

Gabor Mate: Healing Into Wholeness in a Toxic Culture by Tami Simon

Below is the transcript of a SoundsTrue Insights at the Edge interview between Tami Simon and Gabor Mate. You can listen to the audio version [here](#).

Tami Simon: I am absolutely thrilled about having the opportunity to host this particular edition of Insights at the Edge Live with Dr. Gabor Mate. Let me tell you just a little bit about Gabor. One thing is that Hungarian born, he lives now around the corner from where I am, here in Vancouver, Canada. He is a physician who, after 20 years of family practice and palliative care experience, worked for over a decade in downtown Vancouver's East Side with patients challenged by drug addiction and mental illness. I have a deep appreciation of Gabor's work when it comes to helping us understand the journey of healing, the journey of healing we're on individually and also collectively as a culture, the challenges we face, and the empowerment that we can find. What I know is, the more I immerse myself in Gabor's writing, the more tenderized I feel, that's tender in the heart. And also the more I learn, the deeper the excavation process is related to my own personal healing and also understanding what's actually going on with other people and our society as a whole. And that's some of what we're going to be talking about today.

Gabor is the author of four bestselling books. They've been translated into more than 30 languages. Those books include *In the Realm of Hungry Ghosts: Close Encounters with Addiction*, *When the Body Says No: The Cost of Hidden Stress*, and what we're going to be talking about today, which is Gabor's new book. It's called *The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture*. Gabor, welcome.

Gabor Maté: Tami, it's nice to be with you again.

TS: Awesome. It's awesome to be with you. Thank you. Thanks for making the time for this. To start out, your new book, *The Myth of Normal*, first of all, it's 500 pages and I have to say a very worthy investment of time and energy. If a nonfiction book about the deepest recesses of personal and collective healing could be a page turner, dare I say, your book is. That's how I felt reading it. I was so absorbed. So thank you. Thank you for taking the time and putting in all the energy to write it. And that's where I want to start here, at the very beginning. You mentioned in the book that there was something in you. You knew you had to write this book. So here, starting engaging in this process at age 75 to age 78 when it was published, what was that inner call?

GM: Well, I must say, the process began ten years before the idea of bringing together everything I've learned and intuited and experienced in terms of health, illness, and its context in a social, psychological, emotional, spiritual setting. That's been with me for a long time, and it took me ten years to actually gather the research. I don't even know how I did it, but I collected 25,000 different articles, medical journal reports, scientific papers, newspaper articles, filed them all, read a couple hundred books, interviewed 200 or 300 people, had them transcribed. That information is, then, what had to be then transformed into a readable book over the last three years. So the process of preparation, gestating this book, has been going on for a long time. And what was it? I just needed to bring it all together. I just needed to say it all. I just needed to take a wide-view lens of our society, of our culture, of our individual self and all the interconnections and manifest them on paper. It just had to be done. And at many times I got totally discouraged, almost wanted to give up. In fact, one point, I had a contract for this book, and I gave the money back to the publisher, saying, "It's too much. I can't do it," until the book just insisted that it be done, and it finally was.

TS: Well, as I said, I want to start by taking a moment to thank you, because I'm sure it was a whole heck of a lot of work. So thank you. Now, explain the title, The Myth of Normal, for people who are hearing this title for the first time.

GM: Sure. So we tend to assume that what is normal is also healthy and natural. And in a certain sense, that's true, and at least in the medical sense it is. So as I've often said, what is normal in terms of blood pressure or temperature or blood acidity, the normal range is also what is healthy and natural. And outside of the normal range, life is threatened or even eliminated. So, like, normal body temperature is also healthy and natural. Now, in society, what we used to do, we make the assumption that it's also healthy and natural. And the argument I'm making is that in today's culture, what we consider to be normal—in the sense that what we're used to is neither healthy or natural—in fact undermines health and promotes disease. So that illness itself, whether of mind or body, is in many cases a normal response to abnormal circumstances. So The Myth of Normal means, first of all, that what we consider to be the norm is neither healthy or natural. In fact, quite the opposite, number one. Number two, what we consider abnormal in terms of illness is often a normal response to unhealthy circumstances.

TS: Now, Gabor, for people who are wanting to understand your lens, if you will, the way you see disease, mental illness, all kinds of health challenges, and the healing process, can you just give us, right here at the beginning, kind of the big map, if you will, how you see it?

