Transforming Trauma Episode 007:

Dr. Laurence Heller in Conversation with Dr. Gabor Maté on Complex Trauma and the Future of Trauma-Informed Care

Dr. Laurence Heller, Creator of NARM

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Sarah: Hi, thanks for joining us on today's episode of Transforming Trauma. I always say I'm excited to share interviews with you, and I truly am, but today's episode I'm really excited to share with you because I had what feels like a once-in-a-lifetime opportunity, but who knows it may happen again. So I was blessed to be able to facilitate a conversation between Dr. Laurence Heller and Dr. Gabor Maté. If you are a person who works in the trauma field or you're familiar with trauma work, you probably know exactly who Gabor Maté is but in case you don't let me tell you a little bit about Dr. Gabor Maté. So he's a renowned speaker and best-selling author and highly sought after for his experience on a range of topics from addiction to mind-body wellness. Rather than offering quick-fix solutions to these complex issues, Dr. Maté weaves together scientific research, case histories and his own insights and experience to present a broad perspective that enlightens and empowers people to promote their own healing and that of those around them. So this was a really exciting opportunity for me to share space with both Larry and Gabor at the same time and I just am so appreciative for the both of them for taking time to sit down with us and I really hope you enjoy this conversation between Larry Heller and Gabor Maté.

Hello, I am sitting here with Gabor Maté and Larry Heller and I am so excited for this discussion and to introduce you both to Transforming Trauma. Thank you so much for being here.

Larry: Nice to be here.

Gabor: It's a pleasure. Thank you.

Sarah: The way that we often start this podcast is by asking our guests what they would like listeners to get out of this episode today. So Gabor, if you'd like to go first, any thoughts about what you'd like?

Gabor: Sure, it would be good if people had a clear understanding of what trauma is because it's a word that's used quite broadly and may refer to any number of concepts that people have, but not necessarily agreed on, number one. Number two, the complexity and the ubiquitousness of trauma in our society. And then thirdly, some possibilities out of it

Sarah: Larry, how about you?

Larry: Part of what I'd like to have people get out of this is the understanding that the trauma or the symptoms that come from trauma are not specifically from the event itself, more from the adaptations that individuals make to whatever event or series of events. That's what they carry forward into their adult life. And that's a different perspective than what I see out there a lot. And so that's one of the things, important things that I'd like people to take away.

Sarah: And one of the reasons I'm so excited to have you both in this discussions is because I know both of your work pretty well and I know that you both share a lot of these same ideas. So I'm nodding knowing that both of you can relate to these. So let's start off with how we define complex trauma.

Larry: Complex trauma is the word that is being used more and more. You know, it's a political decision as much as anything else. The World Health Organization is using that you know, in the diagnosis that will be coming up and I think it 2021. So I just use that as a synonym for many different things which is developmental trauma, relational trauma, attachment trauma. All of those fall under the big umbrella of complex trauma. And so there are just a few things that characterize what we're calling complex trauma and one is the chronicity of it. It's not usually just a single event. It can be depending on certain circumstances, but overall it has more to do with relational dynamics in the family, and in the bigger picture of the community, and even the world. It is a catch all these days. The word trauma itself is being thrown around a lot and I just want to emphasize that it's the adaptation and the way that we distort our sense of self and the sense of other in adapting to developmental trauma that really creates the difficulties that we experience as human beings.

Sarah: Gabor, what are your thoughts.

