter Pronovost, gave him a Joseph Campbell book with a line about the hero having the courage to follow his bliss. Even so, the decision took him four months.

• 'We all have a terminal diagnosis'
A young patient diagnosed with breast cancer just after her honeymoon asked why people need a terminal diagnosis before they pay attention to what they want from life. Gottlieb's reflection is that life has a 100% mortality rate for everyone. Most of us drown out the quiet inner voice that knows what we want with outside noise about what's practical.

• Obnoxious behaviour is often armour around pain
John, the first patient in her book Maybe You Should Talk to Someone, arrives complaining of insomnia caused by the 'idiots' around him, calls her his 'mistress' and insults everyone. Gottlieb saw glimpses of the tender person underneath, starting with his story of losing his mother at six; she was hit by a car while trying to save a student. Attia notes that by the end of the book readers love him.

• The relationship matters more than the method
Gottlieb says research consistently finds the patient–therapist relationship is the biggest single predictor of success, ahead of the therapist's training, approach or years of experience, though those still matter. Her goal in every session with John was simply one moment of real connection.

• Breakthroughs come from a thousand small strikes
Attia compares it to a stonemason who strikes a stone a thousand times with no visible effect until the next blow splits it. Six months in, John was still mocking her shoes and ordering the same salad, yet the small moments of connection were what made the eventual 'breaking open' possible. Gottlieb contrasts breaking open with breaking down.

• The hardest step in change is maintenance
Gottlieb's chapter 'How Humans Change' describes stages people go through before they act at all. Taking action gets the attention, but she says the most important stage is the last one: keeping the change going. Quick fixes may work in the short term but rarely last.

• Asking about suicide doesn't plant the idea
Gottlieb says therapists must ask whenever someone is depressed, and parents of teenagers especially shouldn't hold back. Being asked often brings relief, and isolation is one of the biggest risk factors. She distinguishes two kinds of despair: people whose good life was derailed by a loss, and people who feel life has always been barren.

• Many people hand themselves a life sentence for being human
Gottlieb asks what the right 'sentence' is for past mistakes. Many people effectively choose the death sentence: alive but not living, because they believe they don't deserve joy, so they sabotage it. Learning to forgive yourself for being human is central to both John's and Rita's stories.

• We shake the bars instead of walking around them
Her own therapist, Wendell, once showed her a cartoon of a prisoner desperately shaking his cell bars while the sides are open. People often prefer the familiar role of the victim over the frightening freedom of change. When the bars open, Gottlieb says, people feel elated and frightened at the same time.

EXAMPLES

• Rita's 70th-birthday deadline
Rita, 69, estranged from her adult children and living alone after several failed marriages, told Gottlieb that if life didn't improve by her birthday she didn't want to live; she was giving therapy a year. Gottlieb assessed the risk and judged that Rita had come because she wanted change. Her goal was to get Rita 'to join the human race again'. Attia found Rita's letter to Myron, which reveals her shame, one of the most moving parts of the book.

• Pedicures and skin hunger
Rita got pedicures that no one would see because they were the only time anyone touched her. Gottlieb uses this to explain skin hunger: the many small daily touches, such as hugs, handshakes or brushing hands with a barista, that isolated people lose entirely.

• 'Just a few sessions' for a breakup
Gottlieb went to Wendell expecting a handful of sessions to get over a breakup. It became a much deeper reckoning. She believes the things we least want to happen often come just before real transformation.

• The Valentine's Day proposal deadline
A man called before the holidays wanting to know by Valentine's Day whether to propose. Gottlieb told him she could help

him get clarity but couldn't promise an answer on a schedule from someone she didn't yet know. She uses the story to describe our 'instant gratificationitis' around therapy.

OTHER RELEVANT

- **Think of therapy as a second opinion on your life**
  The people in your life are too close to see clearly. Gottlieb finds most people come for relational problems with a partner, parent, sibling, adult child or colleague, or with themselves, when life hasn't gone the way they expected.
- **Expect therapy to focus on the present**
  Endlessly rehashing childhood is a misconception. The past matters to the extent that an old story is still causing trouble now. Therapy also isn't meant to last forever: a good therapist keeps its purpose clear and works toward you leaving.
- **If you're worried about someone, ask directly**
  Ask about suicidal thoughts plainly, especially with a teenager who seems depressed, and treat isolation as a warning sign. Giving voice to those feelings often brings relief rather than risk.
- **Plan for maintenance, not just the start**
  When you make a change, decide in advance how you'll sustain it and what you'll do after a relapse, since keeping the change going is the step where most efforts fail.

#119 – Terry Real: Breaking the cycle of shame, anger, and depression

Guest: Terry Real
Date: 2020-07-15 · Duration: 1:39:45
URL: https://www.youtube.com/watch?v=QbI4fm2cNz8

KEYPOINTS

• Terry Real became a family therapist to understand his father's violence

Real grew up poor in Camden, New Jersey, the 'scapegoat child' of a depressed, abusive father. He says he started his career at about age four, because he needed to make sense of his father so he wouldn't repeat him. At about 28 or 29, after years of gently pushing past his father's defences, he finally heard his father's story.

• Trauma is passed down

Real's father lost his mother at nine during the Depression. His own father, whom he called a 'passive loser', lost his candy store, and in a fit of depression tried to gas himself and his two sons in the family car. Real's father, then 11, kicked out a window, grabbed his younger brother and got out. He says that was the last real contact he had with his father. Afterwards he despised vulnerability in himself and in others.

• Relationships move through harmony, disharmony and repair

Real borrows this model from Ed Tronick's infant-observation research. Closeness, rupture and a return to closeness is the basic rhythm of healthy relationships. Everyone is shaped by their parents' imperfections, which form what Real calls the adaptive child. What matters is whether ruptures are followed by repair and accountability, or just more injury.

• Shame is about who you are; guilt is about what you did

Children who are neglected or mistreated take on shame and feel bad about themselves. Real says it is actually 'compassionate' for a child to blame himself, because a random, scary world is harder to accept than 'I'm bad.' Guilt, feeling bad about a behaviour, is healthy. He wants men going from inflated entitlement to deflated shame to land in the middle: accountable but not worthless.

• Grandiosity and shame are two sides of the same coin

Real describes a 'one-up/one-down' seesaw. Men in this culture tend to lead from overt grandiosity, with shame hidden underneath. The central move of traditional masculinity, he argues, is turning shame into grandiosity and helplessness into attack. Real, now 69, says that whereas he swung up and down as a teenager, these days he rarely goes one-up or one-down.

• Male depression is often covert

When his book 'I Don't Want to Talk About It' first came out in the late 1990s, depression was seen as a women's disease, diagnosed two to four times more often in women. Men hide it because being overwhelmed by feelings feels unmanly, and families and doctors collude: he cites studies suggesting family physicians miss depression in about 70% of cases. The defences are what show: radical isolation, anger, sexual acting out and self-medication with alcohol or drugs.

