Announcer:

Bulletproof Radio, the state of high performance.

Dave Asprey:

You're listening to Bulletproof Radio with Dave Asprey. Today's show is going to be really interesting for you because we're going to talk about some things that you probably haven't heard of. You might've heard of attachment theory. You've certainly heard of about trauma on the show before and how it can turn some things on in your brain that you probably don't know were going on, and hypnosis even, we've covered a little bit, but when you tie that back to ancient traditions of meditation and things that are part and parcel to how I became a biohacker, how I became who I am today, it's a Buddhist meditation master. Oh, except he's also an associate clinical professor of psychology at Harvard who has taught hypnotherapy and has been on faculty for 40 years.

Dave:

We're talking about a man who is really one of the masters, and that is a big point of what I do with the show. I get to learn from the masters; you get to learn from the masters. His name is Dan Brown, a PhD, and a real expert in what trauma does to us, especially in early childhood. Dan, it's a great honor to have you on the show. Thank you so much.

Dr. Daniel P Brown:

My pleasure. Thank you for hosting me.

Dave:

40 years of being on faculty at Harvard. What has changed in your field over 40 years that has you most hopeful?

Daniel:

I think the teaching of medicine has changed. It's much more interpersonal now, much more sensitive to the needs of the client.

Dave:

Why did it change?

Daniel:

Because it used to be operated under a [inaudible 00:01:35] surgeon in the 1950s and '60s, which was teaching students by shaming them.

Dave:

Oh, wow. Just throw it out there.

Daniel:

Now there's so much to learn that people have to team up. Everybody is responsible for collecting a certain amount of information, different from the team, so it's noncompetitive and it's all sharing based. That's changed remarkably.

Dave:

That is a big shift in a relatively short period of time. It seems like in medicine, historically, it's almost taken one generation to pass away for the next one to come in and create incremental change. Do you feel like the pace of change in medicine is accelerating?

Daniel:

Yeah, it's too much information. It's hard to keep up with it all.

Dave:

Let's talk about attachment first, and then I want to talk about ancient Bon traditions and things that you've studied. But attachment, what is it? Because a lot of people listening may not understand even the basics of what it is, but just walk me through how it happens and what it is.

Daniel:

There are two relational maps. The first one forms about 12 to 20 months. That's the attachment map. The second one forms about the third and fourth year life. That's called CCRT or Core Conflict Relationship Theme map. The difference between those two maps is the second map is much more complicated, and it's much more accessible to memory. The difference, put simply, is that there's a difference between whether you have trouble with relationships or within relationships. The attachment map is about trouble with relationships.

Dave:

Trouble with relationships. If someone is having hard time in a relationship, what is the likelihood that their attachment patterns from early childhood are playing a major role?

Daniel:

High, very high. The attachment field started with Bowlby's work in the 1940s. He saw attachment is an interplay between providing a secure base for the infant, and the paradox of human attachment is the more secure they feel in the relationship, the more they explore and become independent. He found attachment to be an interfacing of two complex issues. One is attachment and bonding, and the other is exploration.

Daniel:

In the 1950s and '60s, Mary Ainsworth developed a laboratory paradigm to directly observe kids in the attachment phase. Kids from 10 to 20 months got into the laboratory in what's called the strange situation, where they're put in an unfamiliar playroom. There's two chairs in the room. There's a bunch of toys on the floor. There's a big plastic box filled with toys. They're given no instructions. For three minutes, you watch what happens between the mother and the child. Secure kids will settle down in the playroom and get used to it. They'll get interested in more and more than the toys. They'll look to their mother to check in with their mother, and see that they're secure, and then they'll venture further out, and check in again, and venture further out. That's secure attachment.

Daniel:

After three minutes, a stranger walks into the room unannounced [inaudible 00:04:16] to the research. You see the child's differential response to the stranger and how that affects his play behavior. After

three minutes, the stranger leaves and the mother leaves. Then the room is, and the stranger's in there in the room with the child for three minutes. You see how the stranger's presence affects the play behavior. Then the mother comes back and the stranger leaves, and you see the reunion behavior, how that affects the play behavior. Then the mother leaves the second time and the child is left alone in the room this time, and see how that affects the play behavior.