Gabor: I think first of all, all trauma is complex. I don't think there is a single event trauma, in the sense that the same single event can happen to two different people and one will be traumatized and the other one will not. Why is one traumatized? Because there's already been some disorganization of their capacity to respond to a difficult event with resilience. So that even the single trauma, even if you can trace it to single terrible event, which you know often

you can, that makes it a lot easier to deal with, but even that will have some precedent. So that's the first thing: I think all trauma is complex, in that sense. Secondly, it's a question of what we define as trauma. For me the essence of traumas the disconnection from the self and you know, Larry in his book Healing Developmental Trauma, has got these five essential core capacities that we need and anything that interferes with a capacity to fully experience those capacities-- that represents a disconnection from the self. Therefore in my definition, represents a trauma. So I completely agree with Larry. What I hear him saying is that trauma is not what happens to you. Trauma from is what happens inside you and then the way you adapt to it is what happens inside you. So trauma in itself actually is the system's defensive adaptation. So as not to re-experience those emotions that couldn't be handled the first time. So trauma is not what happens to you. It happens what's inside you, which is a good thing.

Larry: It is a good thing. You're right. I agree.

Gabor: Yeah, yeah, because if trauma is what happened to you, then let's face it, I'll be screwed, because it happened 75 years ago. So the trauma is what happened inside me. Well, if I'm carrying it now, in the present, then there is something I can do about it.

Larry: Well as I'm listening to you Gabor, I understand why people have seen a commonality in our thinking, because I could say exactly the same thing. The comments you made are resonating with me.

Gabor: And I see that in your book which by the way, I have two copies off because you guys sent me one recently, but it turns out I either bought years ago or somebody sent it to me years ago because it looked very familiar when it arrived. Now I have two copies of it.

Sarah: Wonderful, awesome. Gabor, I know that you're doing work right now with Compassionate Inquiry, and so I wanted to give you a chance to talk about how you view compassion in terms of recovery from trauma.

Gabor: Well, and I think again we're gonna be in broad agreement with one another, but not just one another but I think with the vast majority of the therapeutic field is that people have to experience, to manage a degree of safety in order to grow now. Now, you know, if therapy is just all about fixing somebody's ideas or to get them doing understand the source of their pain, all that's one thing. But if therapy's intention is that somebody should actually grow, because trauma was a restriction and now we want to promote growth, then what is necessary for the physiological growth of any organism? Safety. And so when I talk about compassion, the work I do is called Compassionate Inquiry and the inquiry part is obvious, but the compassion is the one that's important.

Because as Larry also points out in his book, people who were traumatized whether what you called shock trauma or developmental trauma, they have a negative view of themselves. And so they keep attacking themselves. So there's no safety there. So the compassion actually is both from the therapist to the client, but also in supporting their clients own development of compassion towards themselves, because as long as they're not it's hard for them to actually grow because they'll be in defensive mode. So that's in a nutshell, that's what I say about compassion.

Sarah: Yeah

Larry: The only thing that I might add to that, touches on something that you said. Part of the child's adaptation to trauma is to turn against the self, it distorts their sense of self. And so compassion is an essential capacity for growth again both from the outside as well as learning to development from the inside and it bumps into those early distortions, which are there in many cases at least, to protect the attachment relationship with the parents. And so they have an investment in not being compassionate to each other and we run into that all the time. So those dynamics have to be explored before compassion can really deepen and settle but I couldn't agree more that it's one of the core heart characteristics of human growth.

Gabor: I could give my own answer to this, but I'm just curious to hear yours. Because I've been teaching this for quite a while that the self-hatred is actually adaptive. That's a hard one for people, you know, although it's a miraculous when they get it, what happens for them. But you don't hear much in therapeutic circles. So I'm just curious what your take is on it. Why is it an adaptation, helpful adaptation as a matter of fact the way I see it. So I wonder what your sense of it is before I tell you mine.

Larry: Okay. So there's the graphic slide there in the book about the Distortions of the Life Force and part of at one stage there is the splitting and I've taking the psychodynamic concept of splitting adapted it to my work. And basically what that means is that the child splits the parental image into the good parent and the bad parent and the self-image into the good self and the bad self. They identify with the bad self in order to protect the image of the parent, which is more than just an image. It means they're really protecting that there still is the possibility of love in the universe. So there's a lot invested in seeing the parent as good and them is bad, because if they're bad they can make themselves better. At least they have this idea. They can make themselves better and win love and they do that, unfortunately, this is part of a paradox, by giving up and disconnecting from parts of themselves, the parts that they think are going to be unwelcome. So it brings this basic paradox into play.