• Real self-esteem can't be earned

He describes three forms of false self-esteem: performance-based (what I can do), other-based (being loved or admired) and attribute-based (looks, wealth). He says the California self-esteem drive was misguided. True self-esteem is 'spiritual, ontological': you have worth because you exist, not more or less than anyone else, and nothing you do adds to it or subtracts from it.

• Narcissism is too little self-love, not too much

Narcissus was an addict to his reflection. Grandiosity covers an inner emptiness, which is why it needs constant feeding.

• Patriarchy hurts both men and women

Real, who has practised feminist family therapy for about 40 years, cites Carol Gilligan's 'In a Different Voice': girls at 13 or 14 fall prey to 'the tyranny of the nice and kind' and lose their voice. Patriarchy, he says, rests on despising vulnerability and on the delusion of dominance. He argues that relational growth, for both sexes, is the next step for feminism.

• Relational skills are a technology you can learn

Real's model, Relational Life Therapy, treats relating as a skill set, like learning to ski in your forties, play the piano or speak French. It takes about as long if you're diligent. The adaptation that protected you as a child, such as thick walls against an intrusive mother, can get you into trouble at 45 with an emotional spouse.

EXAMPLES

• Skates on the wrong feet

Real put his son Justin's skates on the wrong feet and pushed him to keep going despite his complaints, until he saw the red blisters forming. He admits he would have listened if it had been his daughter. 'I was the voice of patriarchy.'

• Witness abuse

Children have no boundaries, so screaming at your spouse in front of them lands as if you were screaming at them, at five or at 12. Real gives couples 30 days to stop. If they're still yelling after that, one of them moves out.

• Attia's Instacart rage

An order delayed again and again sent Attia into a spiral of contempt for the shopper. Remembering David Foster Wallace's 'This Is Water' ('I don't know her story'), he ended up almost inviting her to dinner. Real says he went from 'batting zero' to about .500 at this.

• A father's blessing

As his father lay dying of ALS, paralysed and cared for by Real's mother, a nurse, Real asked for his blessing. Amid a comic family squabble on the phone, his father said: 'May nothing I've said or done in your life prevent you from achieving your greatest potential.'

• Harry and the basement

A client who, as a child, locked his little sister in the basement to keep her out of their father's way was protecting her. Real worked to show him how the angry child's defences were now driving his adult behaviour.

OTHER RELEVANT

- **Prioritise repair over perfection**
  Ruptures are inevitable. Come back, take responsibility and reconnect.
- **Aim to be neither one-up nor one-down**
  Notice when you go grandiose or into shame, and come back to the middle.
- **Look for depression behind anger and withdrawal**
  In men it may show up as isolation, irritability, drinking or acting out, rather than sadness.
- **Never fight in front of the kids**
  If yelling continues, consider a physical separation.
- **Treat relational skills like any adult learning**
  Expect years of deliberate practice, not a single insight.

#105-Paul Conti, MD: The psychological toll of a pandemic & the societal problems it has highlighted

Guest: Paul Conti
Date: 2020-04-12 · Duration: 1:26:52
URL: https://www.youtube.com/watch?v=ly1QIlkfxFM

KEYPOINTS

• Conti views the pandemic as a societal trauma that was largely predictable.
Drawing on a psychotherapy principle he summarizes as 'everything is as it should be' (meaning predictable, not morally right), he argues society walked 19 steps down a 20-step path and then acted surprised at step 20. In his view, the way we used new technology and built our systems paved the way for trauma that is both medical and socioeconomic.

• Pandemics isolate people instead of uniting them, unlike wars or terrorist attacks.
Attia cites Sebastian Junger's book Tribe, which describes suicide rates falling after 9/11 as people rallied against a common enemy, and notes that research on pandemics does not show the same effect. Conti explains that an invisible threat brings loss of control, vulnerability and suspicion: a stranger on the street might accidentally kill you, and you can't read safety the way you normally would. That makes people more isolated and more distrustful of each other.

• A vulnerable society goes looking for an enemy, and it often picks the wrong one.
Conti says the feeling of losing control looks for someone to blame, and he sees this coming out as xenophobia and racism. He fears we lose that sense of shared suffering across China, Iran, America, Europe, Africa and South America, which deepens divisions that were already dangerous.

• Global cooperation is possible but much harder without a plotting enemy.
Asked whether world leaders could have pooled testing, data and medicine starting January 12, once the virus had been sequenced, Conti says we can do it but don't right now. 'My enemy's enemy is my friend' comes easily. Uniting against a virus that 'isn't plotting against us' takes the deeper parts of the brain, beyond reflexive 'traumatic aggression', and a recognition of our shared humanity.

• The pandemic hit hardest the large group already on a financial precipice.
Conti sees an extreme gap between his patients. Indigent people in drug and alcohol treatment, where he is medical director, face 'desperation on top of desperation'. Patients with more resources mostly find some relief in hunkering down. He is most worried about the huge middle that can't absorb a roughly $500 surprise expense, people who don't know what they will be going back to. When medical, social and economic stresses combine, he argues, they amplify one another into a threat to society as a whole.

• Society has written off part of the population, and Conti says some shame is warranted.
Most of his work is about fighting the shame that trauma creates, yet he says there are things a society should feel ashamed of. Over his roughly 20 years in practice, he describes a dramatic shift: people who can't navigate complex systems, or who hit a couple of bad breaks, get written off en masse while institutions 'check a few boxes'.

• Fear has become a false strategy for staying safe.
Conti has never seen anything supercharge the belief that 'if I fear enough then I'll be safe' the way this crisis has. He describes a threat-detection drive, evolved to keep us alive long enough to pass on our genes, that has mutated into constant hyper-vigilant discomfort.

• Attia's joyless, irritable restlessness has a name: demoralization.
Attia describes days spent hustling between calls, with exercise squeezed into the gaps, while feeling no interest in anything and no joy even at the thought of the virus vanishing tomorrow. Conti calls this demoralization: a sense that personal effort is futile because you can't fully protect the people around you or change the world. He compares it to 2008–2009, when people who did everything right still ended up underwater on their mortgages.

• Healthcare workers face pervasive and possibly generational trauma.
Attia points to frontline exposure, possibly higher viral loads, and colleagues becoming patients. Conti expects the trauma to reach these workers' children too. He blames 'compounded ignorance' in a system run for profit and cost-cutting, which leaves staff feeling expendable, as disposable as a mask or a gown. Without acknowledgment and real change, he predicts more alcoholism, domestic violence and suicide years from now.

• 'I don't know' is a strength, not a failure.
Attia admits he is tired of saying 'I don't know' a hundred times a day, whether to his daughter or to his patients. Conti calls it 'a beautiful answer': it brings humility, caution and collaboration, the opposite of the medical-school myth that a doctor should never admit ignorance. He sees hubris and false certainty as reckless. He also notes that anger turns questions like whether hydroxychloroquine works into tests of political allegiance.

