Episode 182:
The Myth of Normal with Dr. Gabor Maté

"*The question is not why the addiction, but why the pain*." — Gabor Maté

Usually I find a quote to suit the theme of whatever the episode is, but today that quote is from the man himself who's joining us today; it is of course the legend Gabor Maté.

Gabor Maté M.D., C.M., is a Canadian physician (retired), public speaker, and bestselling author whose work has been translated into 30+ languages. His award-winning book on addiction, *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, is used as a text in many institutions of higher learning throughout the world.

His most recent book, *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture*, is both a #1 Canadian bestseller and New York Times bestseller. This book is making waves everywhere. It's a 500-page nonfiction book that's as riveting as a fictional thriller. I couldn't put it down. There's so many incredible insights in there, it's so well-researched, and it's an instant classic.

For a bit more of his background, Gabor had a 20-year stint as a family doctor and palliative care director. After that, he spent 12 years in Vancouver's Downtown Eastside with patients challenged by hard-core drug addiction, mental illness, and HIV, including in North America's first Supervised Injection Site.

Gabor is also an expert in childhood developmental issues, ADHD, mind/body health, trauma, and parenting. He is in constant demand as a speaker and has addressed judicial bodies in Canada, the U.S., and Australia on the links between trauma, addictions, and dysfunctional behaviors. He has worked with many Indigenous communities around these issues.

He has received an Outstanding Alumnus Award from Simon Fraser University and an Honorary Degree (Laws) from the University of Northern British Columbia. For his groundbreaking medical work and writings, he has been given the Order of Canada, and the Civic Merit award from his home city of Vancouver.

A film based on his work, *The Wisdom of Trauma*, has been viewed by over 10 million people and has been translated into 20+ languages. It is shown regularly in many institutions, including schools and prisons, in Canada, the U.S., and abroad. At the time of our interview, his therapeutic method, Compassionate Inquiry, has been studied by over 3,000 health care providers in 80 countries.

He has been featured on some of the most popular podcasts, such as Joe Rogan, Jay Shetty, and Tim Ferriss.

In this episode:

- Why the medical system is keeping us sick;
- How schools are destroying our children's future – and what to do about it;
- The role of trauma in bringing kindness and unity back to our society; and
- How to prioritize healing and happiness in your daily routine.

Before we begin, the right bit of inspiration can completely change the trajectory of someone's life, so if there's a friend or loved one who needs to hear this episode or could use some help to Win the Day, share it with them right now.

Let's WIN THE DAY with Gabor Mate!

James Whittaker:
Gabor, what an absolute pleasure. Thank you so much for coming on the Win the Day podcast.

Gabor Maté:
Pleasure. And I'll be even more greater pleasure if you pronounce my name right, it's Gabor.

Gabor. And I'm from Australia. We have a lot of problems with pronunciation from the land down under.

Listen, even my best friends get it wrong. I just keep hoping that someday somebody will say it right.

Your next book, the followup to Myth of Normal, can be name pronunciation.

My name is Gabor, yeah.

Well, to kick things off, what's wrong with the medical system and the way illness is treated today?

Well, I mean there's a lot of miracles and amazing achievements to the credit of Western medicine, but at the same time its purview is very narrow, so it ignores scientific realities. And this is what's frustrating about it. I'm not talking about clever insights or ancient wisdom, I'm talking about science, which is largely a bypass by medical practice. And what I'm talking about is the unshakeable, inextricable, ineluctable unity of mind and body, so that our physiology is inseparable from conception from our emotional environment and our emotional states. So a lot of illnesses, chronic illnesses, autoimmune diseases, malignancy, for sure all mental illnesses, addictions, whatever we're talking about, has got a huge emotional component. And our emotions happen in interactions with other people, and in the setting of a culture and a whole society.

So essentially, illness in a particular organ manifests not just pathology of that particular body part, but a whole set of life relationships of that individual. For example, I mean an obvious example, children whose parents are stressed are much more likely to have asthma, and that's been demonstrated for decades. And the physiology of how parental stress causes asthma in a child is very clear and straightforward. But most doctors don't know that, they just give them medications, appropriately so, for the asthma, but they don't look at the emotional environment, which could be very important in healing the child. Or in the United States, Black women, the more experiences of racism they have to endure, the higher the risk of asthma. Or women with severe symptoms of post-traumatic stress disorder have double the risk of ovarian cancer. And the milder their PTSD symptoms, the less their risk for cancer. And that's just a small example of how emotions affect physiology and of the mind-body unity that Western medicine ignores.

Are doctors ignorant of some of these things? I don't know how necessarily they could be. Are they more worried about their practice if they say, "Cool, emotional trauma. Now I need to refer you to some completely different specialist and I'm out of business."

If only they did. And they would not be out of business because if somebody comes to me with rheumatoid arthritis, as a physician, I would still want to treat their inflammation. I might give them anti-inflammatories, I might give them steroid medications, I might give them medication to suppress the activity of their immune system, they might need surgery, whatever. That's all appropriate but there's a lot of research relating rheumatoid arthritis to childhood trauma and to stress. So I could refer somebody to somebody who deals with those things without me being out of business.