Gabor: So that's exactly what I get people to -- Okay, you're a kid, you're three years old and your father was yelling at your mother, which is safer for you to believe: that your parents are bad and they don't love you? or that they're incompetent and the world isn't safe? Or is it safer for you to believe that there's something wrong with you, that you're not good enough, that you've to be ashamed of? Obviously, it's unendurable for the child to even entertain the first hypothesis. It's much safer to turn on themselves and then hope to change themselves, but still believe that if I'm good enough, I'll be loved. So, absolutely, absolutely. It's just I haven't heard that from anybody else. And that doesn't mean nobody says it. I just haven't seen that. I think.

Larry: But I haven't heard it either.

Sarah: That's why I got you together.

Larry: So again, I see why people have made connections between your work and my work.

Gabor: Yes, that great.

Sarah: And you've already both pulled out some of the quotes of your work that I wanted to look at. So a couple quotes from Larry's book that I also heard you speak to Gabor when I saw you in Victoria in 2018. Larry says "an impaired capacity for connection to self and others and the ensuing diminished aliveness, underlie most psychological and many physiological problems". And one thing you said in that retreat Gabor was there, "childhood trauma is at the core of illness and mental illness".

Gabor: Well, it's only a fact. I mean as a physician I couldn't help but see it. And not only couldn't help but see it, much to my amazement, I discovered that there's a whole research literature showing us not just a relationship in terms of association between childhood trauma in the sense that we're talking about it here and autoimmune disease or malignancy or neurological disease or mental illness, but actually we even know the physiology of it. It's just that the medical profession doesn't look at that kind of evidence. Which is astonishing because it's published in all kinds of scientific journals. When I worked with addictions and what is North America's most concentrated area of addiction, every single one of my patients had been severely traumatized in childhood, they had multiple mental health challenges, of course, you know besides the addiction itself and again is a whole lot of research.

It just so happens that very few people put the pieces together. So my books have been above that. The one book is relationship to childhood emotional stress, trauma adult stress and physiological illness, showing all the pathways. And then my book on addiction on how the brain develops in the context of the environment and when environment is harsh, the circuitry

of the brain that then benefits from the addictive behaviors or substances gets primed to soothe itself by addiction. I mean Larry talks about even when a mother that can't soothe the child, hat distorts the development of the nervous system of the child. So it's just science combined with human experience. I have written books about it and so has Larry. So it's just a fact. And I'm writing a new book now and there is even more research now about early trauma leads to inflammation in the body, which sets up the risk of heart disease and malignancy and autoimmune disease. How the functioning of genes is affected by early stress including in-utero. I mean, I know you called ... in your book and she showed that mothers emotional states during pregnancy has physiological impact on the child later on, you know, and genes functioning. And I could go on and on and on. I'm just saying that the evidence is now beyond overwhelming and what's really lacking in medical practice is a connection between the evidence and practice. So there's a big science and practice gap. They keep talking about evidence-based practice. They don't practice it.

Sarah: Yeah, how do you see us bridging that gap?

Larry: I think it's a process of educating people. For one thing some of this science and the neuroscience and so on is in the scheme of things relatively new. But there is also a tendency for many people, particularly in the medical and psychological professions, to be reductive and wanting to oversimplify dynamics. And so they latch on, okay, well, it's neurotransmitters or its brain parts and we know that all of those are important, they're part of a bigger dynamic but it's who you are. It's how you hold yourself. That's how you relate to other people, how do you relate to the self, to the universe. These all affect neurotransmitters' brain parts and we often put the cart before the horse in many of these dynamics. And I agree with Gabor that it just needs to be communicated and it is evidence-based at this point, but it's just not widespread enough because some of the more mechanistic approaches, particularly in the psychotherapy approaches, have claimed the evidence-based mantle and unfortunately for many people I think because I don't see them as more evidence-based than some other words that we won't have so much quote, data