EXAMPLES

• Conti's presumed case of COVID-19
His wife and two-year-old had mild malaise and his six-year-old was significantly ill. Conti then got very sick quickly: alternating fever and severe chills, a bad headache, deep nausea and shortness of breath with no congestion. He stood shivering with goosebumps under water hot enough to scald, which gave him a sense of how lethal the illness could be for someone older or with other conditions.

• His father's 500-person event
About three weeks before the interview, his father and his father's girlfriend, both in their 80s, planned to attend an event with roughly 500 people because New Jersey had 'no cases', even though little testing was being done. Conti uses this as an example of the 'middle school playground' mindset of 'I don't have the cooties'.

• Absolute truth versus personal truth
Conti says that believing Ayrton Senna is the greatest Formula One driver, or that F1 is the best sport, is a personal truth

driven by emotion. Absolute truths are tested logically, and science is the toolkit for doing that. Attia adds a third category: probabilistic claims, such as whether hydroxychloroquine helps high-risk patients or how big climate risk is, which require talking in terms of error bars.

• Balloons and 'spring inside of me'

Conti describes tossing six balloons around with his six- and two-year-old children and feeling that everything was okay. His daughter, about to turn six, told him that having him home more felt 'like spring has come but inside of me'.

OTHER RELEVANT

• Return to the 'lowest common denominator' of what matters.

Conti's way of looking after himself is to focus on connection with people he loves. If you're alone, nurturing a pet, a garden or a poem can serve the same need to create something. This won't fix broken systems, but he believes it counteracts trauma at home and makes demoralization easier to bear.

• Acknowledge trauma before trying to move past it.

People instinctively push trauma down out of shame. Conti argues that healing, for individuals and for society, requires validating what happened and visibly working to change the systems that caused it. Pretending everything is fine just lets it fester.

• Expect anxiety to persist after lockdowns end.

Conti predicts more anxiety, obsessiveness, panic and agoraphobia when quarantines lift, along with more drinking, drug use, depression and accidents. A period of clear danger can make people feel unsafe long afterward, so this is worth watching for in yourself and in others.

• Hold strong opinions with humility.

If you face 20 open questions and feel strongly about 15 of them without logical grounds, Conti suggests saying so openly. He describes himself as 'pessimistic but not nihilistic' and urges people to help in uncomfortable ways too, beyond what comes easily to them.

#100 – Sam Harris, Ph.D.: COVID-19—Comprehending the crisis and managing our emotions

Guest: Sam Harris
Date: 2020-03-24 · Duration: 1:32:33
URL: https://www.youtube.com/watch?v=6KS5Fl6CId4

KEYPOINTS

• Recorded on March 23, 2020, the conversation captures how hard it was to make the threat feel real

Sam contrasts COVID with climate change, which still feels abstract and model-based. With COVID, people could watch the wave hit European hospitals. Even so, he found that showing smart friends the article that alarmed him often didn't work, because different information diets and politics set their 'confirmation bias knobs' differently. He notes how quickly yesterday's 'pessimistic hot take' started to look merely rational, or even late.

• Peter argues public projections need error bars

Peter describes a calibration game: give 95% confidence ranges for 20 factual questions, and you should capture 19. He says he has never seen anyone get close. Binary claims like 'on this date New York hospitals will be overrun' alienate natural skeptics. He thinks stating 90–95% ranges would communicate better. Sam suggests betting and prediction markets sharpen people's sense of probability.

• The flu comparison misses the exponential part

Flu kills tens of thousands of Americans a year in a predictable seasonal pattern. COVID was still in nonlinear growth, so its total toll was unknown. Peter's analogy: a $100,000 salary versus a $10,000 startup salary plus equity, where the equity could be worth far more. He adds that a frozen snapshot might eventually make COVID look smaller than flu, 'but we can't say that.'

• Treat each city as its own country

Peter says Italy wasn't uniform. By his figures, per-capita mortality in Milan was about 40 times higher than in Rome and 300 times higher than in Sicily, depending on which areas got a head start. He suspected New York would resemble Milan more than South Korea, citing density, subways, a late start and some cultural bravado.

• Is the cure worse than the disease? Sam takes the economic risk seriously

Sam worries about depression and lost social cohesion and hopes for a well-targeted stimulus. He points out that nobody offers economic 'happy talk', saying businesses fail all the time and there's no real wealth destruction, yet people offer the equivalent reassurance about the virus. Peter notes markets were down about 30% for the year. He asks how future outbreaks could be handled locally without a global economic calamity, and floats a short, total lockdown of about four weeks.

• Overwhelmed hospitals harm non-COVID patients too

Both expect collateral damage: delayed cancer surgeries, and people avoiding hospitals during heart attacks and strokes. Peter says he now treats any risk of physical injury as if the family were in the wilderness, far from a hospital.

• Mindfulness means clearly feeling anxiety as sensation

Sam says the goal isn't to banish emotions but to get more agile, shortening how long they last. If you feel the energy of anxiety without judgment, contraction or justification, it 'loses its psychological content,' like indigestion or an itch. Fear is useful when it's appropriate. He says 95–99% of moments of fear, shame or regret are 'wasted,' driving us to no good purpose.

• Even a blow-up is the next screen of the game

After losing your temper, shame is just more backward-looking thought. Sam says that moment is as much an opportunity to see through the illusion of self as any other: 'this is the next boss fight.' He describes letting his older daughter hold him to account when she's right that he was in the wrong.

• Peter and Sam held tempered expectations for a vaccine

Peter relays virologists' caution: coronaviruses can behave somewhat like RSV, where getting enough immunity has historically involved a less favorable risk–reward trade-off. He asks whether people would accept a vaccine with 0.1% mortality, offered as a thought experiment. He separates legitimate trial-based safety discussions from discredited claims such as vaccines causing autism. He was more hopeful about therapies targeting parts shared across the coronavirus family.

EXAMPLES

• Sam's friend's ski group

Of a group of five fit, roughly 50-year-old non-smokers among about 13 skiers back from Italy, two, 40%, were ventilated in induced comas. Sam admits it isn't a statistical sample. He compares it to drawing two black marbles in five from an urn that's either 1% or 50% black, which made the flu analogy sound 'delusional' to him.

• Peter's New York ICU math

Peter starts from about 11,000 confirmed cases and the most conservative multiplier of 5x for unknown infections, against estimates of 5–40x, giving about 50,000 infected. At roughly 4–5% needing ICU care, as in Italy, that's over 2,000 ICU patients. New York's capacity is about 1,000 ICU beds at baseline, perhaps 2,000 with repurposing, and about 25% are needed for non-COVID patients. Even assuming no further spread, beds would be full.

• The lights and the Lego

Peter berated his daughter for leaving hallway lights on, then exploded at his five-year-old who kept interrupting calls on his birthday. That was two blow-ups in 14 hours. His 'kryptonite' afterward is withdrawing in shame. Days later, rebuilding a smashed 500-piece Lego train, he got another chance to practice.

• 9/11 versus traffic deaths

Peter compares 'flu kills more' to the argument that traffic killed more people than the roughly 3,000 who died on 9/11. In his view, both miss the nonlinear potential of the threat.