Daniel:

You get all the possibilities in there. There are four possibilities that come up. Securely-attached kids show a differential response and preference for the mother. The more secure they feel in the room with the mother, the more complex the play behavior gets, explore more. Kids who grow up to have what we call dismissing attachment, they just deactivate the attachment system. They just do the toys. They don't care if the mother's present, whether they're alone, or whether they're with a stranger. They just don't seem to connect with the relationship. They deactivate the attachment system. They just have a kind of pseudo-independence in adulthood. We call that a dismissing attachment. They don't connect easily in relationships.

Daniel:

The opposite of that is what's called anxious preoccupied attachment. Those were the kids who shut down the exploratory system and get over-clingy in the attachment system. They can't play in the strange situation and in unfamiliar environment. They just only can cling to the mother. When the mother leaves, they get disorganized and they can't play anymore. They're inconsolable when the mother comes back.

Daniel:

Then the fourth kind is where you dare to be both the attachment system and the exploratory system, we call it disorganized attachment. Those are the four paradigms.

Dave:

What percentage of people, I'm just going to say over 18, in the world today do you think have those attachment systems mostly?

Daniel:

There's good research, both in North America and in Europe, in the West, and the figures are fairly stable across studies, about two out of three people have secure attachment, but one-third doesn't. Out of that one-third about 10, 12% are disorganized, 10 and 12% are about anxious preoccupied attachment, and about 10% are dismissive.

Dave:

People listening to the show have a one-

Daniel:

Out of three.

Dave:

... one in three chance of having an attachment problem. Would you know you had an attachment problem?

Daniel:

Not necessarily.

Dave:

How would someone be able to look in the mirror and say, "Wow, I think that might be me."

Daniel:

Because one of the things that happens with attachment is when the child is securely attached, and the parents are constantly mirroring the child's feelings and internal state of mind, and from that the child develops what's called metacognitive capacity, the capacity to reflect on their own state of mind. When there's attachment impairment, in addition to that, they always have metacognitive deficits. They don't observe themselves very well. They don't really know that they have a problem. They just play out the same problem over and over again, but they don't even know why.

Dave:

Wow. One in three. Of course, they're going to have an impact on everyone else in the world around them.

Daniel:

Then of the one in the three that I've seen, two-thirds that have a secure attachment, about 40% of those are going to have conflict relation themes, that they have a different map. They keeps selecting for the same old, same old problems in relationships, which you can still select as functional partners.

Dave:

That would be a sign. Someone who continuously has bad relationships over and over, the common element is you, and it's probably attachment at least playing a role in that, because you're picking a partner who has a similar attachment problem, is that what's going on?

Daniel:

No, that's a separate map. That's a CCRT map, core conflict relationship map. That develops about the third or fourth year of life.

Dave:

Oh, that's the second one. Okay.

Daniel:

There are two relations dysfunctional maps here. You have two chances to get it wrong.

Dave:

It turns out that healthy attachment was the main focus of the way my wife, who is a medical doctor and studying drug and alcohol addiction, actually worked in the field for a while and in Sweden, that was

what we focused on for our first four or five years of the kids. It was just get that right, and they can probably be happy later in life, even if we screw something else up as parents.

Daniel:

It makes a difference.

Dave:

Thank you for helping to push that work and that agenda, because I wouldn't have known about that before we had kids if I hadn't been able to go out and read some things about it. I'm curious, because you have learned Tibetan, Buddhist, Sanskrit, Pali. You're a Buddhist meditation master. How much of this attachment, a Western theory, is taught in the ancient knowledge that you've studied. Are you seeing reflections of it or are these unrelated?

Daniel:

Unrelated.

Dave:

Unrelated. Interesting. Okay. Then why did you go down the path of Buddhism?

Daniel:

Because in the West we study psychopathology, psychiatric conditions. In Buddhism, they studied positive states, so that's the other half of the map. Once you've worked through the negative stuff, all that leaves you with is a basic everyday unhappiness. If you work on developing the mind in the positive sense, you will be onto happiness and contentment in life, into awakening,

Dave:

First you fix the broken stuff, and then you upgrade or enhance or train or hone, whatever the right words are, the good stuff so that you can reach that state of non-suffering.

Daniel:

Not just not non-suffering, positivity.

Dave:

Positivity.

Daniel:

There's a certain point where you eradicate all negative states and practices, very advanced practice in there, flourishing in 80 positive states in the Buddha mind. We actually are studying in the neuroscience of that right now. We have enough subjects who can do that now in the West that we're studying what's happening in the brain that happens.

