

# Therapy Chat Episode 242

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[00:00:00] **Laura Reagan:** [00:00:00] Therapy Chat podcast, episode 242.

[00:00:04] **Announcer:** [00:00:04] This is the Therapy Chat podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan, LCSW-C.

[00:00:34] **Laura Reagan:** [00:00:34] Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims and scheduling with clients, it can be hard to stay organized. That's why I recommend Therapy Notes. They're easy to use platform lets you manage your practice securely and efficiently. Visit [therapynotes.com](http://therapynotes.com) to get two free months of Therapy Notes today, just use the promo code "TherapyChat" when you sign up for a free trial at [therapynotes.com](http://therapynotes.com).

[00:01:02]

[00:01:02] [00:01:00] Hey everyone I wanted to make a quick correction to something I said in my introduction to this episode. An astute listener brought it to my attention that Dr. Gabor Mate was not a psychiatrist, he's a retired family physician. So disregard where I said he was a psychiatrist. He's a family physician who is in retirement now. Thanks. And thanks to that listener for pointing that out.

[00:01:27] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I am bringing to you an episode, which is a replay of a conversation I had with Dr. Gabor Mate. You've probably heard of Gabor Mate. He is a well-known Canadian psychiatrist who has been talking for years about the link between childhood trauma and attachment wounds, and our physical and mental health.

[00:01:57] He has several books on the topic. As [00:02:00] I'm replaying past episodes for you, I wanted to bring you this one because it was a huge eyeopener for so many people. And with 240 some episodes in, you know, it's easy to miss some of the past ones specifically. I noticed that for a while, apple was only showing the most, the 100 most recent episodes on iTunes until I changed a setting and they all started showing up again.

[00:02:26] So for many of you, you may not have even caught this the first time around and it's been very impactful for people to hear. So, we're going to continue that theme of learning more about the impact of trauma in the episodes over the next few weeks. And while that's going on, I'm going to be practicing a lot of self-care and trying to just rest and restore.

[00:02:55] Although I'll still be doing my work with clients that I normally do day [00:03:00] in and day out. And I'll see on the flip side. So, I hope you enjoy this episode and I'd love to hear your comments, anything you learned from it, anything that surprised you, or maybe something you don't agree with? You can give me that info by going to the website [therapychatpodcast.com](http://therapychatpodcast.com) and clicking on the SpeakPipe button to leave me a message. I

always listen to them and sometimes I respond and sometimes I use them in the show. So love to hear from you. Thank you as always for your support. Be well.

[00:03:33] Hi, welcome back to Therapy Chat. I'm so excited for the conversation that we are about to have today. I have a very special guest today, Dr. Gabor Mate.

[00:03:46] Dr. Mate, thank you so much for being on Therapy Chat today.

[00:03:50] **Gabor Mate:** [00:03:50] Thank you it's a pleasure to be with you.

[00:03:54] **Laura Reagan:** [00:03:54] Yes, I think the pleasure's all mine, but I'm so thrilled to share this message that [00:04:00] you have about childhood trauma. It's a huge passion of mine. And I first learned about your work through your Ted Talk, which is called the Power of Addiction and the Addiction of Power. And in that you connect addiction to the need for love and belonging that wasn't met, which is also a theme of many of your books, maybe all of your books.

[00:04:22] So can you kind of tell us a little bit more about your books and your work?

[00:04:26] **Gabor Mate:** [00:04:26] Sure. So, I live in Vancouver, British Columbia, Canada. I'm a medical doctor, retired from clinical practice for a few years, but I'm busy teaching and traveling and speaking international. And I've written these four books. What I learned in, uh, over three decades of medical work, which included a family practice, delivering our babies, palliative care where I was for seven years, coordinator of a palliative care unit, at banker's largest hospital, and then immersed for 12 years in Vancouver's downtown east side, which you might say is ground zero for addictions in North America. We [00:05:00] have more addicted people in a few scrub radius than anywhere else in North. America.

[00:05:06] And what I've learned in all that work is that whatever malaise, affliction, disease, mental illness, addictive patterns diagnosis people have, the common denominator for most of the clinical problems that people face, whether in physical or mental illness is childhood experience, childhood emotional loss, and in many cases overt childhood trauma. And those early experiences shape our personalities, how we relate to the world, our physiology, and particularly the physiology of our brains. And so therefore in trying to deal with a problem like addiction, or ADHD which I can diagnose myself, with depression or, um, for that matter, rheumatoid arthritis, or scleroderma, or cancer, or any chronic condition.

