

Why Youth Mental Health & Suicide Matters to Everyone – Dr. Mark Goulston – #1003

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey. Today as usual, we have our live audience from the Upgrade Collective. Go to daveasprey.com if you'd like to be part of the live audience and ask me questions and help me ask questions of our guests. Today's guest is going to talk about something that's not very comfortable, but something that is more real than some of the things you may have heard about in the news over the last couple years. That is a major, major epidemic of teen mental health problems, and even suicide. We're going to go deep with an expert today, a guy whose lived a very long and learned life, about what's driving this. As a father of teenagers myself, this is something that I don't want affect my kids, I don't want affecting their friends, I don't want it affecting anyone on the planet because I was a pretty miserable teenager, to be true. If you are a parent or just an adult who cares about teenagers, this episode's for you. We're not going to pull any punches. We're going to call it like it is and tell you what to do about it.

The bottom line is you are going to learn how to listen to teenagers and help them realize their emotions in a way that was probably way more useful and direct than you learned, because probably no one ever taught you that. We're just going to teach you how to help the kids understand without telling them what to do, without giving them advice. Because as you might already know, teenagers don't want advice from their parents, but they'll oftentimes take it from someone else. Our guest is Dr. Mark Goulston, retired psychiatrist, former UCLA professor of psychiatry, who had a subspecialty focus on suicide prevention. Oh, and he's a FBI and police hostage negotiation trainer from earlier in his life.

The technique we're going to learn today is called surgical empathy, and it's an approach that helps people reach into the core of their pain. You don't have to go all the way with teenagers on that, but we're going to talk about it. I will tell you, because I was on his show, Mark's a Wizard. He goes deep and he can see things just by looking at you the way you'd expect from someone with more than three decades of work, helping other people see the invisible inside themselves.

Dr. Mark, it's an honor to have you on the show.

Dr. Mark Goulston:

Well, thank you for having me on. Maybe between the two of us, we'll ease a little bit of mental health issues that are going on in our youth, in our teenagers, young adults, and maybe even save a life. You just never know.

Maybe between the two of us, we'll ease a little bit of mental health issues that are going on in our youth and our teenagers, young adults, and maybe even save a life. You just never know. There was a video clip that I wanted to show. Can I tee that up?

Dave:

Yeah.

Mark:

A friend of mine, Jason Reed, he's a serial entrepreneur, he's a black belt. He started 25 businesses. Many of them failed, but many of them succeeded. But four years ago, his son Ryan, just after his 14th birthday, died by suicide. Jason has never been depressed, so he didn't understand this. In fact, the backstory is he was on vacation with his wife and enjoying how good their life was, and they get a text message from Ryan that said, "Don't blame yourself, I'm so sorry, goodbye." Jason started screaming

and they called home and his mother-in-law was there and he said, "Go find Ryan." She went around the house, and up in the attic, Ryan had hung himself. This changed Jason's life.

Ryan left one note, a couple notes. One was the code to his computer. It looked like he was looking for ways to kill himself for months. Another post-it note said tell my story. Jason did a documentary called Tell My Story, which is on Amazon Prime. It's heart wrenching and riveting. Jason went up and down the West coast and spoke to parents, experts. I'm in the last 10 minutes of it. And spoke to teens who had been suicidal but were now doing okay. What he discovered is that what was most riveting about that was the teens talking about their low points.

He has a new documentary called What I Wish My Parents Knew, because it's what he wished he had known, but he was too late. In it, he interviews 10 teens who are doing okay about their low periods. I've been looking for 25 years for something that will help parents and teenagers communicate differently. And so, we're showing this to audiences of parents and teens in high schools and junior highs, because you can't help but care about these teenagers and see your own teenager in them. Can we play the trailer to it please?

Speaker 4:

My kid, He'll be fine. He just needs to toughen up.

Speaker 5:

Honey, it's your first crush. There will be others. Just get over it.

Speaker 6:

You go talk to her, she's just going to yell at me again. Besides, she'll cool off by morning.

Speaker 7:

You don't want to eat? Fine. Starve yourself.

Speaker 8:

Those other kids are just playing around. You just need to loosen up.

Speaker 9:

It's all a little fuzzy on what was going through my head at that time. I honestly don't really remember. It's very fuzzy to me. But I just remember I was just upset, angry, and just done. I guess it all just kind of built up to that moment.

Speaker 10:

So somehow in your head you thought being dead was better than being alive?

Speaker 9:

Correct.

Speaker 11:

I felt like I wasn't supposed to cry. I felt like I wasn't supposed to tell people how I was feeling. I felt like that was weakness. What I did instead is I tried to show strength by never crying, by bottling everything

up, by making sure that nobody knew how I felt. That was my sole goal, because I didn't want to be a burden to anywhere else.