Number one, it's not so much that doctors ignore this, they just don't know it. The science that delineates and articulates the mind-body unity has been around for decades and decades, and it is getting deeper and deeper all the time, it's simply not taught in the medical schools. So it's an ideological blind spot. Trauma is not taught in the medical schools. The average medical student, I dare say, in Australia or in North America does not get a single lecture on emotional trauma even though it's a major contributor to all kinds of illnesses. And so it's not a matter of ignoring things, it's a matter of being ignorant of things.

Absolutely. And when you travel around the world, and you meet and you observe people, some of the things that you've spoken about in your book and at the speeches that you've given are things like this epidemic of loneliness, and being disconnected from who we are. Realistically, does the individual have any chance against social media companies, and mainstream media companies, and junk food corporations who control so much of what we see, hear, and subsequently feel about ourselves? Are we too far gone?

It's a tough problem because it's almost like the culture is against us. The culture is trying to destroy us, for the sake of profit, of course. They design cell phones for kids that are deliberately addict them, and that's a hard one to fight. Or the junk foods that you mentioned. But it's possible, as long as there's awareness of these problems, as I point out in this book, The

Myth of Normal, we take these things for granted. We think they're normal and they are the norm, but in the sense of being healthy or natural, they're not.

Unfortunately, when we grow up used to something, we take it for granted, and so we think that what is normal must just be the way it has to be. It isn't, but it takes a lot of awareness. You mentioned parenting, for example. I just saw a report in the New York Times this morning about the stress of parenting or even looking for parental or childcare is harmful to the immune system and to the hormonal apparatus. This is just today, based on lots of science. Parenting has become unduly stressful. It doesn't need to be necessarily, but what's happened in North America, and then I should say Western society, is that parenting has become, for a lot of people, a source of stress. Of course, a source of pleasure and joy, but much more stress than it needs to be. And that itself can undermine the parent's health.

Yeah. I know you talk about this idea of how kids are often replicating the model, the example that the parents have set, but when the parents are in this recurring cycle of stress, I look at my own family, I obviously work, my wife also works. So we have two working parents, we've got a two-year-old and a four-year-old. It's very difficult at times to be able to set the positive example that you want to set when you're in a situation with so much of this other stuff going on.

Yes. And it's not just an example, it's also when we're stressed, it's been shown, not because we don't love our kids, we're not trying to do our best, but when we're stressed, we're not able to offer our kids the attuned emotionally present connection that they actually need for healthy development. So it's not even just the examples that we set, it's the actual environment that we create by our lack of emotional presence because of the stresses that we're under.

For sure. And in your new book, The Myth of Normal, which is an incredible read, I'm recommending it to literally everyone, I love the thread of optimism that you had going throughout the book too. I thought that was really valuable, especially when we're in a world with so much division and people trying to pull us apart. You wrote that someone without the marks of trauma would be the outlier in our society. Do you think that recognizing that we all appear on the scale of unresolved trauma would help bring back the unity and kindness that we need in the world today?

It would certainly help. As you know, I worked for 12 years in what is probably the Western world's most concentrated area of drug use, Vancouver's downtown east side. And people there are addicted to heroin, cocaine, opiates of all kinds, crystal meth, alcohol, cannabis, of course, nicotine, not to mention. And they're seen as outliers, they're seen as freaks, they're seen as moral degenerates, but actually when I was working with them, I could recognize in myself all the patterns that they had, I was just luckier than they were. I had the same addictive patterns, not to drugs, but I was addicted to shopping, I was addicted to work.

I neglected my own kids' needs and my own needs to serve the addiction. All that was different was they were more traumatized and less resourced than I was. And if we could recognize

ourselves in all these mental illnesses that we diagnose as these people are pathological, we all have those traits inside of us. So if we could recognize our commonality rather than our differences, it would certainly help to create more kindness. And the trouble is we probably want to feel different and above these people, and so we want to see ourselves as different and then we lose compassion.

We see on social media, there's a lot of people that post these graphics of people from just a few generations ago, people who went through World War I, they went through the Spanish Flu, they went through the Depression, and they talk about people who are growing up these days, they're so weak by comparison, they have no idea just how difficult the world could be. Is that a fair comparison or is that doing a disservice to this generation?

It's unfair. You can't compare generations. And I would say in some ways those people were more fortunate than we were. In some ways we're more fortunate and I need to explain that. You might look upon hunter-gatherers out in the wild, it's really unfortunate, less privileged than we are. But they had something we don't, they had community, they had connection to nature, they had real comfort with their environment, they had a sense of belonging to something much greater, and they were programmed to be supportive of each other. This is based on studies of Indigenous peoples. And children had a lot of adults around to nurture them and support them, and to protect them. Our kids don't have that. Now, it's true that economically we're much further ahead, although for a lot of people with the rising inequality in the world, that's disappearing. I mean the inequality and its impacts has been burgeoning of decades and the health impacts are devastating. But on the whole, yes, we're better off still.