Dave:

I am very interested in that to the extent that I have a small neuroscience facility in Seattle that is training people on complex states in different parts of the brain with gamma brainwaves, with the

desire to put them in those advanced altered meditation states that are out there. I'm just so impressed with the amount of neuroscience that's come out in the last 20 years.

Daniel:

Well, we have the only neurocircuitry study on awakening.

Dave:

Oh, that's incredible.

Daniel:

We found something very, very distinct with 29 subjects and they all shared the same thing. It's an area of the parietal system that opens up that shifts from a little bit more local to a very huge perspective on awareness. We found gamer activity in all 29 subjects in that area of the brain, that region of interest, so awake means awake.

Dave:

Now you're seeing gamma, I'm assuming this is an electrical study, EEG study.

Daniel:

A study done in collaboration with Jud Brewer when he was at UMass Medical School.

Dave:

Okay. But you're getting electrical, not blood flow or any other things like that, right?

Daniel:

No, we were looking at a 128-channel EEG.

Dave:

Okay. Beautiful. Studying actual awakened states, that is powerful. I'm very interested and probably deeper than what most of the audience would want to hear about, but around these new states, gamma and how they ride on other states, where it feels like we're right on the cusp of having enough samples to the point of the study that you're participating in, as well as just enough pictures of normal brains, to be able to really tease out more and more and more information about what human brains are capable of.

Daniel:

Well, think about a possible scenario where you don't have any negative states really in your experience. You manifest 180 positive states at once. I happen to think that has profound implications for mental health.

Dave:

I would say so.

Daniel:

This, in the last 10 years, has been a positive psychology movement, 10, 20 years now, research on positive states. I think that has profound implications for mental health. That's why we're studying it.

Dave:

Can you do it?

Daniel:

Yes.

Dave:

How often do you put yourself in all 180 positive states at the same time?

Daniel:

Well, more of the day than not.

Dave:

Wow. Well, I am working on that same state, but I would say I still have some work to do. That's profound. Would you attribute your ability to do that, to reach this state of positivity more often than not, and we're talking very deep positivity, is it because of your study of this ancient knowledge, the Tibetan Bon tradition, or is from something else?

Daniel:

Yes, I've worked with the Tibetans for 48 years now. That's a long time.

Dave:

You did study with the Dalai Lama, which is amazing.

Daniel:

I was studying with him in the 1970s in my first [inaudible 00:12:42]. He was very close, but now in the last 12 years, I studied with [inaudible 00:12:46] who is the head of the indigenous Bon religion. He's the Dalai Lama's senior [inaudible 00:12:50] completion teacher. He's the best meditation teacher I've ever had. He's very, very, very profound. He died last year. But what he asked me to do is six years ago and he said, he brought out a lot of these advanced [inaudible 00:13:04] texts. He said, "These practices are going to die out to the students in this generation alone. I have a favor to ask you. Would you translate them all? Would you put them in a form that works for Westerners?" What are we going to say, "No, I don't feel like it"? I suspended my clinical practice and most of my clinical teaching for three and a half years, and we've got eight books of translations done in that time.

Dave:

Can people read these today?

Daniel:

Yes. [inaudible 00:13:27] texts are all collected in a volume called Self-Arising Three-fold Embodiment of Enlightenment.

Dave:

I will put links to that in the show notes and I will be reading those. Now something that has always been unanswered in my mind, because I went to Mount Kailash years ago and I did the Korah around Mount Kailash. For listeners who don't know about this, Mount Kailash is a very holy mountain in Buddhism, in the Hindu religion, and also in Tibetan Bon. People walk around this in a sort of a Holy walk, a 26-mile walk. But in Bon religion, you walk counterclockwise and in the Tibetan religion, you walk clockwise. I walked clockwise, because I had just come out of a monastery and spent 10 days there, [inaudible 00:14:17] monastery, which you probably are familiar with. I'd learned something about this, but I felt like it was always this sort of corner like, "Oh, that's an older religion. That's out there." It seems like it had some shamanic roots in it. Can you describe what you learned, the difference between that older lineage and the other lineages you've studied, for people listening, because I think that's a new idea for almost everyone.

Daniel:

Well, the Buddhist Sakyamuni was 2,500 years ago, but there were Buddhists before the Sakyamuni Buddha. In the Bon tradition, there was Tai [inaudible 00:14:46] who lived 7800 hundred years ago. Their practices are more evolved, and more detailed, and more accessible. Gshen, for example, great completion practice as we call it, it's been around for 7,800 years. I find that their text is far more accessible and much more detailed, because they've been doing it much longer. That's why I switched to the Bon.