OTHER RELEVANT

- **Talk to kids honestly without unloading everything**

  Sam's family rule is never to lie to their daughters, but that doesn't mean telling them everything. His 11-year-old is old enough to worry, yet he didn't sense the situation was making her anxious.

- **Write down your silver linings**

  Sam encourages noting what people discovered in lockdown, like more family time and a calmer pace, and deliberately keeping whatever is worth holding onto.

- **Watch where politics distorts the picture**

  Sam says people must hold seemingly incompatible thoughts at once. China's authoritarian government concealed the outbreak, which was a real failure, and political tribalism still muddies every other judgment.

#76 – Kyle Kingsbury: Finding meaning, depression, and psychedelics

Guest: Kyle Kingsbury
Date: 2020-01-14 · Duration: 1:41:31
URL: https://www.youtube.com/watch?v=Dbh-mLrIBr4

KEYPOINTS

• This conversation deals frankly with suicide and drug use

Peter opens with two disclaimers. Anyone having thoughts of self-harm should seek medical help immediately. And discussing performance-enhancing drugs and psychedelics isn't an endorsement. Kingsbury, a former UFC fighter, describes suicidal thoughts that began around age seven, including picturing his father's guns and wondering if jumping off a mountain would kill him.

• Football gave him a path, but he stalled in the NFL funnel

Academically 'garbage' in his own words, Kingsbury went through two junior colleges to walk on at Arizona State. There he mostly rode the bench. He realized NFL hopes were unrealistic after watching a teammate who started every game for four years on the defensive line go undrafted. Peter notes the median NFL career is only about three to five years.

• He used anabolic steroids from high school onward

He started testosterone in his senior year of high school (he names 250 mg), and it gave 'only' about 10 pounds but taught him to care about sleep and food. Later came growth hormone and IGF-1, then nandrolone ('deca') with testosterone once he knew he wouldn't go pro. Growth hormone alone cost about $1,000 a month and, he hints, was 'sponsored.' He says he felt better, not angrier, and read a pharmacology textbook to understand the drugs.

• Peter: steroids amplify existing traits; long-term data are missing

Peter says the most he has prescribed for low testosterone is about 140–160 mg a week, while athletes may take ten times normal levels. Short studies of 12–16 weeks at such doses don't find bad outcomes, but longer use is unstudied, which is his main reason not to endorse it. His analogy: like money, steroids amplify an aggressive person rather than create one. He suggests that people who use them non-medically may already be filling a void, which could raise depression risk independently.

• After football, pills and partying filled the void

ASU was then the top party school; he lost friends to overdoses. For a year in junior college he started each morning with a bong hit. After football he mixed alcohol, cocaine, pressed ecstasy pills and Xanax, often awake until 5 a.m. He says the comedown always left the 'unworked-through stuff' waiting.

• A parking-garage ledge brought his first spiritual experience

After a fight with his girlfriend and the thought 'I will never be loved,' he swallowed his remaining pills and climbed to the top of an ASU parking structure at about 2 a.m. Standing at the edge, he felt a wash of warmth, the most peace of his life, and a voice saying 'not yet, it's okay.' A security guard talked him down, and he woke in the hospital with family who had flown in from California.

• MMA gave structure, but self-belief cracked in the UFC

He won about six straight fights in smaller promotions before an underprepared loss at King of the Cage in Laughlin, Nevada. He compares it to Tyson and Buster Douglas. A coach sent him to join a full team, and he entered the UFC as a jiu-jitsu white belt. Among equals, his 'negative monkey-mind chatter' got louder. He says chin-to-chest contact from a knee was the one blow that truly hurt him in the Octagon.

• Psilocybin, then ayahuasca, changed his direction

A coach introduced guided psilocybin work. After his third straight loss, in Nottingham, England, with a torn labrum and a fractured eyebrow, he began ayahuasca. His UFC record was 4–4, and the Reebok deal had removed personal sponsors, so he lived in his mom's detached garage. By this conversation he had done 26 ayahuasca ceremonies and called each one a new layer of the 'infinite onion.'

• Covert depression in men often looks like achievement or addiction

Drawing on therapist Terry Real, Peter contrasts overt depression (can't get out of bed, weepy) with covert depression, which hides behind workaholism, substance use and violence. He notes men are about 93% of the US prison population and about three times as likely to abuse alcohol. Kingsbury lived both extremes: 'a perfect little angel' in fight camp and countless nights of excess between camps.

EXAMPLES

• Peter's patient with normal LH and FSH

Peter describes a patient on testosterone whose LH and FSH stayed normal, as if he weren't taking it, a pattern Peter then reproduced in a couple of other patients. He uses it to show how individualized dosing is.

• The hardest ayahuasca night

One night in Colombia, Kingsbury had no visions and only purging. Another time he relived his father's rages from the first-person view of his six- or seven-year-old self and his 15-year-old self, with the same fear, rather than watching like a movie.

• Machu Picchu or ayahuasca?

A friend in Peru phoned to ask whether to spend five days hiking Machu Picchu or doing ayahuasca. Kingsbury found trip reports calling it the 'apex of teacher plants,' and they later found practitioners locally.

• Has he lost his edge?

Kingsbury says the chip on his shoulder that once made him want to hurt people is 'washed away.' He now wants to avoid the injuries fighters often leave with so he can read to his son and chase his kids around.

OTHER RELEVANT

• Create rites of passage for young men

Kingsbury points to Tim Corcoran's father–son wilderness survival camps and traditional cultures where children leave to

learn from elders. Peter worries how hard that is when eight-year-olds have cellphones.

• Forgiveness is for the forgiver

His relationship with his parents came full circle after ceremonies at Soltara in Costa Rica. He says forgiveness is about taking off his own 'weighted vest,' and that loved ones, like his wife, can see blind spots we can't.

• Use psychedelics with intention, space and supervision

Kingsbury spaces ceremonies and arrives with a reason to be there. Peter frames this as one person's experience, not a protocol, especially with suicidal history or legal risk.

#81 – Debra Kimless, M.D. & Steve Goldner, J.D.: Cannabis – the latest science on CBD & THC

Guest: Debra Kimless & Steve Goldner
Date: 2020-01-14 · Duration: 2:11:35
URL: https://www.youtube.com/watch?v=aaPnZKbkf10

KEYPOINTS

• Both guests have a commercial stake, and Attia flags it up front

Goldner is founder and CEO of Pure Green, and Kimless, an anesthesiologist, is its chief medical officer. Attia tells listeners to take everything with a grain of salt, while saying that after hours on and off mic he believes their intentions go beyond business. He expects the field to change enough that he'll need to revisit it within a year.

• THC and CBD act on the endocannabinoid system in different ways

THC binds the CB1 receptors that produce intoxication. According to the guests, CBD doesn't sit directly on CB1 or CB2. Instead it works indirectly, for example by slowing the breakdown of the body's own endocannabinoids, or through other receptors altogether. In the raw plant both exist as acid forms and only become active after time and heat remove the carboxyl group, which is why eating raw cannabis won't get you high.