At the same time, we're more isolated and less connected. And that has significant effects on the nervous system and on the whole body. For example, people who are very lonely, that's as much of a risk factor for their health as smoking 15 cigarettes a day. And so when you read about the depression, it was a tough time for people. And at the same time, there was much more we're in this together, and we're going through this together, and we're going to support each other. And it was all kinds of collegial and communal organizations to help people support each other and complete each other's aid, and that's largely lacking now. So it's not fair to compare generations. We each have to deal with different challenges. I tell you, I don't know how you feel about it, but I don't envy young people today with what they have to face. In other words, the younger generations I think are up against stuff that we weren't. There's not a question of just progress all the way along, I think in some ways things are much tougher enough for human beings.

I've said actually many times on the show, I would not want to be a teenager these days where literally everything that you post online is a record of that publicly forever. You're 15 years old. Even when I was in my early 20s, I had absolutely no idea who I was and where I wanted to go, so I think it would be a horrible time. It's one of the biggest fears I actually have for my children. And actually, on that point, I think this might be good timing to ask this question. My biggest fear as a parent is that one day my children are

going to grow up, they're two and four at the moment, they're going to grow up and they're going to realize that the world is a very scary and very dangerous place. How do you manage that transition from innocence into the real world?

Well, good question. The security doesn't come from the outside. The world has always been challenging and always been unpredictable, and you never know. What makes the difference is the sense of inner security, and so that your kids can face a very challenging world with a fair degree of confidence if they have that inner security. Where does that come from? That comes from the attachment relationship with you, and their parents, and their grandparents, and their community. I would really recommend here, I mean this book, The Myth of Normal does talk a lot about that, but a previous book of mine that I helped to co-write that's called Hold on to Your Kids: Why Parents Need to Matter More Than Peers.

I highly recommend for anybody with small kids because what it shows is that the sense of security comes from a secure attachment relationship. If you can be around your kids, and be present and calm with them, and really enjoy them and celebrate them, they get a sense that they're okay and they get a sense of self-confidence, and that's where security really comes from. And so that means that whatever's out there, they'll be able to face it with some degree of confidence and trust that they have the capacity to rise above them. You can't protect them from the [inaudible 00:14:07] of the world, but you can certainly give them that inner armor, that inner sense of belonging. And what can I say? Self-reliance. And you don't do that by example and by teaching, by the way, you do it by relationship to a secure relationship.

And if we know that helping children get enthusiastic about doing hard things is a good thing, you talk about low levels of trauma in your book, obviously, right through to very difficult levels of trauma, but where does doing hard things step over the line into something that can be traumatic for kids?

Well, first of all, life is hard. I mean living is a hard thing. Life brings sorrow, it brings pain, it brings loss, it brings grief. You don't have to impose hard things on kids. It's hard to tie your shoe laces when you're two years old but what do you notice with your kid? At some point they say, "I want to do it myself," don't they? Well, you didn't teach them to want to do it themselves, that's nature's agenda. Nature's agenda is for each creature to gain mastery in relationship to their environment.

When you're three years old, tying a shoelace is ... oh my God, I'm 80, I still find it hard to tie a shoelace. But for a three-year-old, tying a shoelace is hard, but they want to do it. Doing hard things is in the nature of human beings, so that mastery, what they need is confidence. And if they have it, they'll naturally take on hard things. They'll want to. That's the nature of life. Nature's agenda, we don't have to impose it, is at the end of development there should be a creature who is confident in themselves and ready to take on life's challenges. And so kids will take that on enthusiastically. It doesn't have to be imposed on them. They don't have to traumatize them.

So on the condition that you retain the attachment and nurture that authenticity, that's when, just like everything in nature, with the right circumstances, things will unfold on their own.

Well, so yeah. Nature is a developmental pyramid. First is attachment, which is a sense of security, belonging, being welcomed in this world, being loved for who you are. That's the basis for everything. On top of that comes individuation, which means becoming your own person. So what's the word that your kids start saying at one and a half?

Daddy? Dada?

Okay, what about after that? How about the word no? Did they start saying that?

Mm-hmm.

Okay, now where does that come from.

I guess observing?

No, it's nature's agenda because before you can develop your own will, you have to say no to the will of the other. Now, the parental will is much stronger than the child's will. The parent is big, and educated, and smart, and strong, but the kids are saying no. "Time to put your shoes on." "No." That no is nature's way of making the kids individuated into their own person. Not an example, it's a developmental process. That's individuation of becoming your own person.

If parents do it right, they will not be threatened by the child's no, they will not try to suppress it or overcome it by main force, they will actually make room for it. And there's ways to do that. That's the second level of development, the third level is socialization, which means now I am a secure, attachment-based, individuated self who knows what I want and what I don't want, now I can respectfully interact with other people, and accept their differences for me, and still be in relationships. That's the pyramid, attachment, individuation, socialization. Now, as long as we allow nature to follow its own agenda and we respect it, provide the conditions for it, those kids are going to be okay.