GM: Well, the big map has been charted by Indigenous cultures and spiritual teachers forever. So the Buddha talked about the interconnected core rising of phenomena, that nothing arises on its own, that this dies because that dies. For this to exist, that has to exist. John Donne talked about how no man is an island. Walt Whitman says that every atom belongs to me as much as it belongs to you. Indigenous cultures here in North

America, when they talk about health, there's the Medicine Wheel, which has four quadrants that includes our biology, our emotions, our psychology, our intellect, our social relationships, not to mention our spiritual nature. And modern medicine—I used say modern medicine—modern science has shown that it's all interconnected, that we are inseparable, that our minds and our bodies are not distinct entities. In fact, the manifestations of a single process is what they are. And emotions and physiology, immunity and psychology, they're not separable entities. Scientifically, they're not separable.

And there's literally tens of thousands of articles, scientific papers, that have shown how that fits together, not to mention the great American physician, George Engel, who in 1977 proposed what he called a biopsychosocial view of health, which means that our biology is inseparable from our psychology, which of course is inseparable from our social relationships. So the lens through which I'm looking is congruent both with ancient spiritual insights, traditional wisdom, and modern science, which is completely ignored by modern medicine in practice. So that's the lens through which I'm looking in. That's very much informed by my own experience as a physician, where at a certain point I couldn't help noticing all these interconnections. What I didn't know is that there was all this incredible research proving these interconnections, which doesn't enter the purview of medical practice.

TS: One of the things you write about, Gabor, in *The Myth of Normal*, is how we can look at disease not as some kind of intruder from the outside, necessarily, but instead as some process that's happening inside of us, interacting with the outside world and what's happened to us—in particular in our early childhood and challenges that we faced. Tell me how this changes our view when we don't think of disease as intruder.

GM: Well, in some cases, if I am subjected to high dose of radiation or poison, you might say that it's coming from the outside, but most chronic illnesses of mind or body—and I'm talking about malignancy for the most part, autoimmune disease, mental health conditions, addictions—we make a certain assumption even in the way we talk about them. So for example, I have this book here in my hand. I have it, which assumes that there's an I, which is one entity. Then there's this book, which is another entity. We're not synonymous. One is not an expression of the other. I can take this book, I can put it down, I can read it, I can not read it, I can give it away. It's not me. When I say, or when we say, "I have depression," or, "I have ADHD," or, "I have multiple sclerosis," or, "I have rheumatoid arthritis," we're also making an assumption. We're making the assumption implicitly that there's this thing called rheumatoid arthritis or multiple sclerosis or depression. Then there's an entity called me, and this entity is that entity, but they're separate, and they have a life of their own. So that I have a life of my own, and multiple sclerosis has got a certain prognosis that's going to go this way or that way, regardless of what happens with me.

That's not how it is. I'm seeing there's no just thing as disease as a thing. I'm suggesting that what we recognize as illness represents a process that reflects and manifests my life from my conception onwards and that things that have happened to me emotionally, psychologically, socially, relationally have a huge impact on my physiology. And then, so that by the time I get asthma or by the time I get rheumatoid arthritis, a whole lot of things have happened in my life, and that identified disease is simply the manifestation,

the endpoint of a long-term process. So that means disease is not a thing. It's a process. If that's the case, then how I live my life may have significant impact on that process, and that gives me a whole lot of agency to deal with that particular problem, challenge what the disease represents. So I'm talking about disease, what we call disease as a process rather than as sort of automatic entities.

TS: Now, Gabor, in reading *The Myth of Normal*, as you mentioned, there are all the interviews that you did with people, and you bring many of those excerpts in. There are the scientific studies that you bring in, and then you also share quite a bit about your personal story. And maybe it's just because of the kind of person I am, the way I process information, the way I learn—I noticed it was when learning about your personal story and your personal adverse childhood experiences, which were quite adverse, and the journey you've gone through as a human being to be at this point now in your healing process, that was the part that, in many ways, furthered my own inner excavation the most, which is how I used the book. The biggest gift it gave me, yes, was this big greater understanding of our shared condition, but it also was quite an excavation tool for me in my own life journey healing process, and I think it can really be that for people who engage deeply with it.

So back to you. I wonder if you can share a bit about how you linked your own early childhood experiences—and help our audience understand that—with some of the suffering in your life, both physical and mental and emotional. And then the part that I really want to get to is your healing journey and the breakthroughs you've had. So if that's okay with you, I'd love to make that a big part of our focus here of the conversation.

GM: Of course. And thank you for that way of putting it, because my intention in writing the book, if I had to formulate an intention, would be to give people a map to themselves. And I didn't want them to understand or simply to understand a whole lot of concepts and correlations and facts. I also wanted them to really understand themselves. And so if the book helped you in that process, I'm really gratified by that. And of course, that had to involve me because long before writing the book and through the writing of the book and since the publication of the book, this process of self-excitation is one that needs to continue. So very much I believed and have trust that the more I'm willing to share what's appropriate to share about my own life, the more people will get to understand themselves. And I know that's an aspect of my speaking and writing that people appreciate. So that's the introduction.