Speaker 12:

I think I held in a lot of what I was going through. I would share with people my external life circumstances. I would say, "Yeah, my dad's going through a hard time or things are difficult at home." But I would never tell people the extent to which I felt internally or what thoughts I was getting.

Speaker 13:

Camera two. On camera three.

Speaker 14:

When I was seven and eight, I would say that's when I first realized that something with me was different than what I was told to believe. I started having a lot of self-hate roll in because I thought I was something wrong. I thought I was something out of my control. I knew it was something out of my control, so because that I was wrong, and basically just not a human in ways.

Speaker 15:

I don't feel like there was one exact point, but once I started getting closer with my friends, because when all of this was happening, I wasn't talking to anyone. I was just kind of distancing myself. I wasn't going out, hanging out, going to play basketball at the park, nothing. I feel like once I started making an effort to be around people that I knew liked me, I guess. I feel like once I was around them and I was happy and I felt safe, I feel like that was a turning point that I realized that I kind of matter.

Mark:

You know Dave, as I listen to that, I'm reminded when I was practicing, I would occasionally ask people, "What seems to help?" Let's do more of that. I'll never forget, there was this one young man and he said, "What you don't realize is I'm a burden to everyone. I scare my parents. My brother and sister think I'm manipulative, which I am. I don't like anything about my life. And so, I think, why don't I just relieve the world of this burden? What helps is when I started seeing you, Dr. Goulston, you smiled and you were glad to see me. I remember I looked over my shoulder because I didn't think you were looking at me. I mean, I thought you were crazy, I still think you're a little crazy, Doc, but I wasn't a burden to you. You were like an oasis. And when I'd seen other people and they were very good and they were professional, but it was always kind of serious. Are you taking your medicine? How's that going? Are you having side effects?"

That really stuck with me that a lot of these young people, they just feel like they're a burden to everyone.

Dave:

Wow. How is that different than 10 or 20 or 30 years ago?

Mark:

Well, look, I think the internet is wonderful, but there's a downside to it. I think something, and I'd love you to weigh in on this, because I think to a certain extent the internet has addicted the world to adrenaline rushes. What's happened is there's a chemical called oxytocin that is atrophying. Oxytocin is

the chemical that underlies emotional connection. Most of your audience, and I'm sure you know, that high cortisol is connected to high stress. But what a lot of people don't know is that high oxytocin counteracts high cortisol. And so, when people feel felt, not just understood, oxytocin goes up and cortisol goes down. The blood flow that their amygdala has hijacked to their lower brain goes up to their upper cortex and they can begin to think. Here's an example, I don't know if you, you'll be able to sort of catch the nuance. Here's a difference between clinical empathy and what I'm calling surgical empathy.

My definition of surgical empathy is that when you've been traumatized and you just feel awful about life, you form a psychological adhesion to death as something that will take the pain away. It's an adhesion, it's not an attachment. You can sometimes reason through attachments, but an adhesion is like something that happens after surgery when some of your organs adhere together and you have to go in and break the adhesion. Surgical empathy causes someone to feel felt, which is different than feeling understood.

Here's an example of clinical empathy, responsible empathy, and surgical empathy, and see if you can detect the difference. Clinical, responsible, checking the boxes empathy might be, "Have you been depressed?" "Yes." "How long have you been depressed?" "Six months." "Have had thoughts of hurting yourself?" "Occasionally." "Do you have a plan?" "How far has that gone?" "I don't have a gun, but I do have pills." That's responsible, and you're doing it and you're kind that's responsible, check the boxes. Clinical empathy.

Here's surgical empathy. It's clear when you're coming in, you're not a happy camper. See if you can feel the difference. David, you had mentioned to me that sometimes the feeling side of life alludes you, but you come in and you're feeling low. What the therapist says is, "You've been depressed, haven't you?" "Yeah." "You've been really depressed, right?" "Yeah." "You've had times when you didn't know how you were going to make it through the day."

Dave:

Are you saying that the therapist is kind of putting words or putting thoughts in the person's head or are they just empathizing?

Mark:

Well, I think it's a combination of both. But what you're doing is, see, when you ask questions to someone, there's a certain challenging to them. Well, if I say I've been depressed, if I say I've been suicidal, are you going to lock me up? "I may be depressed and suicidal, but I don't want to go to a hospital." You're asking questions, which makes sense, but when you make a statement and you're asking them to try it on, you're nonjudgmental. You're sharing something. They can come back and say, "No, I haven't felt that." In a sense, you're connecting with them in their pain.

I know we have a fair amount of time. Can I share an anecdote that really changed everything for me with one of my highly suicidal patients?