• 'Hemp' is a legal category, not a separate plant

Under US law, hemp is cannabis with less than 0.3% THC. Growers crossbreed cannabis to stay under that line, so modern hemp is very different from the industrial hemp of the Constitution era. Hemp-derived CBD now shows up in lotions, teas, ice cream and vape cartridges, many sold through a large gray or black market.

• Cannabis is a botanical mixture, not a single molecule

Kimless cites more than 100 cannabinoids, more than 80 terpenes, plus flavonoids and other compounds that may act together. Their argument is that formulations combining ingredients can work at lower doses than a purified isolate. Attia frames this as the opposite of the reductionist, one-drug-one-target view he was trained in.

• THC's risks are mostly individual and depend on dose

Some people feel calm on a small dose. Others get panic, anxiety, a racing heart or a spike in blood pressure, sometimes even at low doses. Kimless agrees high-dose THC can worsen schizophrenia, but argues CBD with little or no THC may still help such patients. On teenagers, she says she wouldn't advocate any chemical substance for a developing brain unless it's medically needed, such as for a seizure disorder.

• Acute lethality is extraordinarily low

The guests cite a DEA attorney, writing in support of descheduling, who estimated that a 75-kilogram man would have to smoke about 1,500 pounds of cannabis flower in 15 minutes to die, and that the cause would probably be carbon monoxide, not cannabis itself. That says nothing about chronic, psychiatric or developmental risks, which the episode treats separately.

• The guests argue cannabis is not a gateway drug

Kimless says NIDA no longer calls cannabis a gateway and that Colorado didn't see increased youth use after legalization. She also cites lower opioid prescribing in states with dispensary access and trials using CBD to help people come off methadone or heroin, which is why she calls it a possible 'exit drug'. These are the guests' readings of the evidence; Attia notes he doesn't know that literature himself.

• Vaping risks include additives never tested for inhalation

Thinning agents such as propylene glycol and vitamin E acetate are 'generally recognized as safe' (GRAS) for eating, not for heating and inhaling. Heating propylene glycol can create formaldehyde. Goldner explains that the FDA's GRAS status covers specific uses, and that many cannabis products weren't tested for safety before they shipped.

• Edibles are unpredictable

Swallowed cannabis goes through first-pass metabolism in the liver. Kimless puts onset at 60–90 minutes, with only about 8% bioavailability in the best case, and effects lasting 8–10 hours. A full or empty stomach and time of day change absorption, so even an accurately labeled edible won't give a repeatable dose. That's why people stack doses and get far more intoxicated than they meant to.

• THC tolerance is real but may plateau

Heavy use down-regulates receptors, which Kimless says reset after a couple of days off. She contrasts it with opioids, where tolerance escalates and can flip into increased pain sensitivity. She cites Dutch medical-program data in which the average patient stabilized at about 750 milligrams of cannabis a day rather than continuing to increase.

EXAMPLES

• A 16-patient CBD pain pilot

Kimless gave a 5 mg water-soluble CBD tablet with terpenes for two weeks to 16 people treating mild-to-moderate pain with over-the-counter drugs, and reports a statistically significant reduction in pain. When Attia asked about a control group, she acknowledged there was no placebo arm; it was a proof-of-concept study.

• Epidiolex as the purified benchmark

GW Pharma's plant-derived CBD is purified to over 99% and approved for two rare, treatment-resistant seizure disorders in children. Kimless cites roughly a 30% reduction in seizures, with GI and liver side effects. She uses it as a contrast to lower-dose combination formulations.

• Under-the-tongue tablets for sleep

Their tablets dissolve in about 15 seconds under the tongue, bypass the liver and reportedly work within 8–10 minutes. The guests cite safety-monitoring data from several hundred thousand people reporting good sleep without grogginess, and suggests GABA activation as one mechanism. When Attia asked about sleep architecture, Kimless said she hadn't seen polysomnography data.

- **The road to FDA approval**

  Attia notes that a new drug takes about a decade and roughly a billion dollars to bring to market. The guests say they hold themselves to that standard, while pointing out that Schedule I status blocks standardized testing. State labs don't all use the same methods.

OTHER RELEVANT

- **Buy only from regulated sources**

  Kimless advises against buying online or on the street ('we tell our children don't take candy from strangers'). If you live where it's legal, register as a patient, get guidance from a clinician and use a licensed dispensary. The Society of Cannabis Clinicians lists experienced physicians by state.

- **Start low and wait with edibles**

  With onset of up to 90 minutes and effects lasting hours, take one measured dose at a consistent time. Capsules or tablets are preferable to foods, and don't re-dose because nothing has happened yet.

- **Treat bold anecdotes with caution**

  Goldner admits he wouldn't have believed some of the stories patients told him. Weigh uncontrolled reports and data from companies selling the products accordingly, and look for placebo-controlled trials before expecting a specific benefit.

- **Be extra careful with THC if you have a psychiatric illness or are a teenager**

  High-dose THC can worsen schizophrenia, and there's no case for using it recreationally on a developing brain. Medical use for teenagers is a decision to make with a clinician.

#51 – Robert Sapolsky, Ph.D.: The pervasive effect of stress – is it killing you?

Guest: Robert Sapolsky
Date: 2020-01-09 · Duration: 2:18:32
URL: https://www.youtube.com/watch?v=CavapSvFkOs

KEYPOINTS

• The stress response is built for a zebra fleeing a lion, not for chronic worry

Sapolsky, a Stanford neuroendocrinologist and author of Why Zebras Don't Get Ulcers (first edition 1994), describes two arms. Adrenaline acts within seconds, which he likens to 'handing guns out of the gun locker.' Glucocorticoids like cortisol follow via ACTH in about 30 seconds, like 'building the aircraft carriers.' Cortisol mobilizes glucose, raises cardiovascular tone and triages away non-essential functions. That is ideal for a short sprint but harmful when switched on for psychological reasons day after day.

• Cortisol has a narrow 'therapeutic window', and sensitivity varies

Peter calls cortisol the hormone with the narrowest therapeutic index: too little is dangerous, as in Addison's disease, and too much is toxic. Sapolsky notes that New World monkeys such as marmosets have roughly ten times the glucocorticoid levels of Old World monkeys without illness. A receptor mutation gave them about one-tenth the sensitivity, so the system equilibrated at a higher level. People can likewise be cortisol-'resistant' or 'sensitive,' much as with insulin.

• Serengeti baboons are a model of Western stress

Baboons in troops of 50 to 200 rarely face lions, have lower infant mortality than neighboring Maasai, and need only about three hours a day to find food. That leaves 'nine hours of free time every day to devote to being miserable to some other baboon.' Over more than 30 years of summers, Sapolsky darted and anesthetized the same animals for blood work, relating rank, personality and social ties to stress-related disease.