Having said that, when we talk about the drama of my own particular childhood and infancy, historically it was very dramatic, and I don't say unique, but beyond what most people have to endure early in infancy. Although all around the world, infants are enduring it just as much as I did, even today. Thanks to all the conflicts that are going on in the world, or going to all the conflicts, whether we're looking at children in the Middle East or children in Europe, unfortunately much of that is still going on. That's the first point I'll make.

Less than two months ago on my book tour, I was in Hungary, in my birth country, where this book has been published already. I stood on the very pavement outside the very house where, at age 11 months, my mother gave me to a stranger to look after me or to

have other people look after me, because my life was in danger where we were, as Jews living in this crowded, diseased house under the Nazi occupation. And so I stood on a very pavement where this took place. And I don't have to tell you much about the genocide and the conditions in Eastern Europe during the war and particularly of the Jewish population under the Nazi occupation.

But here's what I will say, and this may seem strange, but I just am compelled to say it. I'm often asked why is it that a person like myself, a Jewish infant growing under really life-threatening, not growing up, but spending my first year under life-threatening, unbearable circumstances can become a successful doctor and do OK, whereas other people—for example, Indigenous Canadians here in Canada—so often the families are mired in addiction and suicidal events and mental illness and violence and physical illness, mental illness and so on? And this pertains to my healing. I would say that my experience as a Jewish infant under the Nazis, which ended once the Nazis were cleared out of Hungary by the Soviet army in June or April of 1945, that ended the severe adversity of my life. And although my parents weren't perfect, I grew up in a functional family where—not that my, again, parents could meet all my needs. They couldn't. They were too limited by their own experience for that, but on the whole, I was held and loved and respected. And there was love in the family because our family structure wasn't destroyed. And that allowed me to gain the resilience that has helped to inform my work and continues to support me.

Other people are not so fortunate. So here in North America, what happened was that the Indigenous population was not only nearly exterminated, their culture was nearly destroyed, the lands were largely stolen from them, but also the children were put through generations and generations and generations of torment fomented by state and church. And so when you ask, not when you ask, when people ask me, "Well, how come you guys did relatively OK, and why can't the natives, the Indigenous people do as well?" It's because they've been through worse. Because their agony has continued for multiple generations, with a deliberate attempt to destroy their families, which speaks to healing and resilience, that it's not an isolated individual quality. It really has to do with circumstances.

TS: OK. So that tells us some about your early challenges. And one of the things I noticed, Gabor, and you write about this, is how there can be this tendency to compare like, well, my pain wasn't bad, and look what happened to these other people. And yet there's also a process where, I'll speak for myself, each one of us just needs to honor the pain we went through and the response we had on its own terms. And I wonder if you can address that.

GM: Well, it's very important. I've often had people coming to me with a chronic illness of mind or body or addictions. They say, "Well, I didn't have it so bad. Yes, my parents yelled at me, but I didn't starve. I wasn't beaten. I wasn't sexually abused." And what I say to them is, "Imagine a five-year-old child coming to you and saying, 'I'm scared because my parents are yelling at me all the time, and I feel alone and threatened.' Would you say to the five-year-old, 'Oh, kid, it can't be so bad. Think of all the other children that are starving and living in more trying conditions?'"

You would never do that. So why do you do it to yourself? In other words, that dismissal of

one's own suffering itself is an inventory of trauma, which results in the dismissals and a lack of respect and honoring of one's own suffering. And that's a very common dynamic that I see. And so I'm always insisting on self-compassion, that people honor their suffering not by comparing it to somebody else's and saying that they suffered more, but by simply getting the degree to which they suffered and what impact that had on them.

TS: You also throw out a question we can ask ourselves if we're one of those people—I don't happen to be one of them—who has the sense of, I think I basically had a pretty together childhood. It all kind of worked. You have an inquiry question people can look at, which I think is very helpful. Can you share that?

GM: Yeah. So it's very simple. Sometimes when I'm speaking, and people tell me, I got this disease, but I had a happy childhood, I issue what I call the "happy childhood challenge," which basically means, talk to me for three minutes, and you'll find out that you actually had severe pain in childhood that you're ignoring. And it's never failed yet. And the key question is this: Did you ever feel sad, lonely, angry, or any difficult emotions as a child? And of course, the answer is, yes, I did. And the question is: Who did you speak to about it? And then people will say, I spoke to my doll. Sometimes I spoke to my friend. Or, I spoke to my dog, but not to my parents. And then I'll ask them: If you are a parent and if you had a five-year-old child who experienced pain, sorrow, fear, rage, and they didn't talk to you about it, how would you explain that? How would you understand, why isn't my child talking to me? Because we're born expressing our emotions. We're born asking for help. We're born demanding that we be looked after. We're born like that. No one-day-old child ever suppresses their emotions or doesn't ask for help.