[00:05:59] It's not enough [00:06:00] to look at the physiology. We also have to look at the interaction of physiology and the person's emotional experience in life, beginning from within the wound actually. That would be in a nutshell, what my message has been and what I've learned.

[00:06:16] **Laura Reagan:** [00:06:16] It's so powerful because what you're saying is that we can totally change the way we look at disease as something that can be really preventable if we would address childhood trauma.

[00:06:32] **Gabor Mate:** [00:06:32] Yes. If you look at the vast literature on addiction for example, it's completely clear that addiction is rooted in childhood emotional loss and

trauma, now, you will have to discuss what trauma is because people have very, rigid or limited ideas understanding of what trauma is, but yes, if we understood that addiction is really the childhood trauma, which is conditioned by social and [00:07:00] economic and cultural factors as well.

[00:07:02] But if you understood that, we'd have a very different approach to the prevention of addiction and also to the treatment of it. But in my book on addiction which is entitled In the Realm of Hungry Ghosts: Close Encounters with Addiction in my appendix on prevention, I say that the prevention of addiction needs to begin at the very first prenatal visit.

[00:07:25] **Laura Reagan:** [00:07:25] Wow. So, is it possible to explain here what, how that would start right there at that first prenatal visit?

[00:07:35] **Gabor Mate:** [00:07:35] Again, a vast body of research information now shows that stresses on the pregnant woman are transmitted to the child, to the, to the embryo, to the fetus, the developing child. And how those stressors affect the development of the child's brain and predict for increased risk of learning difficulties, ADHD, and addiction later on [00:08:00] in the child.

[00:08:00] So when you [inaudible] they'll have higher levels of stress hormones. Or abandoned animals in the laboratory for that matter and high levels of stress hormones, those stress hormones of course, are infused into the infant through the placenta. And those have an impact on the child's brain development, a negative impact.

[00:08:20] So that if you say, stress the brains of animals in a laboratory, they're offspring as adults will be more likely to soothe themselves with cocaine and alcohol, when that's related to them. We also know that, um, mothers who are stressed during pregnancy, they're infants after birth and long after birth will have abnormal levels of stress hormones.

[00:08:42] And those effect brain development. In other words, it is necessary to look at the very beginnings of human life to understand what happens to human beings later on. Which incidentally is not all that controversial when you think about it. If you were growing plants in your backyard, if you wanted healthy adult [00:09:00] plants, you would make sure that they have the seed is planted in the best possible soil and received the best possible nutrition and irrigation and sunlight and whatever tending is required.

[00:09:11] So why would it be surprising that human beings are the same way? Human beings are also implanted, the seed is implanted in a uterus, just as a seed is implanted in the earth. Why is it strange to recognize that the conditions in that environment will have a huge impact on how that organism develops? It's just straightforward biology.

[00:09:37] **Laura Reagan:** [00:09:37] Yes. It's really so obvious and for some reason we just ignore that reality and slowly say, oh, so what we eat and what we, you know, the chemicals in the air and the stress and all those things affect the developing baby, that's strange.

[00:09:53] **Gabor Mate:** [00:09:53] All that's true. So that women who work in polluted areas, their children will have more learning problems in schools. [00:10:00] And we know that from studies, for example, in New York City. But of course, it's not just the physical

environment that affects the physiology of the internal. It's also the emotional environment because the placenta gains their mother's physiology becomes the child's physiology, mother's stress, the infant stress.

[00:10:19] And that continues even after birth. For example, we know from many studies that the more stressed the parents are, the more likely the child is to have asthma. So stressed parents, and the more stressed the parents are, the more likely the child may require more medications or hospitalization for them. Let me know this is not a controversial, it's been published over and over and over again.

[00:10:41] Or for example, study last year in the U.S showed that the more episodes of racism a black woman experiences, the greater her risk for asthma. In other words, there's a real connection between our emotional lives and our physiology. And that's straightforward as well. Pure science, [00:11:00] nothing controversial about it. It's only that we don't draw those conclusions.

[00:11:04] When I say we, our medical profession and society in general does not make those connections. Scientifically the actual connections are obvious and straightforward and easily explainable. The problem is we separate the mind from the body, we separate the individual from the environment, and then we have no real explanation for why people are getting sick.