Gabor: You know and in society basically anything that's superficial is going to be much more quickly accepted. So you take something like CBT, cognitive behavioral therapy. Well, I'm sure it's got its good points, but fundamentally, it's about changing people's ideas. What people are, people's ideas reflect their emotional states and emotional states come from their early trauma, and I talked to leading CBT practitioners and teachers who've never heard of the adverse childhood experiences studies. Literally, I'm talking about very high up in that work. Here in Canada, the Ontario government has just announced to spend 80 million dollars to make therapy more available to the public. What kind of therapy? Cognitive behavioral therapy.

Larry: Well, just a little add-on, that's a kind of an interesting point. I read a quote from Aaron Beck who's the father of this and he says he relates currently more to psychoanalysis. He was originally an analyst that he does to the highly proselytized CBT therapy. So I found that very interesting as well.

Gabor: Listen, before we go further. I won't ask you a question. Okay, which has to do with how we talk about trauma here-- So there is, you know, the adverse childhood experiences studies and the nine or ten criteria. But they don't mention, nevertheless, is the concept of attunement that you and I are well familiar with, and maybe your parents didn't beat you or each other and nobody emotionally or sexually physically abused, your parents didn't get divorced. Nobody was mentally ill. Nobody was jailed. Nobody died. Nobody was neglected. But your mom was depressed or anxious or your parents had financial stress. They didn't even have time to spend with you and they send you to a daycare before you're ready for it. You missed them the whole day, and in other words, you can be negative and all the other childhood experiences and still be developmentally traumatized. Sometimes people use the word developmental trauma as anything that happened during the course of development. But when I use it, I mean anything that interferes with your development was a trauma. So I just wonder what your take on that is.

Larry: Well, exactly the same and I talked about chronic misattunement and the price that we pay for that and that can come from many different, some of the causes that you mentioned and others that we don't even need to go into but there are numerous that affect the parents capacity to be the kind of parent that the child needs. So again, there's a whole variety of life experiences. That might go into that but chronic misattunement is so underrepresented in studies, in the way people write and think about trauma, and I agree with you a hundred percent that it's probably the most significant piece.

Gabor: It's the most common one.

Larry: Yeah, and so since we're swimming in it all the time, we don't even recognize it half the time, and people only recognize it when they start to move beyond it. When they start to be able to attune to themselves or get attunement from a compassionate therapist for example, then they start to realize how distorted their sense of self has been, you know based on not any specific event, but the whole atmosphere and all of the whole dynamics of the family, the community, and even the world.

Gabor: Which I want to get to at some point. Let me give you an example of what you and I were just talking about. So somebody says they were sexually abused. And I think that was the trauma. They're surprised to find out that I don't think that was a traumatic event.

Yeah, sure I'm not dismissing it, but the next question is who did you talk to about it? The answer is going to be nobody 90% of the time. Well, why not? Why would a child not? Because how did you feel when it was happening? I feel terrible. I felt afraid. I felt terrified. You didn't talk to your mom or your dad? Or even talk to anybody? Well, why do you think not? In other words, that person, by the time he experienced the trauma was already disconnected from their caregivers, and the abuser knew that because they can tell with laser-like accuracy

Sarah: Mmm-hmm.

Larry: And of course that's when it's coming from outside the family. Yeah, it's even more difficult for the child when it's coming from within the family. So when the sexual abuser is a parent, a grandparent, an uncle, a stepfather.

Gabor: Which most often it is.

Larry: Yeah. So this brings up again the fear of the loss of the attachment relationship. They can't, they can't go there. And I agree with you again completely that there's nobody to deal with this you know with whom they feel safe and comfortable to be able to talk about it. And there's another piece that I like to add too which is that if it comes from within the family particularly a parent or stepparent, we have to take into consideration not just the event or events themselves, but who that person is, who is capable of doing that to a child and that has much broader implications for us. That either, and I tend to categorize these as narcissistic abuse and sadistic abuse. So when there's narcissistic abuse, it's like the child doesn't exist for the parent. They're just an extension, they are just to be used, versus sadistic abuse, which has different dynamics. I won't go into them now, but this what you and I are talking about now, I think falls into this category of narcissistic abuse where you're not seen, you're not heard, you're not understood.