And so the question that you are alluding to is what I've already said, is when you experienced distress, who did you speak to? In 1,000 percent of their cases, the answer is going to be nobody or nobody that could really help me, in other words, not my parents. And that's the key question.

TS: Now, back to you for a moment. How did the challenges in your early life manifest in your adulthood, in terms of physical challenges and mental health challenges?

GM: Well, so before the Germans occupied Hungary... And I was born two months before then. So let's forget the Nazis and the war. My mother and I are in the maternity hospital. I'm two weeks of age. We're still there for some reason. My mother, I think, had a difficult birth. I had a difficult birth. And my mother writes in her diary—which I have a copy of, I have the diary—and she says, "My poor little Gabor, my heart breaks for you, but for the last hour and a half, you've been screaming, crying for food. But I promised the doctor I'd only feed you every four hours and said we'd have to wait another half an hour." And she says, "My heart is breaking for you." Well, forget all the big tragedies and the death of my grandparents in Auschwitz and all the other horrors that my family went through. Just think of a two-week-old infant whose mother loves him. Her heart is breaking, but she's following social convention and doctor's orders, not picking up her child. What message do I get? That my pain doesn't matter, and I need to be with it alone.

And five, six years later, I'm lying in my bed with a severe earache, or inner-ear infections I used to get, and I'm whimpering to myself, not wanting to bother my parents. And 40 years later, I'm a physician working really hard. And, Tami, it seems almost absurd to say now, but I consciously had the belief that other people could be stressed, but I was invincible. I was impermeable. Stress couldn't affect me. I actually had that conscious belief because I had learned to disconnect from the awareness, the messages my body was giving me. That's on the one hand. On the other hand, my mother giving me to a stranger could only lead me to one conclusion as an infant, which is that I wasn't loved and that I was being abandoned, which gives... Now, trauma isn't what happens to you, as I make the point. Trauma is what happens inside you as a result. So the trauma wasn't the separation from my mother. The trauma is what I made it mean, and what I made it mean unconsciously and inevitably is that I'm being abandoned. And who gets abandoned? Somebody who's not lovable, somebody who's not wanted.

Now, as I've often said, if you're not wanted, the best way to compensate for it, go to medical school. Now they're going to want you all the time. And so then you become a workaholic because you can never get enough from the outside. So the more accolades and admiration and approbation you get, the more you need—as any typical addiction. And so I become a workaholic doctor, not because I love medicine and want to help people, both of which are true, but because I'm driven unconsciously by this need to make myself wanted. And so those are two ways in which those early imprints showed up later in my life. And of course, the effects of that on my children is that I'm not available for them, and pretty much unconsciously I conveyed them much the same message that I received, because I wasn't around. Dad's not around, but why not? Because we're not worthy. So this is how it goes on.

TS: Now a big question I have, Gabor, is the journey from awareness of our situation, awareness of how we adapted to whatever happened to us, whether it was when we were in the womb or when we were first born or during our first early years and whatever, traumas big or little, that we experienced and then we created these adaptations... You described your own, workaholism, and how that created pain in your life and distanced you from your true self and also your family. So we can become aware of this, but then what is actually healing? What liberates us? Because that awareness is not the same as being free from those patterns.

GM: Absolutely not. And Sigmund Freud, at whose doors we can lay many sins and misguided teachings, but who nevertheless had some brilliant insights, in one of his early papers said that intellectual awareness of what happened is not enough, that actually we have to work it through emotionally. So working it through emotionally and somatically is not the same as being intellectually aware. And if intellectual awareness was all that was needed for healing, I would've been a very healed person a long time ago. But it's still a process I'm working on. And so there needs to be a deep emotional working through, which can take many forms or many pathways, but essentially it's deep, painful, and very challenging emotional work. And it's in layers and layers and layers, because as the Buddha pointed out, we have what he called our habit energies, that even when we work something through, these habits are so deeply ingrained in our nervous system, in our brains, in our bodies, that they keep reasserting themselves when the conditions conduce to that.

So working through is something that has to happen deeply, emotionally, and repeatedly and consistently, as I can certainly tell you. So it doesn't matter how many insights I've had or taught, I keep running up against or I keep being instructed by something that is deeper yet that I haven't worked through yet. So it's a long-term process. Now, for some people, it's not a long-term process, but those people are very rare. I know that you've worked a lot with our fellow Vancouverite, Eckhart Tolle, and Eckhart had this deep experience of surrender and transformation that happened almost overnight for him. And then he had to integrate it over time. For me, it's never been that beautifully dramatic or as long-lasting. So for me, it's in ongoing, continual work. And I think that's the way it is for most people.