Dave:

Please do share it.

Mark:

Can I share an anecdote that really changed everything for me with one of my highly suicidal patients?

Dave:

Please do share it.

Mark:

One of my early mentors when I trained at UCLA in psychiatry was a fellow named Dr. Edwin Schneiderman. He was to suicide prevention what Dave is to biohacking, what Peter Drucker is the management. He was one of my early mentors, but he was also one of my early referral sources. What would happen is after I went out into practice, he would go do consultations up in the inpatient units and he would see patients that needed to be discharged who were still suicidal, but they weren't acutely suicidal. Sometimes people would be in the hospital for a month or more back then. It's not like it is now.

He'd be called upon to do a consultation, and in order for them to be discharged, he needed to make a referral, and one of those main referral sources was me. He would always make the referral in the same way. He would meet with the young man or young woman, or an older man or woman. He'd call me and page me and he'd say, "Mark, this is Ed. I'm with this handsome young man. I'm with this lovely young woman. They're in a lot of pain, Mark. You could help them, see them." And then he'd put them on the phone and they'd be discharged and I'd see them.

One of those patients I'll call Nancy. She had made several suicide attempts prior to my seeing her and she'd been in the hospital several times over the years before. I was seeing her for about six months and I didn't think I was helping her at all. But she came, and that was probably the longest she'd gone without a suicide attempt. she didn't make eye contact, Dave. So if you're looking at me and I'm Nancy, this is her. She's not exactly catatonic, but she's not all there.

In those days, I used to moonlight at a state hospital, a metropolitan state hospital in Norwalk, California. I would cover for other psychiatrists. I'd do admissions, I'd be called to the inpatient wards, write orders. And sometimes I wouldn't sleep for 24, 30 hours. When you're sleep deprived, and you can tell us the science behind this, your physiology kind of acts up on you. Your teeth get a little loose. Your sphincters get a little loose. I won't get any more graphic than that.

There I was having moonlighted for one weekend and I hadn't slept for 24 hours and maybe longer, and there's, on Monday, Nancy. She comes in just as she always did. And as I'm seated with her and she's not looking at me, all the color in the room went to black and white. I'm looking at the room and it's not color anymore, it's black and white. I'm feeling these chills and I thought I was having a stroke or a seizure. I'm a psychiatrist and did a little training in neurology, so I did a neurologic exam on myself to see if I was having a stroke or a seizure. So I'm sticking my finger out to see if I'm seeing double. I'm tapping my elbows, I'm tapping my knees, and I'm all there. I thought, I'm not having a stroke or seizure.

Then I had this crazy idea that as I was looking out in the world, I was looking at the world through her eyes feeling what she felt, black and white and cold. And so, I leaned into it. It got colder. And then because I was sleep deprived, I said this, "Nancy, I didn't know it was so bad, and I can't help you kill yourself, but if you do, I will still think well of you. I'll miss you. And maybe I'll understand why you had to get out of the pain."

I thought to myself, did I think that or did I say that? I thought, I think I just said it. I just gave her permission. That was the first time, Dave, she looked at me, and she was kind of like this. You know?

Then she locked on my eyes. I got a little paranoid. I thought she was going to tell me, "Thank you for understanding, I'm overdue." And I said, "What are you thinking?" She locked onto my eyes like I'm locking onto yours. She said, "If you can really understand why I might have to kill myself to get out of the pain, maybe I won't need to." Then she smiled and I looked under her eyes and I said, "I'll tell you

what we're going to do. I'm not going to give you treatments that you've been on that haven't really worked unless you ask for them. Is that okay?" She looked at me, nodded, said, "Keep talking." Then I looked into her eyes and I grabbed onto her eyes and I said, "What I'm going to do instead is I'm going to find you wherever you are. And when I find you, I'm going to keep you company there, because I don't want you to be alone. Would that be okay?" Then her eyes got a little watery and she nodded, and I think we turned a corner.

Now, a lot of you listening in will say, "This guy's given me the [inaudible 00:21:36]. We can't do this. We're just regular people." I want to give you tactics that you can use if you're worried about someone. If you're a parent and you're worried or you're a sibling of someone you're worried about or a spouse, here is the script. You can modify it, but this script will work pretty well. If you're a parent and you're worried about one of your kids, do this when you're doing an activity.

Do not do a heart to heart talk with your teenagers that they don't initiate. It is nails on a chalkboard. If you have a teenager and you do that, they don't like it. So when you're doing an activity together, here's the script. "Hey, honey. All of us parents are worried about our kids. I'm worried about you. The school's, open school, closed school, masks, we're all kind of worried. Can I run some things by you?" Hopefully they'll say, "Okay." There's four prompts, and I'll give you a little another taste of surgical empathy. "At its worst, how awful are you capable of feeling about your life for yourself?" And they're going to go, "What?" Because this is an unusual conversation. "At its worse, how awful are you capable of feeling about your life for yourself?" "Pretty awful." Surgical empathy. "Pretty awful or very awful?" "Okay, very awful."