Dave:

Okay. Just making it accessible. Do you believe that things like heart rate, variability training, neurofeedback, biofeedback, all those different modalities, or breathing exercises, or even LSD, which you worked with when it was still legal to do that, are any of these ways of accelerating attainment or are those all distractions?

Daniel:

All distractions.

Dave:

Every one of them. Okay.

Daniel:

The instant you focus on something or even where the mind moves towards something, in that instant you're focused on something particular. As soon as you start moving in a direction of something particular, you can't grasp the unbounded wholeness. It's always right here. You see the problem. Every time you look to the feedback on the machine, you're drawing yourself out of that unbounded wholeness.

Dave:

I have experienced that. I found when I set my equipment up in certain ways, the only way to make the signal get strong is to not pay attention to the signal. It was just very frustrating. It took two weeks of focusing on not focusing, if there is such a thing, in order to be able to say, "Aha," and then you feel this melting and this kind of warmth in your chest. When you're observing-

Daniel:

In these traditions the best way of doing it is not only feedback, the best way of doing it is with Pith instructions. We have very clear instructions as part of the detailed intensity of the relationship. The instructions make it open the whole thing up for you.

Dave:

The instructions of you visualize the Buddha sitting on a thing and visualize it very carefully, or some other kinds of instructions?

Daniel:

Oh, instructions about how to open up the mind, Pith instructions.

Dave:

Can you give me an example?

Daniel:

Yeah. Suppose I said to you right now, "Look at the surrounding space. See it as not empty space, but see it as awareness space, a field of awareness space that saturates everything without inside, without outside, the feel of knowing awareness space." You can do that. Now look at the timeless aspect of the field. Events will come and go within time, within the field. But the field itself is absolutely timeless. Identify the timeless aspect of the field right now. Now extend it out in all directions, so it's not only timeless, but boundless and limitless. Can you see that's where you're operating out of. See how simple that is? Just follow the instructions. It opens it right up. That's what a good teacher does for you.

Dave:

I absolutely felt that, although right in the middle of it somewhere when you went into timeless, I felt a twinge of anxiety, actually, which is strange. Clearly I have some little internal resistance to overcome for that, but it feels like a good teacher can help you dial in on why that would happen.

Daniel:

You just focus on... You don't get distracted by it.

Dave:

You just ignore it and just keep going into that?

Daniel:

No, be able to follow it, then we would address it. It's part of the relationship. All the instructions are given, we say, from heart to heart as part of the relationship.

Dave:

Wow. It's so mind-blowing, although I guess in this case maybe mind-enhancing is a better perspective on it.

Daniel:

It's a better way of talking about it.

Dave:

How does it relate to things like PTSD? A lot of people, because I've done a decent amount of neurofeedback training with clients and certainly a lot on myself, and it feels like quite often they'll stumble into something that is an old trauma, and I'm asking you because while you were a witness for the War Crimes Tribunal on people who are traumatized, you know about trauma very deeply, where's the map between these states and trauma, or specifically PTSD?

Daniel:

Well, again, the distinction East and West is between negative states and positive states. PTSD, there are two things going on in the neurocircuitry point of view. One has to do with fear arousal. The medullary is like a broken fire alarm. The fear arousal center of the brain is constantly on it. It doesn't shut off. The medial prefrontal cortex, which usually gives top-down regulation of that, doesn't shut it off. It doesn't shut it off, so you get unremitting fear arousal. That's one thing that happens. That's what we call hyperarousal predominant PTSD, which is about 70% of PTSD cases.

Daniel:

There's another 30% of PTSD cases that are dissociation predominant. What they have is not so much fear arousal, but the opposite of that. They disconnect from all the emotions and disconnect the main prefrontal cortex from the limbic system. They don't feel anything and they don't remember anything. They disconnect the memory circuits for autobiographical emotional memories.

Daniel:

There are two presentations. One is unremitting fear arousal, and the other is the lack of feelings. We call it the difference between positive symptoms and negative symptoms. They're different. Ruth Lanius did a study in Canada where she had a couple who were in a severe motor vehicle accident. They had different personality styles and different brain styles. One had dissociation-predominant PTSD, and the other hyperarousal-predominant PTSD with the same accident. That was pretty convincing.