And what impels that process, while I quote the great Greek playwright, Aeschylus, who wrote in one of his plays, the Agamemnon, that the way the master, Zeus, God created us human beings, we have to suffer into truth. And so very often it's suffering that wakes us up. And the only question is when suffering happens, do we want to run away from it, which is what leads to addiction, mental health issues, and physical health issues? Or do we want to embrace what our mutual friend and teacher A.H. Almaas calls "noble suffering," which means we're going to have the pain of transformation and facing the sources of our suffering? So it usually begins with some suffering that causes us to asking the questions as to why are we suffering.

TS: Do you feel there's some necessity to re-feel the pain, in some sense, to know it all the way through? Or is that not necessary? Or what's your perspective on that?

GM: Life takes care of that. I mean, there's certain therapies that do that, Primal Scream, Arthur Janov, famously. I don't find that necessary or even ultimately transformative, because the nature of trauma, as I said earlier, is not what happens to us. It's what happens inside us. And what happens inside us we're carrying to the present day. So my infant pain can show up in my relationship with my wife in the present moment. I don't have to go back to that original pain. It shows up in the present because it's a wound that hasn't healed. I mean, that wound is touched. I'm there with all the pain. There's an American psychologist who talks about primitive agony, primitive not being the pejorative, but our early agony. Our early agony shows up almost anytime that we're triggered. So the thing is to work with the pain that's here in the present. It's useful to look at its sources in the past, but if the pain in the present that needs to be addressed, and that pain in the present reflects the pain of the past—that's the nature of trauma, what Peter Levine calls "the tyranny of the past."

TS: And relating to the pain in the present, tell me about that, how you approach that.

GM: Well, when I'm distraught and my body's perturbed and there's tension inside me and I've got this sense of despondence and hopelessness, the sooner I realize that this has got nothing to do with the present, but this is what I've been carrying all my life—that awareness then allows me to be with that pain and to observe it compassionately rather

than to just run away from it or blame it on the other person.

And so that's why I talk about triggers. So the word trigger itself is an interesting word, isn't it? Because metaphorically, what does it mean? It means this little lever that you push, but it only works because there's ammunition and a weapon and explosive charge. So I could focus on that little lever called a trigger, which is what the other person said, did or didn't do or didn't say, or I could focus on the explosive charge. What am I carrying that that little trigger set off? And so, yeah, that pain, that explosive charge, I'm carrying that. And the more I realize that, the more liberated I become in dealing with the challenges of the external world.

TS: Now, one question, Gabor, I had—well, I had many questions in reading *The Myth of Normal*, but it had to do with this notion of coming into contact with our authentic self. You describe healing as a directionality, a process where we become more and more whole. And one of my questions is... I'll just say it in the... Was I ever whole? I can remember pain and trauma from when I was in the womb, or so it is in my imagination at least. And I think, am I becoming whole for the first time? Or was I ever whole? I wonder how you see that.

GM: Well, first of all, if you look at two words in English language, one is "healing" itself, and the other "recovery." So healing means wholeness. Healing comes from an Anglo-Saxon word called whole or wholeness. So healing means to become whole, number one. Number two, recovery. When people recover, especially from addictions, the word recovery itself, what does it mean? It means to find something, to find it again. Well, when I ask people who've healed from addiction, "What did you recover? What did you find again?"—you know what they always say? "I found myself." Which means that self that they found never could have been destroyed or even split. I just lost contact with it. And in my view, the essence of trauma is disconnection from the self. And I don't think I'm alone. In fact, I think I'm in rather honest company in asserting that there is an authentic self that's got nothing to do with your life history. You can lose contact with it, but you can never destroy it, and it's always been there. And anybody who's ever had a deep spiritual experience, probably far beyond than what I've had, will tell you about this experience of the Self with the capital S that goes way beyond the little ego.

But let me ask you a more specific question, because I don't know [inaudible 00:37:27] spiritual here what matters, that I sort of have to take other people's words for. When you're generous and kind to somebody, Tami, when you're openhearted, as compared to when you're scared or selfish or manipulative, what do you feel in your body? When you're open, kind and generous, what's in your body?

TS: I feel a kind of natural goodness, if you will. I feel—

GM: Natural goodness.

TS: —wholesome. Wholesome quality. Yeah, purity even.

GM: Well, you just answered my question. Wholesome means whole. There it is, the actual real self. It's been there all along. You just have not been in touch with it. The actual goodness you said, that's your natural state. So it is there for us. We just lose contact with it. Then that's the essence of trauma. So when I talk about authenticity from the word auto, the self, I just mean—now, children have this essential need for healthy development. Amongst other essential needs is the need to have the freedom to experience all their emotions. And children who are allowed to experience all their emotions, they remain whole. They don't become disconnected. And that means their natural goodness will be present for them. So you kind of answered your question in your own words. Natural goodness, you said, wholesomeness. That's your true self, I would argue. And I think you know that. I think we all know that on some level.