Prompt No. 2. "And when you're feeling that, how alone do you feel with it?" "Pretty alone." "Pretty alone or very alone?" "Okay, very alone." Third prompt, "Take me to the last time you felt it." "What?" Or they going to say "WTF." "Yeah, with the 2: 30 in the morning the other night we heard you walking around in your bedroom, and it sounds like you couldn't sleep." The interesting thing is when you get someone to tell you something specifically that you can see with your eyes as the parent or the listener, they re-feel it, but they're not alone.

"Yeah. I woke up, I couldn't get to sleep." "Yeah, we heard that. What was going on?" "Well, I couldn't get to sleep." "Well, what'd you do next?" "Well, I hit the pillow, and I thought of kicking the wall, and I just wasn't able to get to sleep." "It sounds awful. What'd you do next?" "I started looking around for cough medicine. I just couldn't find any to knock myself out." "And then what happened?" "It just wasn't working, and I knew I had to test the next day." "Then what happened?" "The sun rose. I felt a little better."

Here's the fourth prompt. If you're lucky, you will have earned the connection, and you say, "Look at me." They'll look at you, and here's the fourth. It's a request, it's a favor. It's more than a favor, but let's keep it as a favor. "Whenever you're feeling that way or you're heading down that road, I want you to do whatever it takes to get your dad, your mom, or my undivided attention. Because we've got a million things going on, and there's nothing more important than helping you feel a little less alone when you're feeling that awful. So will you do that? Please?"

Could you track with that at all, Dave?

Dave:

Absolutely. I was taking notes on it. That's profoundly good advice. It's different than what you hear. It's quite different. The psychology of being seen for that is similar to some of what happens during 40 Years of Zen or during almost any group transpersonal psychology experience, where being seen, talking about something like that, being heard, and then not being violently ejected from the group, which is what people feel like is going to happen if they admit vulnerability or whatever, that in and of itself is

probably oxytocin inducing, but it's clearly healing in and of itself. It seems to repattern the trauma. But if you try to do the trauma repatterning all by yourself, it's very difficult to do it without at least one witness, and it seems like ideally at least two or three others. Does that work within your context or is one person enough? It may be different if it's a parent. But if this was both parents, is it going to work better? Or it might be different for teenagers, I don't know.

Mark:

Well, I think it's the context of the relationship. If they have a modicum of trust that you can actually hear them, and also if you're listening in and they start to cry, don't panic, that's good, because they're crying with relief. They're crying because of the oxytocin surge and they're feeling relief at not feeling so alone. After Anthony Bourdain and Kate Spade died by suicide, I wrote an article, which you can still find called Why Do People Kill Themselves? It's Not Depression. It got 400,000 views in a couple weeks because that's kind of a dicey title.

What I talked about is that there's hundreds of millions of people who are depressed who don't kill themselves. There's many people get divorced or lose a job that don't kill themselves. It may contribute to it, but in my work as a 40-year specialist in this area, one of the things that I've observed that nearly all suicidal patients or people feel at the end, is they feel despair. You might want to write this down too, Dave. If you break the word despair into D-E-S's hyphen P-A-I-R, DES-PAIR. They feel unpaired, unoxytocin. They feel helpless, without a future. Helpless, without the ability to get out of where they are. Powerless, useless, worthless, purposeless, meaningless. When they all line up together, pointless to go on, and so they pair with death to take the pain away.

It's the sirens calling out to the sailors, "Come on, sail onto the rocks, I'll take your pain away." I'll tell you, people who have been suicidal on more than one or two occasions, they still carry it in their minds, they just don't talk about it. But in their minds they feel, if worse comes to worse, I can always take myself out. What we're talking about with surgical empathy is pairing with them so that if they felt like Nancy did and not judged, that maybe they'd let go of the death as the only way out and hold on, grab hold of the empathy.

I want to share something, it's a little bit of a tangent, but I write for the Newsweek Expert Forum. If you look up Newsweek Goulston, then you'll see a lot of my pieces. I just write about a lot of different things. I want to run something by you. I don't want to get into politics, but I wrote up a fantasy conversation between an anti-science anti-vaxxer and a pro-science, how empathy can maybe bridge the divide. This is a fantasy conversation where the pro-vax or pro-science person says to the other person, "How come you're not taking the vaccine?" "Well, I hear a lot of mixed messages and I don't think I need to take the vaccine." "But it's putting other people in danger in your family, and there's a lot of proof." "Yeah, I still don't want to do it."