• What a rank means matters more than the rank itself

Being low-ranking is far worse in some troops than in others, depending on troop culture: how often an angry dominant takes it out on you, or whether you get to finish a meal. Humans belong to many hierarchies at once, so the mailroom clerk can be captain of his weekend softball team. Personality matters too. A baboon who treats a rival napping 100 yards away as a provocation averages about twice the cortisol of a same-ranked peer who can tell the difference.

• Stress can be passed epigenetically across generations

Glucocorticoids from an anxious mother cross the placenta and cause epigenetic changes in the fetal amygdala, making offspring more anxious. Sapolsky says such non-genetic transmission of traits can ripple, smaller each time, about half a dozen generations later, and close equivalents have been found in humans.

• Moderate stress sharpens memory; sustained stress damages the hippocampus

A little arousal boosts blood flow, glucose and synaptic excitability in the hippocampus, which is why emotional events stick. Prolonged high glucocorticoids reverse this: less oxygen and glucose delivery, disconnected synapses, shriveled neurons, blocked neurogenesis and greater vulnerability to other insults. Sapolsky's two-decade summary: 'you don't want to have a whole lot of it marinating inside your head.'

• Feeling poor is as harmful as being poor

Sapolsky cites Nancy Adler's work at UCSF showing that subjective socioeconomic status, where you place yourself on a ten-step ladder relative to people around you, predicts health at least as well as objective wealth. He says income inequality strengthens this effect, and social media amplifies it with constant reminders of people doing better. Childhood SES predicts diabetes risk half a century later, so poor health doesn't simply cause poverty.

• Genes mostly change vulnerability to environments rather than determining outcomes

Sapolsky recounts a large birth cohort study of a serotonin transporter variant: on its own it barely changed depression risk by age 25. Combined with childhood trauma, it multiplied risk far beyond the increase seen in people without it. He describes a similar pattern for MAO-A, abuse and aggression. He notes that 300 genes together predict only about 4% of height.

• The evidence for harm is strongest in heart disease and weakest in cancer

Peter summarizes that hypercortisolism's damage is best shown in atherosclerosis, through hypertension and endothelial damage, and is plausible but less clear in dementia. Sapolsky says that in humans no good prospective studies have truly ruled out confounding in stress and cancer. Animal studies used artificial transplanted tumors, though his lab showed transformed cells upregulate a glucose transporter that glucocorticoids boost further.

• Stress makes us less empathic and more impulsive

Sustained stress enlarges the amygdala, atrophies the frontal cortex and disrupts dopamine, increasing vulnerability to addiction and depression. It hampers the frontal cortex's hardest job, seeing from another's perspective. Sapolsky says stress makes us 'crappier to each other,' more xenophobic and parochial, and more impulsive with our worst impulses.

EXAMPLES

• Peter's morning glucose

After almost four years of near-constant glucose monitoring, Peter says he could identify morning on any 24-hour trace by the cortisol-driven rise. He described it as his highest glucose of the day outside meals.

• Unpredictable fragmented sleep is the worst kind

Linking cortisol and sleep loss, Sapolsky says insufficient sleep is bad, fragmented sleep is worse, and unpredictably fragmented sleep is worst. Peter recognizes this from residency pagers.

• Two women with identical hormones and different PMS

Sapolsky uses PMS to show that the same hormone levels produce different emotional experiences depending on context, expectations and biology.

• Impulse versus planning in prison

Peter reflects on volunteering with incarcerated men: many crimes were impulsive split-second choices, not decades of

sinister planning. That fits the effect of stress on frontal control.

OTHER RELEVANT

- **Treat stress management like exercise**
  Sapolsky says it can't be done on weekends or while on hold. It needs regular, dedicated blocks, like aerobic exercise's 20–30 minutes. If you carve out 20 minutes daily despite a crushing schedule, 'you're 80% of the way there,' almost whatever the method. Peter finds meditation his best tool.
- **Audit your comparison groups**
  Because subjective status drives health, limit the inputs, such as social media feeds, that constantly show you people doing better.
- **Advice to his 25-year-old self: be less ambitious**
  Young researchers, he says, have 'a list down to the floor' of diseases to vanquish. He would tell his younger self to scale that back.

#15 – Paul Conti, M.D.: trauma, suicide, community, and self-compassion

Guest: Paul Conti
Date: 2019-12-31 · Duration: 2:09:24
URL: https://www.youtube.com/watch?v=KlNzL0dNcQw

KEYPOINTS

• Conti estimates 80% of what he treats is trauma

The psychiatrist, who has known Attia since their first week of medical school 21 years earlier, says he has come to believe 80% of what he treats is trauma. In his view the other 20%, such as head injury, schizophrenia and biological drivers of addiction, is never free of trauma's influence either. It shows up as anxiety, depression, panic attacks and substance use. He guesses that more than half of what walks into any doctor's office ultimately rests on trauma, while admitting he doesn't know the real numbers.

• Silent bravado can lead to real death or 'functional death'

Conti's brother died by suicide, and about a year later a close childhood friend died after the same 'desperate recklessness'. Both, he says, had real needs and no place to get acknowledgement or help. He calls the more common result functional death: still breathing, but effectively dead inside. That experience pulled him from a consulting career, where more money and authority made him less happy, into psychiatry.

• Suicide is the one top-10 cause of death in every decade after childhood

Attia, who studies actuarial tables to see what kills people, notes that suicide appears among the top 10 causes of death in every decade after age nine. He cites a Wall Street Journal piece using CDC data showing about a 30% rise in suicide among Americans aged 40 to 60 over a recent one- or two-decade span. He hedges on the exact period. Conti adds that many 'accidental' deaths in younger people are parasuicidal: recklessness from people not invested in staying alive.

• Trauma comes from five routes, and we routinely minimise them

The framework Attia learned at Bridge to Recovery lists abuse (physical, emotional, sexual, spiritual), neglect, abandonment, enmeshment and witnessing tragic events. Conti says we ignore even overt events like assault. Smaller ones, such as a friend moving away or a pet dying, can become a lifelong symbol of 'no stability, no peace'.

• The brain doesn't care about the calendar

For Conti, how long ago something happened is irrelevant if it instilled terror, shame or false responsibility. It feels as immediate after 30 years as after two days. He links this ongoing internal stress not only to suicide but to cardiovascular disease, cancer and autoimmune problems, which is why he sees it as directly relevant to longevity.

• Shame gets passed on through a different route

Attia's insight from the past year is that trauma 'almost always comes out in some orthogonal way'. A mother sexually abused as a child is very unlikely to abuse her daughter, but the shame will reach the next generation through something else. Simply avoiding repeating the original event isn't enough; the person has to understand what it did to them.

• Whatever doesn't kill us often makes us weaker

Conti rejects the idea that adversity automatically builds resilience. Unacknowledged hurts lead to languishing, or, in driven people, to achievement while still miserable. He points to the Wizard of Oz and The Emperor's New Clothes as examples of our fascination with things that look strong but are vulnerable.

• Psychotherapy and psychedelics aim to lower our defences

Conti says Freud didn't get everything right, but the unconscious, the hidden part of the iceberg, still drives most behaviour. Both men are interested in the dissolving of the ego that psychedelics can produce. Conti says the goal of therapy, shared experience and psychedelics is an honest experience of self, which usually means acknowledging what we're ashamed of.