Dave:

Wow. That is going to be extremely useful just to have the same thing happen. What about very early birth? I was diagnosed with birth-based PTSD. I was born with the cord wrapped around my neck. I did some heavy-duty regressive work in breathing, and holotropic breathing, and a lot of work on that, and let probably most of it go. What's the role of birth and experiences in the womb with PTSD and in these other attachment states that you mentioned later?

Daniel:

Well, the trouble is that we don't have a narrative memory for that. We have a bad behavioral inactive memory for that, but it's not a narrative memory. We fill in the blanks with a narrative memory that is mostly fantasy-produced. It doesn't mean it doesn't happen, it's not traumatic. It just needs to register more in terms of bodily states and somatic states, rather than terms of narrative memory.

Dave:

It would be all body states at the time, because I mean, your prefrontal cortex isn't cooked yet.

Daniel:

That's true. I agree with that.

Dave:

Okay. Is it real, this idea that what happens in the womb affects you later in life?

Daniel:

It can, depends on the person.

Dave:

It depends on the person. Got it. It depends on the person. Got it. I spent some time with the founder of the American Pre- and Perinatal Psychology Association years ago. We talked about it a lot, and certainly it seemed like there were some personality types that came out from it. But when I take that and I combine it with all of this other knowledge that's out there, particularly some of the ancient knowledge, I like your model. Fix the broken stuff, and then what else are you going to do here? If someone listening believes that they have early childhood trauma, whether it's around birth or the first three or four years around that, what would they do? What's the first step to saying, "I think I'd like to fix the broken stuff." Who would you go see? How would you?

Daniel:

Well, the standard model that evolved in the field was for what's called phase-oriented trauma treatment, POTT, P-O-T-T, phase-oriented trauma treatment. There are three phases. The first is you stabilize the person. You teach him how to enter a zone of safety. He has the coping strategies. You help him stabilize the mind. Then only after you do that, you provide them with the tools to stabilize their experience. Then you explore the memories and integrate the memories. Then the third phase is to get them back on the right developmental track, so you enhance their self-development. You enhance their capacity for healthy, mature relationships in adult life, for healthy exploration and expression.

Dave:

How long does that usually take?

Daniel:

A couple of years.

Dave:

A couple of years of hard work.

Daniel:

That model of phases evolved in the 1970s and '80s. But then we began to see in the 1990s that for some people didn't work so well for.

Dave:

What do you do for those people?

Daniel:

Some of the people, we call it having complex trauma. The erroneous assumption that developed the field is that people who had complex trauma had cumulative trauma, many traumatic events. That's not what we found. We did a study called the orphanage study. I did a lot of priest abuse cases.

Dave:

Wow.

Daniel:

Every time we did a priest abuse case, I'd do two days of testing. We got a massive database when people were recovered memories. We eventually looked at all that data. What we found, there was one Catholic orphanage called Madonna Manor in 1950s in New Orleans. The brilliance of the Catholic church was when a priest got accused of being a pedophile, they'd put them all together in the same orphanage, running an orphanage. They had six pedophile priests running the orphanage and mostly they hired pedophile staff. The kids were cared for these pedophiles.

Dave:

That's horrifying.

Daniel:

It's horrifying. Many years later, then all of a sudden, recovering memories. We tested them in some detail, but it turned out to be an interesting database, because all of them were abused by the same abusers for the same amount of time, in the same way, physically and sexually, but the difference was attachment status. A lot of them came from broken homes. They had disorganized attachment. The mother was running a brothel in the house. The father was running a meth lab in the basement when these kids were foraging for food on the streets. They picked up by Child Services and brought to the orphanage. But a lot of the kids were from healthy homes, big Catholic families, so the father would have to work two or three jobs to afford all those kids. That often meant working in risky jobs, like working on the oil rigs. The father would get in an industrial accident, and he'd get injured or killed, and the family would break up. The kids were sent to the orphanage.

Daniel:

It turns out the variable was attachment status. There's a way that you can test attachment in adults called the adult attachment inventory, which is a complicated, structured interview, but it's recognized as the gold standard for assessing attachment in adults. We gave that to everybody. We found out there were two groups of the orphanage kids. The ones that had secure attachment, and they had circumscribed symptoms like PTSD, depression, anxiety, panic states, somatoform disorders, but none of them had a personality disorder. None of them had dissociative disorders. But the people who had disorganized attachment, in addition to having PTSD, they all had a major dissociative disorder, personality disorder, and an emergent dissociative disorder. What does that tell you? It's not cumulative trauma with disorganized attachment aggravated by later abuse and childhood. Because of that, we started changing the model and trying to treat detachment, disorganized attachment, rather than treating the trauma.