In the fantasy dialogue, the pro-vax says to the other person, and by the way, here's another technique in surgical empathy, it's called the five reallys. Where someone says something, you can say, "I understand that, but what's really going on?" "Well, I don't know. All these scientists, I'm not sure that I really sort of trust them." "No, I understand you don't trust them. But what's really going on?" And in the fantasy conversation, what the anti-vaxxer says is, "What's really going on is people like you have been talking down to me my whole life. I'm not some dumb F redneck. You've been arrogant. You're better than me. You're holier than thou. And I'm fed up with it. Do you get it?" In the fantasy dialogue, see if you can track with this Dave, the pro-science pro-vaxxer person says, "You're absolutely right. "Yes.

Dave:

I'd have to just put a little pause in there, because when you say pro-science, you are doing that to many listeners right now. The listeners who you would label as anti-vax are also pro-science, which is curious. You can't do that and simultaneously say what you're saying because it doesn't work.

Mark:

Okay, so use a different divide. Okay, imagine there's a conversation. Forget science, forget vaccine, forget what. But imagine you're in a conversation with someone who's always pushing back, who's always resisting you. Okay, so imagine that, and thank you for the correction for audience. But what happened is the person who was talking down to the other person says, "You're absolutely right. I've been talking down to you all my life. I've been putting people like you down all my life because I'm scared." You can say this about another issue in your marriage. "I'm scared you're going to go off the deep end. I'm scared," instead of yelling at them.

What happens in the fantasy conversation, and please accept Dave's correction. Don't go down a rabbit hole, he's talking about this, just think of a conflict where someone's talking down to you or you are talking down to someone. What happens is you apologize and you say, "I've been doing that forever because I'm scared and I'm wrong. I'm wrong." In this fantasy dialogue, the person who's been talked down to looks back at this person and says, "No one like you has ever apologized to me in my life." Then the person who was arrogant is saying, "Look, yeah, we have different beliefs, but that doesn't justify how I've been talking down to you like you're stupid and you're wrong. I'm sorry."

What happened in this fantasy dialogue is the person who's been talking down to the other person owns up to it and the other person still says, "No one's ever said that to me," and then that other person is so taken by the power of an unsolicited heartfelt apology that they say, "I don't think you're trying to hurt me. Why don't you run by me what it is you want to talk to me about."

Can you see the dynamic there? And thank you for correcting the context.

Dave:

Oh, I do see the dynamic, and it's super powerful. I've actually used that in discussions on abortion. The whole situation pisses me off, because both sides are intractably angry at the other side, and it's a solvable problem. I'm not going to go into politics, and that I've done on social media. But the reality is, by admitting something to the other side that you made a mistake, then you can move forward. But what I'm curious about is how does that apply towards suicide prevention in teenagers? I'm missing that connection.

By the way, I can hear the ... I'm going to grab another power slide because both of my batteries are dying and I don't have my main one. Just keep talking and I'll be off the camera. But the camera's going to be focused on you in the main episode, so tell me right now before I lose all my power. Keep going.

Mark:

Well how it applies is, and I'll recommend a wonderful book by Oprah Winfrey and Dr. Bruce Perry. It's called What Happened to You. What they talk about, they have a conversation about trauma-informed therapy. The idea being is that none of us are born destructive. None of us are born evil. Maybe there's a few, but it's very rare. Their view is no matter how someone is acting, something happened to them to cause them to do that. If you can get in your mindset, if someone's acting up in a way that's destructive to others or destructive to themselves, that there's a bunch of things that happened that push them in that direction.

Yesterday, I have a blog out, it's actually on my website, markgoulston.com. I'll probably post it on Medium. It's called Reverse Engineering Violence, part one, Violence to Others. The idea is that if you walk back a violent act, usually there's a daisy chain leading up to it. I go backwards from violence to what might be happening before the violence happens, and it's what I call fulminating grievance plus an inciting incident. Fulminating grievance, so you're really are grieved about something, you feel really done wrong, and then there's an inciting incident that pushes you over into violence. Then before fulminating grievance and an inciting incident, before you feel that, the step below that, is you're enraged about something. You're just enraged about something. Then if you go backwards from that, you're outraged about something.

I make a distinction between outrage and enrage. In fact, I wrote an article that talks about the outrage-enrage bifurcate. What that means is when someone outrages us, if we don't have self-control, it can cross over into enraging us, which can then lead to violence. But instead what most people will do is they do something that I call the outrage-enrage bifurcate, meaning they will clamp down on being enraged before they act on it. But there's a cumulative effect, by the way, if people are treating you in a way that's outraging you all the time, it's building feelings of being enraged inside. And so, that can push you over the edge.