[00:11:24] Why for example, the increasing epidemic of asthma in our society, or the increasing epidemic of ADHD, or the increasing, rising in addictions and so on. But if we get that people's emotional lives from conception onwards affects their physiology and, uh, people's emotional lives occur in a context of family, neighborhood, community, society as a whole, economics, culture, politics. Then in order to understand human illness [00:12:00] dysfunction, mental problems, we have to look at the larger picture and make all these connections.

[00:12:05] **Laura Reagan:** [00:12:05] That's so true. And I think people often overlook living in poverty as a, an intense stressor on its own. You know, even if it's not a violent community, You know, people look at poverty and violence as going hand in hand in cities, but people who live in poverty and there's not violence, it's still traumatic.

[00:12:29] **Gabor Mate:** [00:12:29] Well, it's traumatic depending on where you are. Certainly, in our society it's traumatic for a whole lot of reasons, but there's again, there's a ton of research that shows that when people are in power, they're much more stressed.

[00:12:42] So it's not the deprivation per se, unless it's extreme, that causes a problem. It's the stress of living in a society where poverty is almost a sin, and people don't have the social [00:13:00] cohesion to pull together and work together and support one another. And where success is celebrated as being a marker of human value.

[00:13:10] In a society like that, poverty is very stressful and it's the stress then that affects the child's brain development. So there's many, many studies that show the negative impact of poverty on learning capacity, on emotional regulation, on behavior, and on mental illness.

But poverty's only one particular stress, and in our society, there are many, many stresses, uh, that affect people who don't live in poverty. And these people also suffer.

[00:13:40] **Laura Reagan:** [00:13:40] Absolutely. So let's go back to when you said that we should discuss what trauma is, because people do have a certain perception of what trauma is. I know when I speak with people and I ask them about a history of trauma, most people will say that they haven't experienced anything traumatic. But when I asked them [00:14:00] about specific things that could have been traumatic, they'll say that those things have happened, but they don't consider them trauma. So, how do you define trauma?

[00:14:08] **Gabor Mate:** [00:14:08] See, I was talking last night to actually a social worker and uh, in, uh, in Detroit, who is, um, in her sixties. And, uh, her therapist has been telling her for a while that she's been traumatized, but this woman says, no, I wasn't.

[00:14:27] Then I asked her about her childhood and in terms of, uh, her father and mother used to beat her with a belt, just to mention one of the things that happened to her. She says that was normal at the time, so I wasn't traumatized. So, if you ask her history of trauma, she'd say, no, I wasn't traumatized. If you ask her, were you ever hit? Yes, I was hit with a belt. So that's because people understand trauma as something that happens to other people and people understand trauma as something horrible happening like sexual abuse, or terrible [00:15:00] neglect, or watching somebody die, or something really extreme. So, what we have to understand is that trauma is not what happens externally. So trauma is not sexual abuse. Trauma is not the being hit with the belt. Trauma is not watching somebody close to you be murdered.

[00:15:21] That's not what the trauma is. The trauma is what happens inside you as a result of value that. And what happens inside you is that you experience all kinds of emotions, such as rage, such as terror, such as fear, such as grief, that, that then change you.

[00:15:41] They change you because in order to deal with those difficult emotions, which are responses to life events, you have to be able to feel those emotions and express them. When these events occur in an environment where the child has no capacity to [00:16:00] express herself, to be heard, received, validated, and soothed, then those emotions become frozen in the body and the brain, basically.

[00:16:10] And so the trauma is the freezing of our emotions and emotions, the emotional really is energy in motion. So, so that when you freeze that, now you've got trauma in a sense that in the future, your reactions and responses will be limited. There'll be conditioned by what happened to you in the past. So trauma is that freezing of the normal response to difficult events, the trauma is not the difficult events themselves, it's the freezing of our response to it, which will never be able to be resolved in a disconnection from ourselves. So people who are traumatized get disconnected from their feelings and from their bodies because they couldn't express it because it was overwhelming for them. The only way to endure [00:17:00] the traumatic experience is to disconnect.

[00:17:03] It's a form of defense. So actually, what trauma is, is a normal response to an abnormal situation. And then that happens over time, that becomes ingrained in the body

and the brain and the psychology and the physiology of the individual. So that's one aspect of trauma. Now there's another aspect to trauma, which we call, some people call, big T small t trauma, but a better word phrase for it is developmental trauma.