TS: Now, Gabor, in *The Myth of Normal*, you write about how you had a profound breakthrough yourself not that long ago in a series of ayahuasca journeys that resulted in you encountering, it sounded like, some kind of deep taste, touch of your "true self." And quite honestly, I understood the circumstances, and you can share that here with our audience, but I didn't quite get a clear picture of what the actual experience was that was the breakthrough for you. So I wonder if you can share both the context, the experience, and what level of transformational change really came from it?

GM: The context was a retreat that I was going to lead in the Amazon jungle at a particular ayahuasca facility called The Temple of the Way of Light. And professional physicians, psychiatrists, psychologists, counselors came from all over the world to work under the leadership of the well-known Dr. Gabor Maté. And they came from four continents, 23 of them. And I'd worked with ayahuasca for over a decade by then, and I helped people formulate their intentions for the ceremony. And after the ceremony, which I don't lead—that's led by shamans [inaudible 00:40:48]... I help people integrate their experience, understand their experience, interpret it. And I'm good at doing that. And so people came, paid big bucks. They come from all over the world to the Amazon jungle, and the shamans, after one ceremony, they came to me and said, "You can't take part here because you're too dense. There's something dark about you that interferes with our chanting, that doesn't let our medicine penetrate into you. And your darkness even affects the other people." So essentially, they fired me from my own retreat. And the rest of the ceremonies were done without me.

And they assigned one shaman to work with me privately in five ceremonies over the next ten days. So it was both a humbling and a liberating experience, because I arrived there very stressed, overworked, and they were quite right. But furthermore, Tami, they said, "We sense two things about you." And you have to understand they didn't know who I was, what I'd done, who I am in the world, my achievements, nothing. They just saw me as the person who was in front of them at that time. And they said, "There's two things about you that we sense. One is that we think you worked with a lot of trauma in your life and you haven't cleared that out of yourself. And secondly, we think when you were very small, you had a big scare early in your life and you haven't got over it yet." So that's the

context.

TS: Okay. And then what happened?

GM: So then the shaman worked with me for five ceremonies. I took the ayahuasca. He chanted. He prayed over me. He put his hands on. He did an energetic work, and gradually I loosed, and I became calmer, more present, more grounded, more grateful. And when the final ceremony was over, at least, so I was, and I was feeling very clear and very grateful and glad for the experience and appreciating both the wisdom of the shamans and appreciating also my own willingness to get fired and to receive their healing. I thought it was finished, and all of a sudden I was thrown on a mat by some force. And then for the next two hours or more, I just journeyed. And this is where I have no words, because I don't remember much of the journey, except that I was gone far away. And I remember the vision at the end of it, that I shared in the book where the Hungarian word—now, I don't think in Hungarian and I don't dream in Hungarian. So this came from very deep within me.

And in a blue-like sky in letters like [inaudible 00:43:41] of cloud, the Hungarian word, B-O-L-D-O-G, boldog, were spelled out. And I saw it in my eyes, and I realized that all that stuff that had happened to me need not define my existence, that all that had happened to my family, all that happens in the world, painful, distressing, tragic, traumatizing as it all can be, it doesn't have to define who I am or my future or my relationship to life or my relationship to myself or my relationship to anything. So a liberation from the past is what it was. But that's the closest as I can come to describing it, because it would take a better poet than I am to give it words. And some of the great poets and spiritual teachers can find the right words. By the way, I'm not comparing my experience to others. I'm just saying that I don't have the words to say much more about it besides what I've just shared, or share in the book, except to say I wouldn't want anybody to believe that I had that experience and I came back a changed man. I mean, I did have a glimpse of something, I had an opening to something, but believe me, two months later, or a week after I got home from that trip, I started writing a book, and I plunged right into despair.

So it was and it remains an essential experience for me, but again, we have to emphasize the importance of integration and constant reintegration of those experiences into our lives. And I think the same is true for any spiritual experience, with or without psychedelics.

TS: And the Hungarian word that you saw spelled in the sky means?

GM: Happy. It means happy.

TS: There you go.

GM: Which is not a word that easily came to my mind when I ever thought about myself.

TS: No, probably not the first word most people would use, either, for you. But there you go, a gift to you, happy in Hungarian. Now, as someone who knows a lot about neurology and what's happening in our hormonal system, what was going on during these ayahuasca ceremonies in terms of creating this kind of access? And I'm particularly interested, Gabor, because most of us won't go to South America and spend X number of thousands of dollars and have experiences like this. But how can we understand the template, if you will, of the human journey so that we can access this wisdom?