Then if you go backwards before that, and it's all in this article, Reverse Engineering Violence. If you go backwards before outrage is infuriated. So when someone cuts you off in traffic, you may not be outraged, but you could be infuriated. Then before infuriated is just plain angry. Then the most important thing which we don't get to before anger is there's been an injury to you, you feel hurt, you feel hurt and you feel afraid. But what happens is you cover up feeling afraid with anger so that you don't feel vulnerable.

Dave:

In fact, I would argue that every single time that you are experiencing anger, it always has fear behind it. That's kind of a core teaching at 40 Years Of Zen. It's not visible to you. It feels like anger, but if you go deep on it, "Oh look, what was inside there?" But you're not going to know it's inside an egg until you crack it. I'm with you there, but how do we take that to kids. Kids are feeling angry, they're really feeling afraid. What are they afraid of now that they weren't afraid of 20 years ago when they weren't all doing this?

Mark:

Well, I think if you lead with some of the examples I'm giving you, if you go to your teenager and say, and I'll tell you, there is a real power to an earnest unsolicited apology. There are hundreds of millions of people in the world who have never received an unsolicited heartfelt apology. If you go to your kid, and there's something that I call assertive humility. I like the juxtapose terms, as you can imagine. It goes like this. "I need your help with something."

You say that to one of your teens, and they say, "What?" "I need your help with something because I've screwed up." "What?" "Yeah, I've screwed up bad." "What?" "You know how we interact like this and you don't do something and then I lecture you and then it escalates and you say leave me alone, et cetera, et cetera?" "Yeah." "I am not pausing to think of what's going on underneath that caused you to do that. I just jumped on your throat, and I've made it worse, and I think it's been going on for a long time. In fact, I'd like you to tell me, as far back as you can remember, when it started where you felt hurt or scared about something and it didn't come out as you were hurt, you were scared, it came out with your being mouthy at me and then I jumped down your jumped on your throat."

I'll share something, sometimes, my kids are now pretty grown, 40, 36 and 32. I'll share an intervention I made with my oldest child when our youngest child was born who was six years younger. Our oldest child didn't like sharing mommy with her younger siblings. They never do. I'm seeing that with my grandchildren. She was going on, because now we had a third child, and she was just being outrageous and obnoxious. My wife would say, "You've got to handle her. I'm dealing with so and so, you handle her."

To appreciate what happened next, you need to realize that I am a third-born child and my wife's a middle child, third-born a middle child, and I'm dealing with my firstborn. There we are in the den of our house and here's a side note that's going to send some of your people down a rabbit hole. They filmed the movie Superbad in my house, so I'm in the room that they had the Superbad party and in the last 10 minutes of the film, so you'll see the room. And other people saying, "Let's talk about that, Mark. I don't care about the rest of this stuff." But anyway, I'll finish the story.

She's there, and she's using some choice language, and she's acting up. If I was just a regular sort of dumb shit dad, I would've said, "I think you need a timeout. You got to get ahold of yourself, young lady." I could have said that, but I knew something was going on underneath her anger. I didn't call it surgical empathy back then, I'd say, "What's going on, honey?" "I hate my life, I hate this, and ..." "Yeah, I know that, but what's really going on?" I did that four or five times. Then she looks at me, Dave. Remember I'm the third born, my wife's the second born.

She said, "I was the first to be born, I'll be the first to die." "You're right. I didn't understand that. I'm a third born." And with that, she runs across the room, jumps on the coffee table, throws her arms around my neck and she just starts sobbing. I looked up at the ceiling and I said, "God, thank you. Thank you for helping me to get it right." Because of what was going on inside her, and you might think, ah, it's a shrink's kid. Dogs are dying, grandparents are dying, but it is a shrink's kid also. But imagine that, if she's being punished, that what is driving that behavior is some terrible feeling alone, and she was alone. She is hopefully they're going to live a long time, but can you see how that would've happened?

Dave:

And so it makes so much sense. We talked about anger hiding fear, which it does, and fear is ultimately always fear of death when you unpack it to its completion. Of course as a kid's prefrontal cortex is coming on line, they're learning how to think the deep thoughts about the universe, like, oh my god, I'm going to die. That's an ungrounding thing, because you didn't know about that when you were younger. But if that's what's causing your kid to mouth off to you, how the hell would any parent know that? But that's been going on forever. What's going on now? Is there a parasite? Is it the crappy fake food they're trying to feed kids? Is it blue light exposure? Is it social media? I mean, you've got 40 years of watching change happen as a professional. I mean, stack rank. What are the things that maybe are biological or environmental?