[00:17:32] So the great psychiatrist DW Winnicott talked about two things that can go wrong in childhood. One is when things happen that shouldn't happen. And that's the rape, that's the sexual abuse, that's the beating, that's the neglect, but he says something else. When things that should happen don't happen.

[00:17:54] In other words, we can be traumatized when we experience events that shouldn't have happened, but we're going to [00:18:00] also be traumatized when we don't experience what should have happened. And if you look at the necessary conditions for healthy brain development, there's actually a wonderful research article in the Journal of Pediatrics that was published just four years ago now. And this article is from the Harvard Center on the Developing Child. And it's called an Integrated Scientific Framework for Childhood Development. And um, [inaudible] from this article. They talk about the necessary. Actually, the article is called Integrated Standard Framework for Child Survival and Early Childhood Development.

[00:18:39] And they talk about the necessary conditions for healthy brain development and I'm going to read you two paragraphs, if that's all right. The first paragraph says, we've already talked about this one. The architecture of the brain is constructed through an ongoing process that begins before birth, continues into adulthood, and establishes either a sturdy or a [00:19:00] fragile foundation for all the health learning and behavior that follow.

[00:19:04] In other words, the brain begins to develop in the uterus and, uh, but it continues to grow into adulthood and it's in those early years of brain development, that all the templates are laid down for future function or dysfunction. So it was the foundation for all the health learning and behavior that follows. And then the second paragraph, when I'm talking to the small T trauma or developmental trauma, this is what I'm getting at.

[00:19:30] Here's what they say. The interactions of genes and experiences literally shapes the circuitry of the developing brain and is critically influenced by the mutual responsiveness of adult child relationships, particularly in early childhood years. In other words, the circuitry, chemistry, connectivity, of the brain is critically influenced by the quality of adult child relationships.

[00:19:55] So you can have childhoods where no overt trauma, the big [00:20:00] T trauma occurs. But when the parents are just too distracted, too stressed, too distressed, whatever's going on for them to provide the child with that necessarily responsiveness that the child needs, that can also traumatize the child. In other words, traumatize them in a sense that their emotions will also be frozen, that their responses will also be limited.

[00:20:23] They will also disconnect from themselves. In other words that small t, developmental trauma is I'm suggesting to you is the prevalent condition in our society for many children. Not because the parents don't love them, but because of the stress on the parents themselves.

[00:20:39] **Laura Reagan:** [00:20:39] Let's just pause for a moment so I can give you a little bit more information about why I love Therapy Notes.

[00:20:48] I switched to Therapy Notes few years ago. I'd say it's about three years now I believe. And I have never regretted it. I was very happy with the EHR I [00:21:00] used before, but Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes, and there are opportunities to put check marks rather than having to write out the intervention used. So, I have cut my time spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time consuming and that is why I love using Therapy Notes. If you are considering switching EHR or you're looking for one to use in your practice, give Therapy Notes a try. You can get two free months by using the code Therapy [00:22:00] Chat. Now let's get back to our interview.

[00:22:05] Yes. And when you talk to someone about that and what their childhood was like and how responsive their parents were, I often notice that people respond in a way where they defend the parent saying I was loved, my parents loved me. And you talk about that in I'm sure all of your books, but I definitely noticed it in When the Body Says No, that was a consistent theme.

[00:22:32] **Gabor Mate:** [00:22:32] Well the answer certainly is and When The Body Says No is about the relationship with physical illness to emotional stressors, so again, rheumatoid arthritis, cancer, lupus, scleroderma, colitis, Crohn's disease, multiple sclerosis, ALS. These are all responses to childhood emotional loss and when your clients tell you or people tell you, my parents love me. It's true. The parents love them, but we're not questioning [00:23:00] whether the parents love them or not. We're questioning how responsive the parents were able to be given their own stresses to the child. And in my experience, when I don't put it in terms of did they love you? Because I'm assuming that the parents did love them. Parents love their kids. That's just how it is. We're not blaming the parents here. Right? Nor are we suggesting accusing them of not having loved their kids. But when you ask these adults with depression or anxiety or multiple sclerosis, or any of these conditions that I mentioned, were you ever sad or upset as a child?

[00:23:31] Yes. Who did you talk to? The answer's going to be nobody, or I talked to my friends, maybe my sister. And then the next question is, well, if you had a child who was sad or upset, who would you want them to talk too? And that's when the penny drops. Precisely when it came to sharing their most difficult emotions, they were quite alone.