I love that and I think that should give parents a lot of peace of mind. And in your new book, you wrote that trauma is not what happens to you, but what happens inside you. Can you tell us a little bit how two people can go through the same event and interpret in such different ways in terms of how their life unfolds?

Nobody goes through the same event because everybody's got a different nervous system, a different temperament. For example, let's put you to the same event in a thought experiment, okay. Tap yourself on the shoulder. How much did it hurt?

Not at all.

Okay. Now imagine though that your shoulder's bare and there's a burn there, so your skin has been sloughed off, and your nerve endings are close to the surface. That means you're thin-skinned. Now tap yourself with the same force. What are you going to feel?

Pain. Immense pain.

Immense pain. Even though externally the event looked the same, didn't it? Well, people are different. That's the first point. You can never compare experiences, number one. Number two, what if you're a three-year-old and somebody bullies you, but you go home and you talk to Mommy and Daddy. "They did this to me," and they say, "Oh, come here. That must have been really bad for you. I'm sure you feel really upset about that. Come here, let me hug you." Another kid has the same bullying, but they don't have that parenting support. You think their experience is the same? No.

Trauma is not what happens to you externally, trauma is what happens inside you. And trauma just means a wound. I give you these two examples. In the two cases, the same external event happens, but the inner experience is totally different. And so then trauma is then something that happens to us that's difficult and painful, but there's a wound that doesn't heal. And so that's what trauma is. That's why I say that trauma is not what happens to you, it what happens inside you, which is a good thing because if trauma is what happens to us, there's nothing afterwards we can do about it. But whatever happened to you or me as a child happened, it's never not going to happen, it's never not going to have not happened. But if trauma is the wound that we sustained, that can be healed right now.

So as a parent, is it better to connect the child with that sensitivity or is it better to connect them with what could be a strength out of the situation that they just went through? You know what I mean? Affirming to say, "Yeah, that was bad," then they feel bad, but at least that way you connect with their feelings versus being like, "Cool. Well, tell us about how you might be stronger as a result of that experience." How do you manage that with conversations?

It's not either or but the first one is more important. Being understood, and being seen, and being heard is a big need of the child. If that happens, then the painful, scary emotions actually resolve, and then the child learns that I can go through difficulty and I'll be okay. If you go into skill building, and you never hear, and the child doesn't feel that you really get their experience, then they feel very alone, and then those skills will become more difficult to wield. The first thing is to hear the child.

You're not manufacturing or enhancing that sensitivity, that's already there, you're just validating the child's emotions. And then you're saying, "Come here, let me hold." And childrens don't know how to regulate their nervous systems, young children. That's something that happens with development. It takes the calmer, mature nervous system of the parent to regulate the nervous system of the child. So if you can stay present, and calm, and supportive, and

connected, that'll help to regulate the child's nervous system and the child learns that oh, I can go through these tough experiences and I'll be okay because they'll pass. That's the most important thing.

I love that. And for someone who's been through severe trauma, how can they feel optimistic about their future when they feel like they're starting so far behind other people who they're struggling themselves, but they haven't gone through anywhere near the same magnitude of trauma that the individual has?

Well, again, first of all, I don't encourage comparing traumas. Everybody's got their own stuff and no point saying that somebody had more or somebody had less. The good news is that inside every human being, and not just every human being, every living creature, there's a drive to heal. I mean a tree wounded that will at some point heal, unless it's totally destroyed. A wounded animal, it'll heal. Same with human beings and the same with psychological wounds. There is a natural movement towards healing, it needs to be supported. So I don't give up on anybody. I've worked with some really severely traumatized people and I've seen a lot of healing. I've also seen a lot of not healing, depending on the circumstances, but it's not because there's some inner lack in the individual, it was a lack of support.

And in your book, you give the example of people who are under the care of doctors who might have opinions that are just not really valid or not right in terms of that person's healing and becoming whole in that journey. At what point should someone be 100% accountable? Agency, I think, is how you describe it in your book from memory. At what point should someone take 100% agency for the situation that they're in, even if they have been through a hell of a lot at the hands of someone else?

Agency and the capacity to know what you want, to make decisions based on your own inner guidance is available to all of us. It's tough to get there, but it's available to all of us, and it can be employed anytime that you gain it. Agency doesn't mean that you go to the doctor and you say no to everything they suggest, agency means that you're present as an active participant and you make your own decisions. You take their advice, you listen to them, you respect it, but you also listen to yourself and what feels right to you. And agency might be saying to the doctor, "Sure, do whatever you think is best," as long as you don't do that automatically and compulsively, as long as you're coming from a sense of yeah, okay. I've considered it and I really trust this guy, or this person, and I'm going to rely on their expertise. At the same time, keep questioning. The people who question who are difficult patients actually do better.

I think that's great. In terms of the healing and wholeness journey, what do you recommend people include into something like a daily routine so they can always make sure they're prioritizing on that journey to wholeness and healing themselves?