Daniel:

What we found in the 1980s and the 1990s was that people who had assumed that complex trauma was based on more traumatization, they'd keep processing the trauma, and the minds of those patients were getting more and more disorganized. It wasn't working. We had to adjust the model for this disorganized population to treat the attachment disorders, the main primary focus of the treatment. Then later we would treat the attachment. It was easy, simple memory-processing work later in the treatment, in the last 10% of the treatment. It's easy. You don't need this interminable going over many, many memories and over and over and over again, finding more and more and more, getting more disorganized.

Daniel:

We just had to adjust a new model for this different group to treat the disorganized attachment first, and then the trauma second. After we developed phase-oriented trauma treatment in the 1970s and '80s, we began to see there are other populations of people who didn't fit that successful model of treatment, like victims of sadistic abuse. Sadistic abuse isn't about sex. It's about power and control. Sadistic abusers like to get into the mind of their individuals. It's often accompanied by mind control games, power and control, and asserting dominance, and often by a lot of verbal abuse and physical infliction of pain.

Daniel:

The trouble is that the way that trauma treatment evolved, you make a person feel safe. You go off to a safe place, then you help them develop coping strategies to deal with intrusive symptoms, so they stabilize the symptom picture, before you get into the memory processing. The more you get to know the patient in the treatment, what should happen eventually is when you stabilize them, then you can start presenting, processing the memories.

Daniel:

But what happens is that for the people who are victims of sadistic abuse, to be known is to have the mind controlled, so what happens is the further they get into stabilization, the more they'd back off from the uncovering. They get more and more unstable because they think that you're going to take over their mind, a traditional approach to transference interpretation. How do you imagine I'm going to take over your mind? You play off of here and now transference. Let's imagine the ways that I'm going to take over your mind, how am I going to control you, and have them fantasize all the ways that they think they would do it. Then you have a patient stable inquiry when you're not actually acting like that, but you're looking into the fact that that could possibly happen with you. Then they feel safe in the relationship that way. It becomes an emotionally corrective relationship, as we call it.

Daniel:

What we began to see is that phase-oriented treatment worked for the large majority of people who are traumatized individuals. Then we had to perfect very different treatments for different folks that it didn't work for, so now we have a much larger perspective on what this given individual may need. We have to master treatment to that given individual, so one size doesn't fit all for trauma treatment.

Dave:

Is there someone who can't be fixed because of their trauma, or do people just get so broken that there's no hope?

Daniel:

I don't believe that at all.

Dave:

I don't either. I'm glad you said that.

Daniel:

I've been treating people for over 50 years and believe that. I tell you, what changed over 50 years is it used to start... When I started in the field, the dominant model was psychoanalysis. You sort of sat back and just let it unfold. I don't do that anymore. I've spent 50 years reading outcomes research, and now I know where the person needs to go and I'll be much more active to get them there, in the shortest amount of time possible.

Dave:

If I would trust anyone's opinion on this on earth, I think given your background and the depth of your exploration here, I would trust that. Thank you for that. I guarantee there's someone listening to this show who feels like they're alone and hopelessly broken. There are things we know now that can get you back to where you want to be, at least back to normal. If they decide to go down some of the other stuff, there's something far beyond normal that's also possible. Thank you for sharing that.

Daniel:

It's also my Buddhist perspective and great vehicle to Maya's, no one is left behind. We say that also about therapy, no one's left behind.

Dave:

Yeah, the enlightenment of all beings. Let's talk about hypnosis, which is also something where you are very, very knowledgeable. You spent 150 hours with Sirhan Sirhan, who charged with assassinating Robert F. Kennedy and his attorney. People have said, "Oh, maybe he was subjected to a course of hypnosis." What did you learn from that time with your historical figures?

Daniel:

Let me say something about [crosstalk 00:29:55] first.

Dave:

Yeah. Okay. Let's do it.