Gabor: But in addition to that, let's say it's the father abusing a child. Where is the mom in all of this? I'm not criticizing the mom. I'm just saying that any mother connected to their kids will know when a child is suffering. The child doesn't have to say anything. There is a misattunement already which is what facilitates the abuse. Doesn't cause it, it helps allow to make it to happen, which means she is disconnected, misattuned, because she's not attuned to herself. Why she is not attuned to herself? Because of what happened to her in childhood. In other words, as you imply it's multi-generational in both the case of the silent, oblivious, non-witness or in a case of the perpetrator, but what I'm saying, is that what allows it so that when you look at that trauma of sexual abuse preceding that, there is already a trauma of misattunement, otherwise, the sexual abuse could never have happened or could have happened once but not over days or weeks or let alone years, as it often does.

Larry: So again, there's many different situations and many different dynamics, but I do like the way you, you know, you bring this down to a persons inner world, their emotional state and the bigger picture, rather than just looking at a discrete event and thinking that's the answer to and that explains the person's symptoms as adults.

Gabor: And the reason why that's important is that people sometimes are in therapy for years trying to deal with the trauma of having sexual abuse, but they never get to the core trauma which preceded it.

Larry: Yeah

Sarah: With the inner-generational trauma. And since you both have been in the field for quite a while, I'm curious. Why are we understanding more now? Is it simply just that we're developing better insights into therapy and the way that the mind works?

Gabor: Understanding the intergenerational trauma. Is that what you mean?

Sarah: Yeah, yeah. I feel like there's healing on a different level now than was available to my mom and my grandmother, right? And why is it happening now?

Larry: Well, I'm sure there's different ways. I'll just share a couple points and then pass it over to you Gabor, but I've seen the ways this whole trauma field has developed is that first there was awareness of what I would call shock trauma. But that was like the returning veterans and then out of that came some additional research on a number of different levels and that was all important and it also started bringing the whole idea of trauma or concept of trauma into people's consciousness more. And from there then people started seeing this isn't enough. Why are some vets more traumatized than others? And then we start looking at okay, there's bigger dynamics going on here. And I think that it's out of that first shock trauma wave that people saw that that wasn't enough, and then we started seeing -- What is enough? What is it that we need to be able to address these dynamics? And that was then the current wave of understanding and it's just in its infancy.

Gabor: Well, it's certainly picking up speed. I mean, I just know that the interest in my work, success of the books, and you know people just want to hear what I have to say. That's part of a much larger movement and we all know names who are being leading advocates of trauma awareness. But certainly picked up even in the last 10 years significantly, but you know, what's interesting is that you go back to Freud. His first awareness of mental neurosis was that it was trauma-based. This is back in 1895

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Larry: Before he changed his mind.

Gabor: Basically he chickened out, he probably couldn't do it. I don't mean to be pejorative. He just couldn't deal with his own trauma. I don't think he could deal with the social friction and wash back that he would have been subject to had he stuck to his guns

Larry: Well, he was subject to it and he didn't stick to his guns. You know. He was subject to it

Sarah: Wow

Gabor: Right, but even that I think has to do with his own unresolved stuff, you know, so the two are together. So then why was it forgotten all those years? This is society in tremendous denial. This is what it is. It's also society in flux, and I think we're seeing it now. Certainly the United States are seeing it but we're seeing internationally. That the world order that people did assume was going to secure and safe and I think that was a false assumption, but it was very generally held, has now broken down. And as a result, we looking for causes more. We're more willing to look more deeply, more people are willing to dig that much more to what's really going on here. At the same time, I agree, it's still in its infancy. I mean, it doesn't show up in medical work. It doesn't show up in psychiatry, but it doesn't show up in most psychological work for the most part. It doesn't show up in the CBT World. It doesn't show up in education. It doesn't show up in the legal system and political policies. I mean, we're nowhere yet. Except to say that this is burgeoning consciousness that is really welcomed. And obviously we want to promote.