Mark:

Well, as I mentioned earlier, I think the internet has addicted us with a stimulus response kind of hyperactivity to excitement and adrenaline and testosterone. They all make us feel powerful and excited. Oxytocin has really taken a hit. I'll share with you, I was blessed. I had eight mentors, they all died. The last one was Larry King. I used to go to breakfast with him every morning for two years with a quirky breakfast group. But the mentor before him was a fellow, you may know the name Warren Bennis, big leadership guy, a big leadership girl from USC. I remember I went to dinner with Warren Bennis and Norman Lear. Also I was coaching the CEO of Concord Records, which was a big jazz label Norman Lear was involved with. The four of us were there. I remember I asked Norman and I asked

Warren, I said, "What is the greatest danger to the future?" Without hesitation, they both used the same word, they said expediency. They said, "When you're in a rush everywhere, you miss important stuff and you don't take care of important stuff."

Speaking of that, you allow me to meander here, one of the other things that I hope people will take from this. I'm sharing, I had a pretty long life, I used to do house calls to dying patients and I would try and help them make peace at the end of their life. One of the people, so I was a death and dying person, suicide, house calls. When you're doing house calls to dying patients and they share some insights they're having, you're an idiot if you don't listen to it. I'm visiting this one guy, and I can't mention his name, but he was beloved by all of America. Had a great public persona, very funny, but a number of marriages, number of divorces, and yada yada yada.

There I am meeting with him and I said, "What's a matter? You look like crap and you look like ... and I don't think it's because you're dying. You've been dying as long as I know you. What's the story?" He liked that someone could be that direct with him as opposed to, "Oh, he's so powerful." He looked at me and he said, "I don't know that I've ever done anything important in my life." I said, "What?" He said, "Yeah, I don't know if I've done anything important." I said, "You've got a hospital named after you got. You've created jobs. You've done all this stuff." He smiled to me, and he was really known for his sense of humor, and he said, "Don't con a conman, especially when he is dying. I've got all the love that money can buy. That's all it's worth." He said, "What I've realized is everything I thought was important is unimportant, and everything I thought was unimportant is important, and I've run out of time to fix it." So, you know, you learn from things like this.

Dave:

That's why it was so important to have you on the show, because you have accumulated a great amount of wisdom from other wise people. That's how wisdom gets passed down and gets shared. You talk about dying, though. Is there something that's motivating you at this age? A lot of people slow down, but you don't seem like you're slowing down.

Mark:

I won't go into it. I have a health condition that's going to shorten my life, so I won't go into it. But I am told that I have a bunch of years left, but I don't have time to waste. I just don't have time to waste. I'll tell you something that I realized, relationships are really important. Someone I had on my podcast, I had you on my podcast and you were wonderful. I had a fellow named Robert Waldinger. He gave a TEDx talk in Boston, it has 43 million views, about what meant for a good life. He has a new book coming out, *The Good Life*.

He is overseeing a 75 year study started by George Vaillant from Mass General, and they followed people for 75 years. What the research shows, beyond everything, and you may take issue with this because you're the biohacker, he said, at least in the study, what they realized is that the most important factor is positive loving relationships. And that you can have a long relationship, but if it's bitter, that's not good. But loving positive. What I just told you is relationships mean everything to me now

Dave:

You are correct. From the perspective of biohacking, it's just changing your environment around you so your body will work better, and relationships are a major part of your environment. We talk a lot about leadership around personal dynamics with your primary partner if you have one and the people you surround yourself with. They're one of the biggest environmental variables just like good food and clean air and sunshine and things like that. If you have good food, clean air, and sunshine and your friends are

all punks who are constantly taking you down, you're probably going to be calling a therapist and talking about why you hate your life. You've got to get that one right. So absolutely true, and that's probably the hardest thing. But you do something weird. It appears that during your life you took your time, you didn't practice too much expediency as you're accumulating this wisdom. But now that you're in your later years, you're actually doing expediency as much as you can. Is that intentional? Did it just happen that way? Because it's pretty different than the way people do it now?

Mark:

Oh, it is intentional because I never scaled anything I know, because researchers would sometimes want to send me their kids, researchers from big universities, and I'd say, "Do you have any interest?" Because none of my patients died by suicide. And I said, "Do you have any interest in trying to figure out what it is that I'm doing, help me to understand it?" They said, "Well if you not evidence based and you don't have a control group, we can't look at it." And I'd say, "Well, why don't you just send your kid to your university? It's pretty famous." They'd say, "We don't have your track Record." then I would just default to send me your kid. I learned a fair amount. I'm trying to get it out there, because I hope it's valid. I hope you found something of value in it, Dave, that added to your wisdom hopefully, and I'm just trying to get it out there.