Daniel:

Hypnosis is a talent. It's like musical ability. Some people are more talented than others, but 8% of the population is highly hypnotizable. They're the virtuosos of hypnosis. About 4% of people are not hypnotizable at all. Everybody's in-between, most people in the moderate range of hypnotizability. What it's a talent for is it's a talent for a heightened attentiveness. They have a mind that pays very careful attention, tune everything else out, people will activate a state of heightened attentiveness. They're very focused, and they can resist distraction to an extraordinary degree, and stay on track with things. That's what we call hypnosis. It's a talent to focus in a very fast and heightened way. But we would say that hypnosis is a treatment. It's a medium of treatment.

Daniel:

If you're treating with somebody with anxiety disorders, we know that exposure-based protocols for say, panic attack, work real well. But if you do it in the hypnotic state where you're more focused and less distracted, you're going to cover the same ground much more quickly. You still have to bring the right protocol to it. I wouldn't say that hypnosis is a treatment. You still have to bring to what we know about the best approach to that given condition what that treatment is. But if you do it in hypnosis, it's much quicker, much faster.

Daniel:

Now, the second you mentioned Sirhan. I did work with him for 150 hours. The reason why I got involved in the case is in the year 2006, Brad Johnson, a CNN reporter was going through the archives in Sacramento. He found an audio tape that was left by a Canadian film, this video VCR tape. Remember those?

Dave:

Mm-hmm (affirmative). I remember VCRs.

Daniel:

It had really good sound quality. If you listen to it with the naked ear, you're going to hear 13 shots being fired, five simultaneously. If you look at the current generation of software, you can show without a shadow of a doubt that there were 13 shots fired, five simultaneously.

Dave:

Oh, my goodness.

Daniel:

Sirhan couldn't have been the main shooter. The other problem was that the Gucci [inaudible 00:31:54] who did the autopsy said it couldn't have been Sirhan that fired the fatal shot on Kennedy, because the fatal bullet was to the right side of the neck, point blank, because of powder burns. It was a hollow-point that exploded into 200 pieces in the brain, the brainstem. That's why you got to take it out so thoroughly. Sirhan was in the wrong direction. He was never more than four or five feet closer.

Dave:

The narrative simply isn't true and based on evidence.

Daniel:

It's not based on evidence. My task was to do non-suggestive interviewing to see if Sirhan remembered anything. We found out more than we thought we should. I've hypnotized 6,000 people in my career, training people in hypnosis. Sirhan was the most easily hypnotizable person I've ever met.

Dave:

Wow. He'd been trained to be hypnotized, probably.

Daniel:

Well, it turns out that when he was a late adolescent, his sister was I think three or four years younger than him died of leukemia. We found he was very close to his sister. We found it unacceptable to him. He wanted to find out whether there's life after death, so he made his way to the Theosophical Society, and eventually the Rosicrucians. He started a hypnosis correspondence course with the Rosicrucians. At the time he worked as a hot walker at Santa Anita racetrack. He and the kids at the racetrack, they're all brushing down the horses, all were practicing on hypnosis in the same class together. It was clear that he was enormously different from anybody else's behavior.

Daniel:

That was obvious to the people who ran the racetrack. Plus Sirhan had always had a dream to be a jockey, but he had never ridden a thoroughbred. Frankie, who worked at [inaudible 00:33:29], who was probably Mafia-involved, called him up one day and said, "I have a job for you to ride thoroughbreds at Corona Ranch. Would you want the job?" He said, "Yes." It was a dream. You don't take a kid who has never ridden a thoroughbred and give him a quarter million dollar horse to ride. It's risky for the horse. Two weeks later, he had a fall from that horse and he was gone to the emergency room. He had four stitches in his eye. The emergency room said they discharged him that day, but that's not what he remembered. He told me he was missing for three weeks. His mother [inaudible 00:33:59] from that new ranch he's working at, Corona. The mother, we had an affidavit written by her before she died, and his best friend, Terry, saying he was missing for three weeks. That's where they did the program.

Dave:

The ranch was called Corona Ranch.

Daniel:

No, it was the town of Corona. He was programming. He was put on a special unit, and they were taking urine samples all day. You don't take urine samples with head injuries, but you do for drugs.

Dave:

Yeah, like LSD.

Daniel:

We think they drugged him, and they had him in there for three weeks. Then when he got out, he had to see this eye doctor. The eye doctor would spray things in his eyes, and he would get in an altered state of consciousness. They did that for 12 weeks, and he couldn't drive after that.

Dave:

Wow.