Larry: And I'm optimistic because I am and have been connected and connecting to different groups beyond just the clinical psychotherapy field, so that I'm just beginning the process of dealing with primary care physicians and pediatricians and the school systems and those kinds of dynamics where certain kind of trauma-informed understanding can help all of these different programs.

Gabor: Yeah, that's great. And I'm seeing movements like that locally as well not in the medical school yet, but at least physicians are getting more informations about trauma. Yeah, it's starting to happen. It's a good thing

Sarah: That's fascinating. So, is there any specific hope that you both have for the future of work in the trauma field? What you'd like to see happen?

Larry: You know, it's very simple. I just like to see this consciousness and this understanding continue to develop through work-- Gabor's and my work and others that are you know,

seeing things and trying to communicate these into larger and larger populations and just a ripple effect that happens as we teach different people and then they're clinicians and then they work differently, but then those people that have an impact on the people around them. So there is a ripple effect that does happen and overall, I'm confident that that will continue to grow.

Gabor: I second that, I mean it goes back to the beginning. I'd like to have an understanding of trauma much more broadly absorbed on the part of society as a whole but also on the part of, specifically but anybody who works with human beings. like physicians, teachers and - and lawyers and everybody and certainly therapist for God's sake. And secondly, in my view if I could pass a law, if you don't understand trauma, you know, you can't practice psychotherapy. You can coach people, you can be a friend to people, you can lend an emphatic ear to people, that's all therapeutic. But only if you don't understand trauma, there's no basis for you doing deep therapy with people

Larry: Yeah, I would even add to that. If you're not truly interested in a person's inner world. If you just look at people in terms of their cognitions and behaviors or just external dynamics and don't really have a sincere interest in what's going on in their hearts in their bodies and their emotional states, then again, I think a person is disqualifying themselves from doing effective therapy.

Gabor: Or to put it another way, if all those things are true about you, then you might really want to look at: What way am I disconnected from myself? So I'm not comfortable with other people's inner realities. What about yourself that you're not comfortable with? If you want to be good therapist, boy oh boy. That's the material to work with.

Larry: We're on the same page with that because I spent a fair amount of time in my trainings around the whole countertransference dynamics and really getting therapists to look at their own dynamics because until they know it in themselves, they can't see it or understand it in somebody else. So the personal work for therapists from my point of view at least, is essential.

Gabor: Absolutely and my compassion inquiry courses, there's three levels, eight modules are repeated three times. People join the course thinking they're going to learn stuff and they find the first three months they're working on themselves, which is really the basis as I think we both agree for everything else.

Larry: Yeah. Yeah.

Sarah: Have you gotten any resistance to that Gabor?

Gabor: Well look, in this bigger online course we give people for weeks. Are you comfortable with it? If not, you get your full money back at the end of four weeks, but I mean people know my work and they self-select. I mean, we don't sell the stuff in the street. So I'm sure that at Larry's training people that come to you will know about your work and want to get deeper into it. So you might not find as much as resistance as as you would in a random mall, you know.

Larry: Yeah, and actually I find that in this self-selected group one of the things that they tend to value the most is the fact that we do that kind of personal work as an integral part of the training programs. It's easier to do obviously in live trainings that we also have our online programs and people are really drawn to it and that personal change then leads them to become better clinicians

Gabor: Well, and that's what people say to me as well as you know, even when I just live seminars or talks or the online thing. People say well I came here thinking I'm gonna learn some techniques but really I'm so grateful because I learned so much about myself that will help me in my work.

Sarah: Absolutely.