GM: Well, out of 33 chapters in the book, precisely one is on psychedelic modality, because the last thing I want to come across as is some kind of psychedelic evangelist. I don't think they are the answer. And I don't overemphasize—I mean, out of the eight healing chapters in the book, one is on psychedelics. So I think there's much more to it than that. But specifically, when it comes to psychedelics, there's no magic about it. There's no miracle about it. I describe the experience of a woman with severe life-threatening, in fact, terminal autoimmune disease who, based on her experience with psychedelics, literally she should have been dead years ago, according to the prognosis and her physical state prior to psychedelics. But the psychedelics opened for her a whole healing process that has her active and vital and creative right now, years later.

And from the point of view of Western medicine, or at least not Western science, but Western medical practice, that's unexplainable. But there's nothing unexplainable when we understand the science. So I said earlier that mind and body can't be separated, and physiology is related to psychology. And so Freud said at one point that dreams are the royal road to the unconscious, which means that when you're dreaming, your unconscious just shows up, which is what happens. Because what happens in dream state is that the conscious brain is offline, and the parts of the brain that are charged with childhood emotional memories become diffused with blood. And so they become very active. And then the mind makes up stories to account for those emotions. So for example, if you are dreaming that Nazis are chasing you and you're afraid, it's not true that you're afraid because Nazis are chasing you. It's more true to say that Nazis are chasing you because the emotion of fear has arisen in your brain, because your control system is offline, your childhood memories are enlivened, and now the expression of fear that you suppressed as a child now comes alive, and then your mind makes up a story to explain the fear.

Much the same happens with psychedelics. So if dreams are the royal road to the unconscious, I would say psychedelics are even more of a royal road to the unconscious, for the reason that under a psychedelic experience, that membrane between conscious and unconscious disappears. The unconscious floods into your awareness in the form of visions, in the form of stories, in the form of deeply felt emotions, but you are there as an adult to witness it all and to kind of work it through in a safe environment where you're guided by people who know what they're doing. And this is why the importance of environment and context, the setting, is so important. And then if there's somebody like myself around the next day, then we can talk about it, then you can actually interpret and integrate that experience even more deeply. So psychedelics [inaudible 00:49:53] that membrane and at the same time a lot of all that stuff that you've been suppressing to

flood into your awareness.

What can also flood into your awareness, has happened with me in that very last experience with that picture in the sky that I talked about, is your authentic self can show up, which has been covered under layers of suffering and layers of defenses and adaptations and so on. So you're in a position, ideally speaking, to both come to terms with your suffering that you'd repressed, but also with that self that you had lost contact with. So that's kind of an idealized nutshell, summation of the psychedelic experience when it works. There's different psychedelics, of course. You can't put them into one basket. As ayahuasca with ibogaine, you'll have a different experience. With an MDMA, mushrooms, you'll have a different experience. But essentially common to them all is the lifting of the veil between the conscious and the unconscious.

TS: How do you relate now to that sort of superhero, workaholic identity that was asked to be put on hold by the shamans when they said, "Please get out of the room actually. We fire you for the week"? How do you relate though to that? Like I'm the superhero. I'm going to bring my method, Compassionate Inquiry. How do you relate to that you, the doctor, super-talented superhero?

GM: Intellectually I see through it, and I really see what a sad story it really is and how much suffering it can generate. In practice, I have to tell you, I'm sitting here today having been shocked yesterday, the day before, by to what extent I fell into the same sand trap. As a result of—I basically got myself totally identified with this book and its success and the attention of creating-

TS: [inaudible 00:52:04]. Yeah. Sure.

GM: And I lost myself. And that showed up in a very dramatic way in the last couple of days. I had to be sort of shocked back into realizing how easy it is for me to don that superhero cape and to forget who I am. So that just happened. I'm back to myself today. I'm much quicker now at doing that, but it was a shock. It really was.

TS: I can feel you. I can feel your heart. And I just have two final questions for you here. One is that you talk about how, when many of us get ill and we have a conversation with a medical professional, that conversation doesn't get at the kinds of interior process, what we're bringing, if you will, to whatever suffering we're experiencing right now, whatever disease process or mental health. It doesn't get at those issues. And I'm curious if you were able to give some suggestions to people who work in the medical profession or, if we're getting these questions coming towards us, what questions would be helpful? What do you wish doctors would ask?