[00:23:51] Not because the parents didn't love them, but because the parents were too traumatized, distracted, stressed, busy [00:24:00] themselves. And so when the child is alone with difficult emotions, that's when trauma happens. And that will have manifestations in physical and mental illness later on.

[00:24:10] **Laura Reagan:** [00:24:10] So you have said, you and I talked about this for a couple months before we started recording how childhood trauma is really the root of most mental illness.

[00:24:23] **Gabor Mate:** [00:24:23] Yes, for example, I mentioned my work with addictions for 12 years. In those 12 years in this very deprived area of Vancouver- addicted people dependent on cocaine, crystal meth, heroin, a whole range of substances, in that 12 year period, I did not meet a single female patient who had not been sexually abused as a child.

[00:24:47] And all the, all the males have been traumatized overtly in this case, uh, either through sexual or other forms of abuse or neglect. That's my observation. Now, if you look at the large-scale studies on that question, it's the same thing. [00:25:00] So they're very famous Adverse Childhood Experiences Studies. The studies that show that the more a child experiences physical, what they call ACEs adverse experiences are physical, sexual or emotional abuse, death of a parent, addiction in the family, mental illness on the part of the parent, the parent being jailed, divorce or neglect. And for each of these adverse childhood experiences, the risk of addiction goes up exponentially. So that whether I'm talking about my own personal observation and, and, and, and multiple interviews with tons of hundreds of people, or whether I'm talking about the large-scale population studies, looking at thousands of people, we see that the template for addiction is not genetic.

[00:25:49] And it's not a choice that the person makes, but it's actually trauma. And it's so obvious because, well, let me try this experiment with you. If I may, maybe we'll get [00:26:00] some and move on, but here's the question I ask people. I give them a definition of addiction. So definition of addiction is any behavior that a person craves finds temporary pleasure or relief in, and then suffers negative consequences but doesn't give up despite those negative consequences. So pleasure craving relief in the short-term negative consequences in the long-term inability to give it up. So I don't know you personally, but by that definition, would you acknowledge that you've ever had any kind of an addiction in your life and by the way, addiction, I don't mean drugs, I mean, any behavior, so that could be gambling, internet, sex, work, eating, shopping, um, or substances or any number of other targets by that definition, or have you ever had an addiction in your life?

[00:26:48] **Laura Reagan:** [00:26:48] Yes

[00:26:49] **Gabor Mate:** [00:26:49] I'm not going to ask you what it was or when it was, I'm going to ask you not what was wrong with it, but what was right about it? What did it do for you? What did you get from it?

[00:26:56] **Laura Reagan:** [00:26:56] Probably felt depending on what it [00:27:00] was, either comfort or sense of self-worth.

[00:27:05] **Gabor Mate:** [00:27:05] Okay. So comfort meant that you felt uncomfortable and sense of self-worth means you lack the sense of self-worth. In other words, the addiction was not your primary problem. The addiction was actually, your desperate attempt to solve a problem, which is of emotional discomfort and pain.

[00:27:24] **Laura Reagan:** [00:27:24] You got that right.

[00:27:27] **Gabor Mate:** [00:27:27] So to call it, so talk about addiction as a disease, as a problem in the brain itself, rather than recognizing that the addiction is actually, is anything wrong with wanting comfort, anything wrong with wanting a sense of self-worth. In other



words, your aspirations were proved in normal, healthy human aspirations. You just didn't know how to get them. Why not? Well for that I'd have to look at you through your childhood. Something happened. Because every child is worth intrinsically, and when we disconnect from that worth, there's a reason for that disconnection. And that's the trauma. [00:28:00] And we're meant to be comfortable in our own skins.

[00:28:02] And when we're nurtured well, we are, when we're not nurtured well, then we're not. So the addiction is the secondary problem, the primary problem is the trauma that led to your discomfort with yourself. And your actually, your rejection of yourself as not being worthy.

[00:28:20] **Laura Reagan:** [00:28:20] Yep. I know this is true. And I know this is true for so many people.

[00:28:26] **Gabor Mate:** [00:28:26] It's true for everybody who has got any kind of addiction. So therefore, to treat addiction like it was an inherited disease is scientific nonsense. Not to mention that the brain circuits that are not functioning any adult very well, in any addicted adult are actually shaped by early experience.