Dave:

Absolutely, Mark. Scaling wisdom is very difficult to do. I mean, you've spent a lot of time it sounds like, not just with patients, but because you're at a big university. You were teaching, right? And teachings was the major [inaudible 00:54:23].

Mark:

I was a supervisor, so I didn't do research. I was an assisting clinical professor, which meant I supervised residents in psychiatry.

Dave:

Okay, so you were working directly on helping people learn to be a great psychiatrist. For me, when I worked in tech, I taught three or four nights a week at the University of California, and I learned to be a teacher. And then I've learned to have knowledge worth teaching and that's the hardest part. But I think you've already got enough of that in your career. Now it's teaching and then marketing the value of the teaching in a place that's increasingly noisy. That's the hard part. The good news is you've done some very worthy things in your life, that if people pause even for a second and go, "What? 42 languages, nine books, 40 years? I bet I could learn something in an hour of Mark's time." Certainly that's how I would see it.

I appreciate you taking the time to come on the show and to share this knowledge. I think those four questions are profoundly important for parents. I'll definitely try them out on my kids. I think there's a lot more wisdom that you have on your show as well, which is not a suicide focused show, I would just call it a wisdom-focused show. I would invite people to check that out, as well. Thank you, Mark.

Mark:

Yeah. That's my wake up call, so you can find that, and Dave's will be going. Can I collect quotes, and again, this is sort of a tangent, but you've invited me to be a little tangential, so hopefully there's some way of connecting the tangents. As I said, I collect quotes. There's a quote that I collected from a Dr.

Shawnee Duperon on forgiveness. She has something called Project Forgive, and she refined it, so I don't think she's the originator of it. But it's forgiveness is accepting the apology you will never receive.

I'll just share it. When she told me that, my head just spun around. I'll just end with an anecdote, because both my parents have died. My father could be a little bit on the critical side. One of the things that he would often say to my brothers and I, if we brought up something, especially for me, if I brought up anything creative, "Was what makes you think anything about anything?" It was a pretty dismissive kind of comment. But I applied the apology as soon as I heard it from her to him, and he's been dead for 25 years.

This is the apology, is, "Remember when I used to tell you, you'd come up with a creative idea, what makes you think anything about anything?" And I said, "Yes, that's I'm doing this exercise and you've been gone." He said, "I knew numbers, but there's a lot about life I didn't know. When you brought up things that I didn't know and it made me nervous, and instead of being curious and letting you teach me or sending you over to some other parent who knew what you were talking about, you made me feel less than. I was talking about myself. And what you've done with your life, how you've spent it, lives you've saved, I'm not only proud of you, I don't deserve you as my son."

Here was the interesting thing when you apply this, I then apologized to him for having a chip on my shoulder. I said, "You know, I should have known better. I'm a shrink. And you did the best you could. You did the best you could with what you had. You provided for us, you were worried whether you could provide for us and you did that. You were a little bit critical, but you really didn't beat us too much. I'm sorry I held it against you. I just want you to rest in peace."

Dave:

That is a profoundly powerful forgiveness. Forgiveness is at the heart of turning off all the notifications that pop up in the voice in your head, and to do it right, as you did, you've got to forgive the other party, but you also forgive yourself for your role in it, which is what you did there. That's what permanently turns off the voice in your head that got installed without your permission. Teaching people that knowledge is as important, I believe, as the suicide prevention stuff. Because if you walk around for 100 or 150 years, as some of us are going to do, and the entire time, half the voices in your head are things that are unforgiven, you didn't really succeed in living a long time, because you weren't doing it. There's always room for more forgiveness when you identify what needs to happen. That turns off the anger and turns off the fear. What a profound story and what a profound way for a parent to forgive themselves for what they do with their living children and vice versa.

Thank you, Mark.

Mark:

Thank you, Dave.

Dave:

Your book, by the way, we talked about your show, your book is called Just Listen: Discover the Secret to Getting Through to Absolutely Anyone, and I've got to say, 40 years of listening to patients, you must have learned how to listen, so that is a worthy book. So, thank you again.

Mark:

Well, thank you. Thank you for listening and giving me a long leash. I took advantage of it.

Dave:

That's what the show is here for. My job is to ask the right questions and then also to learn and to listen. I don't want to have people on the show who don't have anything to teach, anything of value to offer. You've done so much good work, for real, and you're sharing in a very meaningful and open way. The comments from the Upgrade Collective who are listening are full of hearts and awe and wow, so you're connecting in a way that most people don't do anymore. Keep doing that. It has a ripple effect, I believe, that's much larger than what you'll see.

Mark:

Yeah, I'd like that very much, Dave.

Dave:

It's happening. Thanks again, Mark.

Mark:

Thank you.