Well, they need to look at how conscious is my day. In other words, to what extent am I following a programming that basically tells me what to do, including the inner programming, and to what extent am I making decisions that this is what I really want to be doing? Number one. Number

two, do I have any time for myself at all? Just some private time. Anytime to sit down and read a book, listen to music, when I'm not working, spend time gardening, or going for a walk, or supporting my body through exercise. Do I have any time at all? If I don't, you're not a free person.

Thirdly, and this is an important question that comes up in my book, it's about where am I not saying no? Where there's a no that wants to be said, but I'm not saying it for fear of displeasing somebody else. This compulsive inability to say no to the demands of work, or the demands of our partners, or friends, or our parents, or whoever it is debilitating. Those are the three questions is how conscious is my day, do I have time for myself, and where am I not saying no? If I'm not saying no, why? What am I afraid of?

Where am I not saying no? My God, I could literally feel that, it gave me chills as you said that because I think there's a lot of people who would just feel like they're going through the motions as well in any given day. They might have these ideas, these goals of what they want to achieve, but they're not saying no to some of these other things, even in terms of being productive with their time or just setting boundaries around some of these things. For example, a creative book project. I know it would've taken you a long time to write a 500-page book, and just being able to have the time and the discipline to give that your attention and focus would be very valuable.

Let me ask you a question. Where in Australia do you live?

I'm from Brisbane, but I live in Los Angeles, California at the moment.

Oh, you live in L.A. Okay.

Yeah.

All right. So I was in L.A. just a few weeks ago, a speaking thing, and let's say I land in L.A. and I phone you up, and I say, "Hey, James. Can we go for coffee?" But you've been up all night with one of your kids and you're tired, so you don't feel like going for coffee, but you say yes because you don't want to displease me, or you're afraid to look selfish, or you're afraid well, maybe Gabor won't like me. What's going to be the impact on you if you don't say no? Well, what would be the impact?

If I say yes to that?

Yeah, if you don't say no.

Yeah, it means that we could have an incredible time together, but perhaps I'm not turning up in the way that I want to turn up with you and I might be bringing some energy back in the short term, but perhaps a bit of irritability into the household later because I'm stretched thin through commitments.

Yeah, and fatigue. And less availability for your kids. And you might also resent me for imposing this on you. Those are huge impacts. And in the long term, people that don't say no, I mean I've written a book called When the Body Says No in the sense that if people don't want to say no, their bodies will say it in the form of illness. And typically, people who develop chronic illness have had great difficulty saying no to the demands of the world. And that goes back to childhood programming because we know how to say no, that's the first thing we say. We say no before we say yes. And so if we suppress our no it's because we got programmed to fit in with somebody's expectations before we develop their own sense of what we want. And so that little no that we don't utter has tremendous impacts on us physically and psychologically.

For sure. And so much of your work that I love is around this idea of how autoimmune conditions are looked at. Can you give a little bit of an overview in terms of childhood or trauma versus chronic stress in the present with those two things and how they relate to things like autoimmune conditions arising?

Well, they're not versus because childhood trauma sets the template for lifelong stress. That's what happens. And along the lines that we've just been talking about, so an autoimmune disease, just to explain to your audience, is when the immune system turns against the body. So the immune system is designed to protect us, to set a boundary between us and what's not healthy for us, unhealthy bacteria, toxins, and so on, letting in what is healthy and nurturing. That's what the immune system does. And if malignancy arises in our body, which it does all the time, by the way, a healthy immune system will recognize it and destroy it. So an immune system is like an army that protects us. Autoimmune disease happens when that army attacks us. It's as if the American army invaded the United States with hostile intent. That's what an autoimmune disease is like, so that our immune system develops antibodies, particles that attack our joints, or our skin, or our brain, or our nervous system, or intestines, whatever.

Now, first of all, there are a lot of studies linking childhood trauma and autoimmune disease, whether it's inflammatory bowel disease, or multiple sclerosis, or scleroderma, or rheumatoid arthritis, chronic fatigue, any number of conditions. What's the connection? When you look at the people that develop autoimmune disease, which incidentally tend to be mostly women, 70, 80% or more of autoimmune disease happens to women, you look at their personalities, they tend to be people who have trouble saying no to demands of the world, they tend to be automatically looking after the emotional needs of others [inaudible 00:32:35] their own. They tend to be over identified with duty role and responsibility, like the person who just can't let go of the work responsibility that they see themselves through their work rather than through their own authentic self.

They have difficulty expressing healthy anger. By healthy anger, I mean just being able to set boundaries. And they have a belief that, number one, they're responsible for the people's feelings and they must never disappoint anybody. Now, these personality traits, nobody's born with, they're developed in interaction with the sheltered environment, usually a traumatic environment where people have to suppress themselves in order to be accepted, and be more

concerned. For example, in families where one of the parents is alcoholic, one of the kids often takes on the role of caregiving emotionally and suppressing their own needs, and now they're at higher risk for all kinds of diseases. So childhood trauma then creates patterns of behavior that are then stressful.