Daniel:

Then this strange man came up to him. He was waiting in the car. After he went across the street, there was a diner. He was waiting in the diner, and this strange man came up to him with a manifesto about shooting government officials, and that was his trainer. What they did is they trained him to be a distractor. What became obvious to me was that he was trained, you'd give him certain cues. One time I tapped him on the shoulder, the arm, the elbow twice like that, which is the typical thing you do for posthypnotic suggestion, and he got up. He started to going around like this. He took a stance like this.

He got into what we call range mode. He got to [inaudible 00:35:19]. He started citing military terms, military terms, grant you, about shooting at vital human organs. We learn how to trigger range mode.

Dave:

This is Jason Bourne kind of stuff. My goodness.

Daniel:

It is. It is. I couldn't believe it. They wouldn't let us film anything, but we saw many times we could activate range. I learned the triggers for it. He was trained to be a distractor.

Dave:

Wow. I mean, when you talk about this, what do people say? Do they believe you, or do they sort of wipe themselves outside, "That can't be real," and just go about their daily business?

Daniel:

Well, some people believe it. Sundance believed it. Robert Redford and Sundance made a film on it. They made a film of me, all the findings we discovered.

Dave:

Oh, I haven't seen that film. It's not even my research. How could I miss that?

Daniel:

The reason why, it doesn't exist. It doesn't exist, because two years later they did a three-way contract with Netflix and Showtime, and they cut everything out. They edited everything away. It was Shane O'Sullivan who wrote the documentary on Bobby, died 10 years ago and was pissed off about the fact that they did that, so he filmed me. He put it on a thing called whatwherewhy.org. Now it's made it to YouTube. It's on [inaudible 00:36:31] and on YouTube.

Dave:

Wow. Well, I'll put a link to that in our show notes, as well. This is truly astounding. I mean, a world-class expert in hypnosis, you'd be very well-equipped to do that. Your expertise in attachment theory and these advanced, very advanced meditation states from the past, and Harvard professorship. You're a heck of a guy. Did you come into the world like this? I mean, did you come in half-enlightened, and you're just on the path? What's your theory for what makes you able to do these things at the level of excellence you've done them at your entire life?

Daniel:

I started as an ordinary student until fourth grade., There was a teacher who really took interest in me, and she saw some talent in me, and I just blossomed that year.

Dave:

What was her name?

Daniel:

Mrs. Merchant. I went from a C student to a straight A student and never turned back after that.

Dave:

Did you ever get a chance to thank her?

Daniel:

Yeah. I went back when I was in my 20s and I was doing my internship at Harvard. I went back to see her. We both cried. I thanked her for what she did for me.

Dave:

Yeah. Teachers matter so much. We've got to pay them more. It would solve so many problems.

Daniel:

I agree. Changed my life around.

Dave:

Wow. That's why kids are so precious, because that's when the leverage happens, especially around that time, fourth, fifth grade, even before that, we get it right, and what a difference.

Daniel:

It's not been a boring life, I have to say that.

Dave:

I would say not.

Daniel:

But I paid dearly for the Sirhan thing. I got five tax audits. I have a tag on my card from the U.S. Treasury Department, top officials saying they should arrest me as possibly the [inaudible 00:38:14] for the rest of my life. Every time I got on a plane for three years, they took my bags. They would search them and I'd get them back two days later.

Dave:

Do you regret it?

Daniel:

No. I'm pissed off. That just shouldn't happen. There's no police state. You have kids. I think what we pass on to our future generation is important. We have a precious democracy. I don't want to piss it away. It's worth fighting for.

Dave:

Well, guys. My mind is blown. I think this is more than one episode. What we're going to do is record another whole hour's worth of storytelling and learning for you with Dan Brown, because there's a whole bunch more about self-esteem and about the development of the self that we're going to go into. If you enjoyed this episode, I would love it, if you heard the second one, it is my intent on Bulletproof

Radio to learn from the masters. If you haven't figured it out by now, this is one of the living legends, one of the masters, and what a fantastic mind-expanding interview so far. I can't wait to do the next half of it.

Daniel:

My pleasure. I look forward to coming back.

Dave:

If you'd like to learn more, go to attachmentproject.com. That's just as you'd expect it to be spelled, attachment project.com. You can learn more about Dan's work, but his work is very broad and very deep. You could spend a year studying it or more and probably still not do everything. I'll see you on the next episode.