• Modern society isolates us and expects too much from one partner

Conti criticises a culture of endless phone trees and checklist diagnoses, including in psychiatry, that doesn't respond to the individual. He argues it is a fallacy that one partner should be everything to another. People need a broad mix of friendships and community, and without them, cults and cult-like groups fill the gap. He ties much suicide to an absence of meaning, and mentions reports that many people can't absorb an unexpected $500 bill.

EXAMPLES

• A patient lost 30 pounds after trauma care, with no other changes

Their first shared patient was a physician whose father died of heart disease while she was in medical school. She followed her nutrition plan very closely and her hypothyroidism was fixed, but inflammation, insulin resistance and a 'metabolic rate of a slug' persisted. After she worked with Conti for about six months, with no change to thyroid medication, diet or exercise, she lost about 30 pounds. Attia didn't recognise her Christmas card.

• Paralysis with no nerve damage

Conti says his reverence for the brain's power over the body comes from cases like people who did, or nearly did, something they found reprehensible. The limb involved became paralysed and stayed that way for 10 years, though no nerves had been severed.

• The question that broke Attia's guard at Bridge to Recovery

Three or four days into 13-hour days of group therapy in rural Kentucky, Attia was still refusing to engage. A counsellor asked whether he would think it was okay if the same event happened to his young son, Reese. That reframing ended his rationalisation that it had 'made me more resilient'. He also found open 12-step meetings deeply moving, though he never once spoke.

• A 19-year-old teaching a neurosurgeon

In the treatment programme Conti ran for about five years, with around 30 staff, his proudest memory is a young woman who had lived on the streets. Late one day he saw her deep in conversation with a neurosurgeon, and she was clearly teaching him. Conti resisted pressure to separate patients by age or wealth. He told Attia that being with people who seem different is exactly

what helps.

• 'You're always the smartest guy in the room'

Attia's San Diego therapist told him his problem was always being the one giving answers, so he never got to sit, listen and be one of the group. Conti says vulnerability shared in a group is the beginning of an antidote to shame.

OTHER RELEVANT

• Listen to your inner voice

Conti's first step is to notice what you say to yourself thousands of times. Attia describes a voice telling him 'how shitty I am' for anything less than perfect, from the moment he wakes up.

• Almost everyone could benefit from therapy

Conti jokes that only people with no problems at all should skip psychotherapy, meaning everyone should have it. Attia recommends vetting therapists for real trauma expertise; inpatient care isn't required to start.

• Build connection beyond your partner

Talk more openly with people already close to you, protect time with friends, and consider 12-step meetings or communities built on shared interests or faith.

• Conti's reading suggestions

He recommends Camus's The Plague, about how we all live among threats and need each other, and Katherine Mansfield's short stories for the subtle nuances of being human.

#12 – Corey McCarthy: Overcoming trauma, finding meaning, changing the self-narrative, & gratitude

Guest: Corey McCarthy
Date: 2019-12-23 · Duration: 2:27:13
URL: https://www.youtube.com/watch?v=wHv_ey3VvfE

KEYPOINTS

• Peter and Corey met inside North Kern State Prison with Defy Ventures.
Volunteering with Catherine Hoke's program—teaching entrepreneurial skills inside a maximum-security prison near Bakersfield—left Peter convinced the volunteers were being changed as much as the men inside. Corey's credibility came from having lived that world, not studied it.

• A childhood sexual assault at about age seven split his life in two.
At a cold minor-league baseball outing he went to an empty bathroom alone while his older brother got nachos; an attacker was waiting. He describes losing 'the little boy'—leaving the game as a wounded child who later froze into an adaptive child rather than a functional adult. He does not linger on graphic detail; the lasting fact is identity rupture—innocent child to wounded child to adaptive child stuck in survival scripts.

• Peter's 'trauma tree' names five common roots.
Abuse (physical, sexual, emotional, spiritual), abandonment, neglect, enmeshment (kids treated as mini-spouses or confidants), and witnessing a tragic event. Those roots grow shame; untreated shame tends to branch into addiction, codependency, attachment disorders, and habituated survival strategies. Enmeshment examples include single parents unloading adult romantic or financial crises onto a seven-year-old as if the child were a partner.

• Shame plus secrecy recruited more predators.
Corey and Peter note how consistently abusers seem to sense wounded kids—an observation that echoes patterns discussed around institutional abuse scandals. Adolescent Corey piled on early substance use, fighting, and a self-story that he was already ruined. Early sports success and a polished exterior made the inner collapse easier to hide from teachers and coaches.

• Family fracture amplified the wound.
Parents who were both attorneys disagreed about medication; Corey learned to talk his way out of consequences, stole, and at sixteen interpreted conflict as proof his mother did not love him. A 40-ounce beer and cigarettes after one rupture became a template, not a one-off.

• Prison time clarified that desire to change is not a plan.
Wanting a different life while still inside the old identity and peer incentives failed repeatedly. Navigation of prison politics, violence, and isolation taught him how thin willpower is without structure, sober peers, and a rewritten narrative. Average trauma load inside—Peter cites roughly 10–16 serious violent injuries a day in some ER contexts as atmosphere—normalized hypervigilance.

• Recovery required surrender plus daily practices, not a single epiphany.
Twelve-step rooms helped and also had limits he names honestly. The durable shift was treating recovery as identity work—honesty about harm done, amends where possible, and service that interrupted self-obsession. Pros of 12-step rooms included structure and language for amends; cons included rigidity or one-size theology that did not fit every person he met.

• Defy and the Kern visit closed a loop.
Walking back into a prison as a free man teaching skills reframed the years he lost. Peter's 'step to the line' exercise that day—men disclosing shared wounds—underscored how ordinary the pain was even when the crimes were not. Chance mattered: a hallway collision with friend Devin at a bodywork appointment is what routed Corey onto the Defy trip with Peter.

• Good people can do terrible things without that erasing either fact.
Corey refuses both naive innocence narratives and permanent monster labels. Holding both is what lets him parent, work, and speak without collapsing into denial or self-erasure. That both/and stance is what made Peter trust him enough to record without a script or prewritten questions.

• The useful self-talk is responsibility without toxic shame.
Kat Hoke's framing and Corey's own work separate 'I caused harm and must repair' from 'I am irredeemable.' That distinction is what he tries to hand other justice-involved people and anyone stuck in a trauma loop.

EXAMPLES

• Baseball-stadium bathroom at ~7
Family outing, empty restroom, assault; he and his brother came home different people. Parents recognized the gravity enough to respond, which he notes many wounded kids never get.

• Age-12 RCMP arrest in swim trunks
Pulled shirtless from a cottage window by an off-duty officer; pavement burning his feet—an early bookmark in a lengthening record that normalized trouble.