If you don't know how to say no, if you don't know how to set boundaries, if you're always responsible for others, ignoring your needs, that's a very stressful way to live. That stress then undermines the immune system. And just as the anger that you suppress doesn't evaporate, disappear, it turns against you in the form of self-criticism and self-loathing or depression, in the same way the immune system can turn against you in the form of autoimmune disease. And that's because what we began the conversation with, the body and the mind can't be separated, and the emotional system is not separate from the immune system. It's part and parcel of the same apparatus. That also includes the hormonal system, the nervous system, the intestines, the emotional apparatus, and the immune system, it's all one. And the science of that unity has been studied now, as I said, for decades, it's called psycho immunology. Thousands of studies have shown this now, published in major journals, and completely ignored in medical practice.

And how do you feel when someone says to you, "I'm more likely to be an alcoholic because my father was an alcoholic," or, "I'm more likely to commit suicide because my father committed suicide?"

That may be true, but there's nothing genetic about it. What's it like to grow up in an alcoholic home?

A lot of crazy stuff going on.

Lot of fear, lot of self suppression, lot of suffering. And somebody says, "My father's an alcoholic." And addictions, whether it's alcohol ... there's an expression at least in North America about somebody who drinks too much, they say he's feeling no pain. So alcohol, like all addictions, are all about soothing some kind of pain. So if your father was an alcoholic and behaved that way at home or was unpredictable, the thing with an alcoholic father, for example, someday he'll be this way, another way he'd be in total rage. Someday he might be very sweet and loving, or he might be full of rage and distancing. Well, that's scary and confusing for the child. Not only that, the mother is suffering, the child takes on the parent's suffering.

So they have a lot of pain, and both alcohol and suicide are escapes from pain, so of course you have higher risk, but it's not genetic. And nobody's ever found a gene for alcoholism. In fact, when they think they found it, two years later, they had to retract it, they found nothing. Addictions are not genetic. They run in families, but that doesn't make them genetic. I mean, I don't know, if you're a CEO of a company and your child grows up to be the CEO of a company, does that mean that being a CEO is a genetic disease? Or if my kids become doctors, does that mean that ... come on. It's not a question of having inherited any disease, it's a question of developing certain patterns of being in a certain environment. It's not the alcoholism we pass on, it's the trauma that we pass on.

And I think that's just incredible. And the work that you do in terms of helping people understand children at the time when they need that attachment and that authenticity as much as possible, yet the education system in so many ways is set up to pluck people out who don't conform to the way that they believe the curriculum should be run. How would you approach things like labeling kids as ADD or removing some people who are potentially developmentally challenged based on their standards?

Well, unfortunately, the average teacher in their training receives no more information about child development, healthy brain development, trauma than the average doctor, so they know nothing about it. Basically, they have behavioral goals. These kids should learn this or behave this way, and the kids that don't are trouble, but they're not understood. Why are they not that way? Or why are they that way? For example, I was diagnosed with ADHD when I was in my mid-50s, and that was my first book Scattered Minds, and I found that helpful. I found the diagnosis helpful, but I didn't buy into the medical mantra that this is a genetic disease, even though a couple of my kids were diagnosed, because the tuning out, for example, the inattention is not genetic.

There's no circuitry for inattention that you inherit. It's a coping mechanism. When the environment is stressful and a small child who can't leave or change the situation, one way they cope is they tune out, they disassociate, and this is when their brain is developing. So then the tuning out is programmed into the brain. Now they say, "You've got this brain disease that you're an addict." No, you don't. What you've got is a coping mechanism that's becoming ingrained in your nervous system. And if we understand that, that it's a developmental problem, then rather than treating it as a disease, we would say well, what conditions does this child need to develop in a healthy way in the family and in the school? And that can be done and it can have miraculous effects. And I'm not against medications, I've taken them myself, I've certainly prescribed them, but they're not the answer. At the very best, they deal with symptoms and they don't do anything for the underlying problems.

Furthermore, often they have side effects. I mean if they work and they don't have side effects, that's great, I'm not against them. But they don't deal with the fundamental developmental issue of what did this child need for healthy brain development? And we know that the brain develops almost from conception, within the first couple of months of life, to adulthood. So the question we should be asking at every stage of the game already in the womb, and in early childhood, and in the schools is what conditions do children need for healthy brain development? And those kids that have not developed in a way that's optimal, how can we give them conditions where they can develop? This can be done if we understand it, but again, the average teacher knows nothing about brain development, even though it's such a basic thing.

Yeah. And hopefully we can start to change some of that, and I know certainly your work is going a long way to doing that/ and your work has also helped a lot of people in prisons all around the world. How do you balance the compassion for the offender's background, like we've spoken about through some of the things we've gone through

today, with the serious crimes they've committed that have created real victims in the present?