[00:28:46] And as I quoted to that paragraph, the circuitry of the brain itself is shaped by our emotional interactions as they act on our genes. So whether you look at the physiology of the addicted brain, whether you look at the [00:29:00] psychology of the addictive human being, you're looking at the impacts of childhood trauma, and it's not even, the science behind this is not even vaguely controversial.

[00:29:09] It's just that trauma is not taught in the medical schools. That word is not even mentioned in most medical schools. Doctors are not aware of this. They're not aware of, physicians are not made to study the connections between the emotional system and the hormones and the nervous system and the immune system, even though it's not even that they're connected, they're one system, but the unity of mind, body is not taught in schools.

[00:29:34] Trauma is not taught very much in schools of social work, maybe a social work more than anywhere else, but certainly in the schools of psychology, education, the legal profession, none of these, uh, decisive professionals really understand, learn about, or even are aware of trauma. And therefore when people come for help, the help they get is superficial.

[00:29:56] **Laura Reagan:** [00:29:56] And I think it can be very [00:30:00] pathologizing.

[00:30:00] **Gabor Mate:** [00:30:00] Well that's right, I always tell the person with addiction, for example, or we can talk about ADHD a little bit if you like, but we can tell it's good to know you've got a disease. Well, it looks like a disease in some ways, but it's not primarily a disease, it is primarily, it's a response to trauma.

[00:30:15] And as you heal the trauma, the manifestations that look like a disease will go away.

[00:30:20] **Laura Reagan:** [00:30:20] Right. Instead of treating the symptoms, treat the underlying problem. And then the symptoms get better. Please, let's talk about ADHD. I definitely am fascinated with what you have to say about that.

[00:30:35] **Gabor Mate:** [00:30:35] So if you look at what's happening right now, both in North America and Canada, and the U.S and elsewhere in the globalized world, the rate of diagnosis of ADHD is going up.

[00:30:45] Now ADHD is considered by the experts or so-called experts, to be an inherited genetic condition of the brain, just like addiction is, but that doesn't [00:31:00] explain why it's growing or why it's developing in areas where they never used to be. Because genes don't change in a population over 10 or 15 years, so if many more kids are being diagnosed now this can't be genetics. You might say it's because we know more about the condition, but actually you've been in the business long enough. You know that there's many more troubled kids now than there used to be. Teachers will tell you that. Psychologists will tell you that. Doctors will tell you that. So what's going on? Well, if you look at ADHD specifically with driving diagnosed and the subject of my first book, the American title of which is *Scattered: How ADD originates and what you can do about it*.

[00:31:35] And I much prefer the original Canadian panel, but that's another story. The, uh, the, um, the hallmark of ADD is what, it's an absent mindedness, which creates a lot of problems in life as it has for me. Now tuning out, and we talked about this earlier is a normal human capacity. And why do we have the capacity? What was your answer to that?

[00:31:59] **Laura Reagan:** [00:31:59] Because we [00:32:00] can't tolerate our emotions.

[00:32:02] **Gabor Mate:** [00:32:02] Because there's something that we can't tolerate of our emotional state at that time. In other words, when we're stressed. So, tuning out is a normal human response to an abnormal situation. If I were to stress you right now, you know, there's things you could do.

[00:32:16] You could just hang up on me. You could escape in other words, right. But you could fight back and just tell me to back off. And if you couldn't escape for some reason, or couldn't fight back, you have another option yet, which is just get some help. This guy's bothering me. Help me please. But if help wasn't available.

[00:32:34] If you couldn't escape or fight back, then you might tune out. Not you by the way, the brain does this automatically. So let's take the situation of a child like myself, the Jewish infant under Nazi occupation in Budapest in 1944, which is the story of my life. My mother is aggrieved because of the death of her parents in Auschwitz.

[00:32:56] She is terrorized because we may be deported and killed anytime. [00:33:00] And she is in a state of terrible anxiety because her husband is away in forced labor, and she doesn't know if he's dead or alive. And when the mother is stressed, as I said earlier, the baby's stressed. What could I do about that stress? Fight back, escape, ask for help?

[00:33:16] No. What my brain did is it tuned out, but when did the brain tune out? When the brain was developing. So the tuning out is programmed in the brain, it is kind of the default

setting and the dopamine circuits that require that, that are there for motivation and attention, don't develop properly.