GM: I wish that my profession just got scientific about it. And I'll tell you three diseases that are just classic. Multiple sclerosis, the guy who described it for the first time, a French neurologist called Charcot, in 1870, that this is a disease caused by stress. Rheumatoid arthritis, the great Canadian American British physician, Sir William Osler, in 1895 said this is a disease caused by stress. Breast cancer in women, a great British surgeon, in 1870, James Paget said that this is related to people's emotions, negative emotions. Now, since those pioneers have made those observations, we've had literally tens of thousands of papers showing a relationship between emotions and physiology and stress, trauma, and disease. So a recent study out of Harvard, no less, four years ago, showed that women with severe PTSD have double the risk of ovarian cancer. We've seen lots of evidence about—a recent Danish study came out last week, the relationship of childhood trauma to adult heart disease.

I could go on forever. And yet the average physician never hears that information once, not once throughout their medical training. It's completely ignored. It's unbelievable the gap between the science, the evidence on one hand and, on the other hand, medical practice. And so what would I have physicians do? I'd have them find out about trauma. The average physician does not get a single lecture on trauma and its impacts on mental and physical health in all the years of education. Unbelievable. Despite all the science. So first of all, educate yourselves. Let's educate ourselves. I'm not blaming people as individuals. Institutionally, we need to develop what George Engel called for in 1977, a biopsychosocial approach. And if that's the case, when somebody comes to you with a flare-up of rheumatoid arthritis or multiple sclerosis or depression, don't just medicate it. Don't just mitigate the symptoms. Once you've done that, ask, "How's your life? What happened to you? What emotional burdens are you carrying? Because there's a lot of evidence," we might say to our patients, "that our minds and our bodies are inseparable and our psychology very much affects our physiology. Therefore, in your healing process, let's work on your psychology and on your relationship to yourself as much as you work on the physical aspects of your illness."

And as a physician, I may not be trained to do that, but at least I recognize its existence, that mind-body unity. Let me send you to somebody who can talk to you about it. And then you can send them to somebody who does Dick Schwartz's Internal Family Systems or my Compassionate Inquiry or Peter Levine's Somatic Experiencing or Pat Ogden's work or any number of modalities of treatment psychologically that take trauma and the mind-body unity into account. So that's what I would have my colleagues do.

TS: And then a final question here, Gabor. You have a chapter in *The Myth of Normal*, "Before the Body Says No," how we can tune in, if you will—this is my language—to kind of the whispers before we get the loud screaming "no" of really being flattened by something. How do we listen to the whispers?

GM: So you and I had a conversation once before about when the body says no, when people don't know how to say no, because in childhood programming, in their childhoods, they adapted to their family's milieu by suppressing their needs, by saying yes to other people's expectations of them rather than their authentic selves. So eventually, the body will say no in the form of illness of mind or body. So now this chapter, as you say, is called "Before the Body Says No." The question is, do we want to wait for illness? Do we want to wait for an autoimmune disease or a severe back problem or depression or some other

manifestations of suffering to wake us up? Or do we want to learn how to say no before our body does? So there's two things we can do here in a nutshell. I mean, the chapters are more elaborations on this theme, but a little exercise where we can keep asking ourselves: where am I not saying no, where I want to say or no, when there's a no that wants to be said, but I'm not saying it because I'm too worried about being loved and accepted and admired? So where, this week, did I not say no? And what was the impact on me of not saying no? Usually it's fatigue, tiredness, physical symptoms, resentment, and so on.

So there's an exercise that guides you through working with yourself so that you recognize your patterns so that you do learn how to say no. So that's the one aspect of it. Another aspect of it, just a daily or at least weekly, conscious little check-in. What's my body saying? What's going on in my body? Is there fatigue? Are there stomach aches? Is there heartburn? Are there back spasms? Are there frequent colds? Is there dry mouth? Are there aches and pains here or there? This is your body talking to you. Are there headaches? Usually, you go to a doctor with these symptoms, and it's kind of a conspiracy, at least an unconscious one, between the patient and the physician. The patient says, "I got this symptom. Please get rid of it for me." And the doctor says, "I will, because that's all I know how to do, is to get rid of symptoms, but I can't deal with the underlying process." Well, let's dissolve that conspiracy. So when the body's talking to you in the form of chronic migraines or chronic headaches or fatigue, check in with yourself once a week. What's my body saying? So that's a two-pronged approach, which is kind of a simplistic explanation, but it's entirely doable. And I'll tell you, Tami, that little exercise about where I'm not saying no—a lot of people have told me that just doing that has totally changed their life.

TS: I have to be honest with you, Gabor, I feel like this is the first half of a conversation, and maybe I'm just hoping it's the first half of a conversation about your work on *The Myth of Normal*, because there's so much that we could talk about. You've packed—honestly, I felt like I got a huge education in one week of reading, and I would recommend the book to anyone. Dr. Gabor Maté, *The Myth of Normal: Trauma, Illness, and Healing in a Toxic Culture*.

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