I have been in many prisons, I've talked to killers, and I've also seen ... I'm looking on my cell phone for a quote. Here it is, okay. When you look at why those people did it, in every case they were severely traumatized kids. In every case. For example, in Australia, where you come from, it's much more likely that an indigenous boy will be incarcerated, something like 20 times. Why? They happen to be the most traumatized section of the Australian population. Same thing in Canada. And when you look at studies of social scientists who've studied killers, in every case, those people suffer severe violence and trauma in their childhoods. Which means that their brains developed in certain ways and so did their personalities. I'm going to quote you from a neuroscientist from Stanford University. His name is Robert Sapolsky. Incidentally, if you haven't had him on your show, you should. Do you know about Robert Sapolsky?

I don't. Very interested.

Well, check him out.

Yeah.

Well, check him out, for God's sakes. He's at Stanford, he's a wonderful speaker, you can see him on YouTube, but he's written a book recently called Determined. And by Determined, he doesn't mean committed, he means predetermined. And here's what he says. It's very close to what I say. He says, "We are nothing more or less than the sum of that which you could not control, our biology, environments, their interactions." So he says, "There's no such thing as free will, and blame and punishment are without ethical justification." In other words, these people commit their crimes out of compulsion, out of lack of self-regulation, out of all kinds of reasons that have to do with circumstances over which they had no control whatsoever.

That doesn't mean that you don't protect society from such people, but what do we do with them once we've incarcerated them? Let me tell you, I've been in contact with people on death row, I've been in people jail who are lifers, and once they get some compassion and some programs to help them heal, they become the gentlest, sweetest people in the world. And that may seem like a strange thing to say to somebody who's got no experience of this, but anybody who works with such people will tell the same thing. So you don't give up on anybody. It's not a question of excusing the behavior, but it's a question of understanding where it came from, and now that that person is apprehended and incarcerated, how do we treat them? What is our goal? Is it punishment for something really that they're pretty much programmed to do or is it compassion to help them heal and become whole again? Or whole for the first time, you might say.

And if the goal then as well is to help-

There are so many examples of that.

Yeah. And if the goal then is to have a happy, healthy, and prosperous society, you would want to rehabilitate these people to end that cycle, right?

That's the whole point. And you talk about the corrections system, but it's not a correction system, it's a punishment system. It actually makes things worse for most people. But in some people, and I've seen this in ... oh, gosh. It's not Sing Sing. What's the jail just outside, on an island, San Francisco.

San Quentin.

San Quentin, yeah. I've been to San Quentin. No, San Quentin is not on an island. Maybe Sing Sing is on the island. Anyway, I've been to San Quentin, I've talked to people in death row in Texas, and boy, the transformation that's available for them once some programs come in that understand them and treat them with compassion is incredible.

There's a woman on the East Coast, I think it's Tessie Castillo, I might be wrong on that, but she's doing a lot of work where ... she actually facilitated a conversation where I was able to chat to people on death row with a friend of mine. And I didn't know how I felt about it beforehand because I was busy thinking about the victims, as I guess most people naturally do, and I left that conversation with the people on death row, which was run virtually, and it made me realize that just because these people have done the most heinous acts possible doesn't mean we deny them the right to make the world a better place.

Exactly. I couldn't put it better. There's number of programs like that. There's the Compassionate Prison Project, there's the Enneagram Prison Project that's out of California, actually. They would be interesting for you to talk to. They use the Enneagram, and they go and they talk to these lifers, and it changes them. I've seen it with my own eyes.

For sure. A lot of people in life are wondering what their calling is. And I know that you said with your new book, that was the book that you had to write. How does someone listen to what their calling is and how do they pursue it through to the end when there's so much resistance that pops up in the way?

Well, the exercise which is outlined in The Myth of Normal that I began doing with you is where are we not saying no has gone a number of parts. The last question is why you're not saying yes. Where is a yes that wants to be said, but you're not saying it because you're too busy not saying no? That inner calling is there for most people, but it's usually very quiet. It's drowned out by the noise that we generate with our minds, and it's drowned out by the noise that this culture generates. So that takes some listening to. That means creating some space for it, and then it takes saying no to all this other stuff so that there's space for this yes that wants to be said. We all have it. Most of us. Now, for some people, the calling might be to be a successful and socially responsible entrepreneur. If that's their calling, then that's great, but then you have to ask what's in the way of it.

Yeah, I think that's really interesting. In your book, you wrote extensively about the 2016 election, obviously a hot topic for 2024, not just for America, but around the world. Knowing what you know about individuals, what you know about the candidates, people like Donald Trump and Joe Biden, as well as the undercurrents of what's happening in society, do you have any predictions or insights that you want to share about what might unfold in 2024?