• December 21, 2003 Christmas call
Calling his father's house from custody and hearing his daughter in the background crystallized the cost of his path more than abstract remorse had. Hearing staff ask his daughter if she wanted to speak to him turned abstract fatherhood failure into a single unbearable second.

• Step-to-the-line at Kern
Shared disclosures among men inside made Peter's 'smallest choices, deepest pain' thesis visceral; Corey already knew the map from the other side of the line. Catherine Hoke's own history was why Corey believed Defy was real; pedigree without lived credibility would not have pulled him across the country.

- **Four shame branches**
  Addiction (substances or processes), codependency, attachment disorders, and survival habits that once kept a kid alive but sabotage adult intimacy.

OTHER RELEVANT

- **Name the root before optimizing the branch.**
  Habit apps and productivity advice bounce off untreated shame. Map abuse, abandonment, neglect, enmeshment, or witnessed tragedy first. If you only trim the addiction branch while the shame root stays buried, relapse risk stays high.
- **Wanting change "` scaffolding for change.**
  Corey's prison years show motivation without sober community, honesty practices, and identity work stalls. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.
- **Hold harm and humanity in the same hand.**
  Useful for parents of troubled kids and for adults judging their past: accountability without annihilation. Peter connects it to his own dumb teenage choices that luck did not convert into a record—reminding listeners how thin the line can be.
- **Service interrupts the old story.**
  Teaching inside with Defy did more for Corey's narrative than another private insight session alone. The conversation keeps the claim tied to named mechanisms, numbers, and caveats so a listener can act or ask better questions without flattening the nuance.

#01 – Tim Ferriss: depression, psychedelics, and emotional resilience

Guest: Tim Ferriss
Date: 2019-12-16 · Duration: 2:36:36
URL: https://www.youtube.com/watch?v=MgJTzkRg3cA

KEYPOINTS

• Tim opened Peter's podcast by shifting focus from startups to mental health science.
At the time he was already known for five #1 bestsellers and a podcast with hundreds of millions of downloads. He told Peter he planned to put at least a million dollars over the next few years into psilocybin and MDMA research, compounds that had been shelved for decades more for politics than for evidence.

• His own depression history includes a close call with suicide that became a TED Talk.
He describes himself as someone who was never 'wired to be happy,' recalling childhood mornings when happiness felt incompatible with getting up at 4:30 to train. College friends who later killed themselves left him with a visceral sense of how sudden those outcomes can look from the outside. He frames the TED Talk as an attempt to make that private near-miss useful to strangers who might be in the same tunnel.

• A girlfriend's ayahuasca report became the sales pitch that finally moved him.
She returned from Peru saying two nights felt like fifteen years of therapy. For someone who measures interventions by leverage, that comparison stuck. When he finally went, he took an 'absurdly high' dose—starting around 7.5 and boosting toward 9—because he did not know how to dose what he had taken before.

• About six weeks after those two nights, roughly 90% of a decades-old rage toward his father was gone.
He could watch himself as a 13-year-old in the old scenes without being trapped inside the washing machine of the emotion. He expected the shift to last—forty years out he still believed he would feel the same way about that person. The shift was not a personality transplant so much as a change in vantage: storm outside the window instead of inside the washing machine.

• Heroic-dose psilocybin had been an earlier, private 'reboot' tool.
Drawing on Terence McKenna's framing, five dry grams is a dose meant to flatten even a resistant ego. Tim says looking back he was almost certainly at or above that level during deep depressive episodes, using the experience to interrupt spirals he could not think his way out of.

• MAPS-era MDMA-assisted psychotherapy numbers were the public case for urgency.
As Tim recalled them (with some hedging on exact scales): psychotherapy alone moved roughly 20–27% of PTSD patients below the clinical cutoff, while combining psychotherapy with MDMA reached something like 70%. The FDA had granted MDMA breakthrough therapy designation for PTSD, which he read as regulators becoming collaborators rather than mere gatekeepers.

• Meditation is non-reactivity rehearsal, not a personality transplant.
Friends including Rick Rubin and Chase Jarvis pushed him for more than a year before he started. He frames consistent short sessions as practice sitting with discomfort so that a later psychedelic experience is not your first time on a surfboard in a hurricane. Paul Conti's point about self-treatment also made meditation feel less like self-help and more like relational hygiene.

• Beginner formats he trusts are concrete and short.
Headspace's ten-and-ten program (ten minutes a day for ten days) and Jeff Warren's guidance on Dan Harris's 10% Happier app both get named. Paid apps had a sunk-cost upside for him: having paid made him more likely to show up for lunch-break sits.

• The Catherine McCormick / Gregory Pincus story is his model for philanthropic leverage.
A relatively unknown dinner-table conversation helped bend the arc toward the birth-control pill. Tim treats psychedelic science funding the same way: small, well-aimed capital can move history more than diffuse goodwill.

• His standing advice to a younger self starts before email.
Meditate 10–20 minutes first thing in the morning, before checking messages. Expect to fail about half the time and return anyway. A foldable floor chair lowers friction. The consistent imperfect practice beats the perfect program you quit.

EXAMPLES

• Fifteen years of therapy vs two nights
The girlfriend's Peru report—and Tim's recognition that that ratio is an almost unfair sales pitch to his own optimization brain—is the hinge that turned years of curiosity into action.

• Anger toward his father
He had long given up on that pattern changing. Six weeks after ayahuasca, roughly nine-tenths of it was gone, replaced by the ability to sit with the younger self without fusion.

• PTSD response rates (as Tim recalled them)
Psychotherapy alone ~20–27% crossing below the diagnostic threshold versus ~70% when MDMA was added—numbers he presented with caveats but as 'not subtle' on a graph.

• Opiate deaths among Long Island peers
Friends and family who overdosed, including fentanyl, made the mental-health and addiction case personal rather than abstract, and fed his urgency around understudied compounds. Accident had been the leading cause of death up to about age 40; opiate overdose had overtaken it in the cohorts he watched.

• Morning meditation stack
Ten to twenty minutes of non-reactivity training before inbox; Headspace 10×10 or a two-syllable mantra if that is all that fits; return after lapses instead of restarting from guilt.

OTHER RELEVANT

• Treat yourself as you would treat someone you love.
A line from mutual friend Paul Conti stuck: the way you treat yourself is how you will treat the people you love most. If you

would not wish your inner climate on them, do not accept it as permanent programming. That reframe turned mental-health work from optional optimization into something closer to an ethical obligation to the people around him.

- **Build meditation mileage before high-dose work.**
  Tim's metaphor is ~50 boogie-board sessions before hurricane surf. Concentration practice with eyes closed, then open, reduces the chance that a powerful experience is pure overwhelm.
- **Fund the science, don't DIY the uncontrolled version as policy.**
  He is explicit that Schedule I status looks scientifically unjustified to him, while still pointing listeners toward rigorous MAPS-style work rather than romanticizing unguided heroic doses.
- **Shrink the practice until it is unmissable.**
  If twenty minutes fails, do one two-syllable mantra once and count it. Consistency outruns perfection when the goal is a durable coping mesh, not a streak.