[00:33:33] Because again, the brain develops in interaction with the environment. So if we're looking at the proponents of ADHD now, it's not because parents are not doing their best. It's not because parents don't love their kids, but because parents are so stressed and therefore kids are so stressed in our modern society, of course, more and more kids are having ADHD.

[00:33:50] What else would we expect? It's very straightforward. But again, the treatment industry and the experts, um, see it [00:34:00] purely as a biological brain disease and therefore the only answer we have for it is medications, which by the way I've taken. And I, as a doctor, I've prescribed them. I'm not against them, but they're not the answer.

[00:34:09] The answer is to look at the environment in which children are raised. And, um, if a child comes to me with ADHD, it's not the child that want to work on. I want to work on the family environment so that the less stress there is, the more the ADD can actually abate and the same with adults of course. So it's a, it's a developmental rather than the disease model, which calls for a different set of solutions.

[00:34:31] **Laura Reagan:** [00:34:31] Thank you for explaining that and you know what, and for sharing your story, you know, you talk about how your mother was just unable to attend to your emotional needs. She couldn't, it's not that she didn't want to.

[00:34:46] **Gabor Mate:** [00:34:46] And by the way, so now you take my children who are born in a very peaceful, prosperous place called Vancouver, Canada where the father is a successful physician. There's no economic deprivation, there's no [00:35:00] abuse, but the father's a workaholic because, um, I got the message in that first year of life that, uh, I wasn't wanted because my mother was so unhappy, and when the mother is unhappy, the the message the child gets is that its all about him.

[00:35:16] So if I'm not wanted, then I can make myself cope with that by becoming a successful doctor where everybody wants me all the time. And I can't say no to anything because I need the validation so much. And what does that mean for my kids?

[00:35:29] **Laura Reagan:** [00:35:29] They're not getting you.

[00:35:31] **Gabor Mate:** [00:35:31] They're not getting me. They're not getting what they need from their father. And the mother is very stressed as a result. So now we've got the trauma passed onto another generation. And it's not that we didn't love our kids or do their best or anything terrible happened. It's just that the way I was emotionally because of my own childhood trauma and the ways my wife was created a certain atmosphere in the home that made it very tough on our children when they were small.

[00:35:55] And this is where we pass it on. And it's got nothing to do with love or intention or parental [00:36:00] failure or anything like that. It's just the multi-generational transmission of trauma.

[00:36:04] **Laura Reagan:** [00:36:04] I'm so glad you said that phrase because I was going to ask you about that next, because we're hearing a lot recently about genetic differences in, in for example, children, whose parents were Holocaust survivors, finding differences in their DNA. And I, I interpret the way that people...

[00:36:24] **Gabor Mate:** [00:36:24] Sorry to interrupt, you're not finding differences in their DNA, your finding differences in how the DNA is activated or not activated. In other words, the genes are the same, but the activation or inactivation of the genes, that's, what's passed on from one generation to the next. So that's what is epigenetics.

[00:36:43] **Laura Reagan:** [00:36:43] Thank you for straightening me out on that I didn't completely understand the way that it was being explained.

[00:36:49] And this could be my incorrect interpretation of what I've been hearing about this, but it seems as if the way it's being reported is this means that [00:37:00] there is a biological difference for those children whose parents were in the Holocaust. And it has nothing to do with the environment they were raised in, it's it's physical, which I think seems totally untrue.

[00:37:12] **Gabor Mate:** [00:37:12] Well, yes, there's a biological difference, but not a genetic difference an epigenetic difference. And not just the children, even the grandchildren. So these epigenetic effects got transmitted even to grandchildren, but the difficulty is, and that's, it's true. And you can see, you can see those. And when you look at the epigenome, how genes are activated, it's going to be different. But you can't isolate it from the psychological or [inaudible] either because me being a infant survivor, I have certain emotional patterns and stresses that I acted out even without uh, being affected by epigenetics and, but how I was then affected my children.

[00:37:50] In other words, the same people that will carry the epigenetic markers of trauma will also carry the psychological and emotional impacts of trauma. We still will also [00:38:00] pass on to their offspring. So you can't separate the one from the other.