I don't. What I said about 2016 is that the Americans had the choice between two traumatized people. And there was the overtly traumatized and overcompensated Donald Trump, and you can read his biography, he was a severely traumatized child. His niece, who is a psychologist, described her grandfather, Trump's father, as a sociopath. His brother drank himself to death, and much of his behavior, people get upset. Why are you getting into politics? Isn't politics, straightforward. There's a great trauma psychiatrist, Bessel van der Kolk, whose book is a big bestseller in New York Times, [inaudible 00:48:43] weeks, and he said that Trump is a poster childhood for trauma, which anybody who understands trauma can see. Now, I'm not talking about his policies, you can like it or not like it, I'm talking about his personality. Hillary Clinton also was very traumatized, which I explained in the book, and there's all kinds of evidence for that, and it shows up in her behavior. So America had this choice between two traumatized people and they chose one. It was close, but they chose one.

When I look at the Biden family, I mean come on, there's his own history, then there's his drug addicted son, then there's a son who died of cancer, I think. And that to me is very often the outcome of trauma. So these individuals who are so troubled, they're very often the ones who rise to the top of the system. And I hate to tell an audience of entrepreneurs, but there's lots of studies on ... not lots of studies, but a number of studies on CEOs that shows that a lot of them have sociopathic tendencies. Seriously. And politicians, some people have done analysis of the American presidents and most of them meet the criteria for some kind of mental health disorder. And these are the people that we raise to the pinnacles of power. But you don't have to say that to me personally, the personalities don't matter. They're interesting, but they're not decisive. I think by the time you get to that level, you're serving a system and you've been shaped, and selected, and programmed, and constrained to work within that system. So I don't expect much change no matter who gets selected.

For sure. And final question before the rocket round, on your best day, what's an affirmation that you would write on a flashcard to show yourself on your worst day?

I don't do that because on my worst day, those affirmations mean nothing to me whatsoever. I can tell myself I'm a great guy, or you've done so much for the world, or I'm a good person, but when I'm in a bad mood and I'm feeling down, it just doesn't land. I say more let me just notice how I really am and not take it so personally. Okay, now there's a bad mood here, now there's tension here, now there is rage here, now there's agitation here, now there is sadness here. I'm more along the lines of just being aware of what's going on and not identifying with it that this sadness is not me, it's an experience I'm having, it's a process in me. This rage is not me, it's a

process that's happening inside me. That helps me more than trying to talk myself out of it. Now, for some people, affirmations work and great but, as I say, for me, when I most need them is when they least work.

I knew you'd have a good answer to that question. I was very keen to ask you. Well, let's now move into the rocket round, 10 questions for some quick answers. Number one, what quote inspires you the most?

A psychologist and teacher called Almas who says that only when compassion is present will people allow themself to see the truth.

I love it. Number two, morning coffee or evening wine?

I don't drink either. I used to drink a lot of coffee. Right now, I'm just a tea guy. And I rarely drink wine.

Number three, what's one bit of advice you would give your 18-year-old self?

Oh, kid. Hey, don't take it so seriously and get to know yourself.

Number four, what book do you gift the most apart from your own?

I don't, but I tell you one I just read recently that I would give happily to anybody, it was written in 1880 or so, it's called Three Men and a Dog by a British writer. It's gut-splittingly funny, and I just since finished reading it. It's never been out of print since 1880 or 1888, whenever it was published. Three Men and a Dog by Jerome K. Jerome. It's hilariously funny, so it just will lift you up.

I love it. Number five, was there a vulnerability you once hid within that became your superpower?

Well, that's a good one. It's my depression, I suppose, and learning what it's about, and how to cope with it, and just why people develop such conditions, I think. That's what I would say.

Number six, what's one thing you've learned about failure?

Failure? Some of the biggest teachers have been my failures, both professionally and personally. So failure can be a great teacher. That's the biggest thing I've learned.

Number seven, if you could sit on a park bench and have a conversation with someone alive or dead, who would it be?

Well, it might be Einstein, not because of the scientific theories, which I would never hope to understand in a million years, but because he was such an interesting guy and he had so many

dimensions. He had his humor, he had his interest in world politics, he had his spiritual side. So he'd be interesting guy to have a conversation with.

Yeah, you'd have to record that one and release it to the world. Number eight, what tool or resource best helps you run your life or your business? Would it be your son? I know a lot of help with your new book.

Yeah. And I'm writing my new book with him as well, but internal resource would be mindfulness. Just sitting down every day and taking some time just to be aware of what's happening inside me. When I lose that, I can behave in ways that I just don't like.

Number nine, share one thing on your bucket list. Anything left that you haven't accomplished that you really want to do?

In terms of achievement, no. I think I've done enough. I mean I'm going to keep doing and hoping for more, but if I were to hop the twig tomorrow, as they say, I think I would've left enough behind. Inner peace, more inner peace.

And final question, what's one thing you do to win the day?

What's one thing I do?

Yeah, what's one thing you do to win the day?

Well, if I don't swim, you don't want to talk to me.

I love it. Well, there are a bunch of ways to connect with Dr. Maté. We'll link to all of these in the show notes. You can follow him at Gabor Maté MD, visit his website, drgabormaté.com, and grab a copy of his new book, it's incredible, The Myth of Normal on Amazon. Again, all that and more will be linked in the show notes. Thank you so much for coming on the show.

Well, it was such a pleasure to speak with you. Thank you.