[00:38:04] **Laura Reagan:** [00:38:04] Yeah,

[00:38:05] **Gabor Mate:** [00:38:05] And we don't need to. Only thing we have to understand is that much of what we see as human dysfunction is rooted in childhood trauma in the way I've defined it, whether it's developmental or overt trauma. And that these traumas on us we intervene are passed on unwittingly with the best of intentions from one generation to the next. And then finally, we live in a society that stresses people so much for so many reasons that a lot of children are being traumatized. And we're seeing the impacts of that in physical illness and in mental illness.

[00:38:40] **Laura Reagan:** [00:38:40] Yes. And I want everyone to know about this, and I'm so grateful that you came here so that you could explain that more.

[00:38:49] And at the same time, sometimes people become overwhelmed when they hear this information and they feel hopeless or really discouraged, but I think it's, to me, it's a hopeful [00:39:00] message.

[00:39:00] **Gabor Mate:** [00:39:00] Well it's much more hopeful to recognize that these are developmental problems that we can grow out of at any age, then to think that they're genetic diseases that were settled within our lives.

[00:39:09] I mean, which is more pessimistic?

[00:39:11] **Laura Reagan:** [00:39:11] I agree a hundred percent.

[00:39:14] **Gabor Mate:** [00:39:14] But I'm glad you raised that because it's a very serious message and people can find it overwhelming. The brain can develop new circuits and new ways of relating to life and oneself and the world even later on in life, thank God. Because as I often say, I'm 73 but I'm glad I'm not as stupid as I was when I was 71, you know. Even in this decade, my eighth decade, I can testify that there is potential for development and healing and that's a lifelong process, but it's certainly available to everybody. The problem is in order to heal, you have to recognize what the problem is. And so many of the treatment providers are trained [00:40:00] in such a narrow, technological model that healing is not offered to most of the people who need it, whether it comes to the cost of physical illness or again, addictions and mental health issues. By the way, I'm not here to reject the miracles of modern medical science and the physician. I appreciate them more than most because I know about them maybe a bit more detail, I'm just saying that there's something else is needed as well.

[00:40:28] And it that something else that we're missing.

[00:40:30] **Laura Reagan:** [00:40:30] Yes exactly. What we already have is great. And there needs to be some additional information, you know, taught to everyone. So I know we have to wrap up. Can you tell people about ways that you are sharing your information? Cause I know you have your four books. And your website, you mentioned you may be developing a course.

[00:40:56] **Gabor Mate:** [00:40:56] Yes. So, um, there's my website [00:41:00] [www.drgabormate.com](http://www.drgabormate.com) that's D R G A B O R M A T E. I've written the four books, on addiction, on ADHD, um, the mind body unity, and stress and health. When The Body Says No, the, one you mentioned. I've also co-written a parenting book, which is called, Hold On To Your Kids. Again, about the importance of maintaining those adult attachments, the children. So children don't by default have to mail them to the peer group and lose their individuality and lose their potential for health and development. That's called Hold On To Your Kids. These books are all mentioned, and explained, and chapters available for free at my website. I've given many talks which have shown up on YouTube.

[00:41:42] Um, I travel and speak extensively in the U.S and Canada and internationally. And people film these talks and somehow or other, they end up on YouTube. So those are freely available to anybody who can watch them, wants to watch them. And also, I'm the one of the founders of a nonprofit called [00:42:00] Compassion for Addiction.

[00:42:01] And I also forget the website, it's either compassion 4, with the letter for addiction.com or a .org or.net, or dot something.

[00:42:14] **Laura Reagan:** [00:42:14] I'll find out what it is and put it on the show notes so we have it...

[00:42:17] **Gabor Mate:** [00:42:17] Thank you but that that, that nonprofit is dedicated to spreading that science-based compassionate view of addiction as a trauma response, not as a bad choice that somebody makes or as a disease.

[00:42:30] And I will be offering an online course for therapists and whoever wants on addiction later on this year, we're filming that in June and all the information will be available. So you can catch me, uh, through my speaking, uh, clearances through, uh, the states and Canada, and that's listed on my website or through my YouTube or internet talks or through my books.

[00:42:54] **Laura Reagan:** [00:42:54] Wonderful. I so appreciate you taking the time to be on Therapy Chat today. And I [00:43:00] think that a lot of people are going to find this just immensely helpful, so I'm just so grateful to you.

[00:43:06] **Gabor Mate:** [00:43:06] Well again Laura it's my pleasure to be speaking with you so thank you for inviting me.

[00:43:13] **Laura Reagan:** [00:43:13] Thank you!

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