Gabor: Yeah. So listen, it's actually rare to meet somebody quite as in-line as we seem to be

Larry: People talk about your work to me for some time and we've quoted you in some of our online webinars. We do, we really do seem very aligned here. Personally I enjoyed it

Sarah: If I can ask a question kind of going back to what we were just talking about because I'm in a position where I teach it a couple of universities and I do bump up a lot against students wanting to do their own work and I just finished a term and was grading papers and I had to read about CBT so much. I just wanted to gouge my eyes out and what I intend to do with my students is really to just create an invitation for those who really are interested in doing their own work, but I still find so much resistance. And I know that a lot of it is the work that I need to do in myself of letting go and letting other people have the dignity of their own experience. But I also wanted to hear from from both of you what you thought about how can those of us who are bringing up the new therapists in the field-- how can we really support that invitation?

Larry: It's a very useful thing to look at where we're coming from as therapists in all realms of our work with other people, to asking that that kind of question

Gabor: And you know, for me that's a constant practice because it has to be. Because the fact is I will not be 100% compassionate, present, attuned adult. I will not be, you know, I think I can close but there will be times when something happens and then I go, who was I then at that moment that the other person experienced?

Larry: One of the things that I've tried to do, I tried to build into the model certain kinds of orientations and one is I discourage therapists from interpreting their clients. It's much more inquiring. Doesn't mean we don't have working hypotheses or that from which we can ask more informed questions. But to assume that we have the right to tell a person what's really going on inside them, for me it feels so arrogant.

Gabor: I would say that I've done that at times. So I said here's what I think is going on in you. If I do it well it'll be received. Well, it'll be helpful and if I do it blindly or arrogantly it will have a negative effect for sure.

Larry: For me, I just change the language. I might have that same idea thinking that I know but I always ask that as a question. I'm wondering if and then put it over to them so that then the person can sign on or not. And it's not me in the superior position telling them what's actually going on for them

Gabor: It makes sense

Sarah: And I can just share both personally in my own work in NARM therapy and in working with my clients in this capacity. I've found that since I've shifted to that stop interpreting and start asking, that helps the client essentially create space for compassion that just naturally arises, right? I don't have to apply anything. It just happens magically. So it's been really transformative for me. And this feels like a good place to wrap up. Any final thoughts that you want to share with our listeners? Maybe Larry if you want to go first.

Larry: Well, I just enjoyed this so much. I knew you know that there would be similarities from things that I've read, but it was really, I enjoyed it, you know, in a deeper way than I anticipated. Just the resonance that I feel between you and myself Gabor. Sometime in the future it would be nice to reconnect in a way where we could really talk. I would enjoy that

Gabor: It will be great and you know likewise for myself. Actually I would like to ask you a question for the benefit of purely selfish, nothing to do with this conversation, but your audience might enjoy it. I'm writing this book The Myth of Normal Illness and Health in an Insane Culture, which kind of expresses itself and the title explains itself. What I'm asking you is we mostly restrict our therapy and our perspective to what happens in the family, which is

important because that's where we all begin. But in a sense, the family's only a crucible for training to live in a much larger society. So question I'm going to ask you is either for your answer now or for another conversation afterwards is: what features of this culture feed into creating that traumatized self?

Larry: Well, you may remember that at the beginning I made a point of saying the family, the community, and the world. And so I see that too and you use the same word. Family is the crucible through which other elements are coming in, and of course when I first started teaching in Europe, which was over 20 years ago, I was working with lots of people who are born in World War II, there are no longer in my trainings, but of course they were impacted by not just their family but everything that was going on in Europe at that time and in the world itself, and so we can't really ultimately if we're looking big picture, we can't separate the Individual the family and the community from the society and from the world and those kinds of dynamics.

Gabor: So what are you seeing in this society right now? What are the dynamics? On the whole that then contribute to trauma or keep it going.

Larry: I mean there's a lot of course starting with the leadership and you know, you're in Canada, but I mean the leadership that we have in the United States that's one element. But also he's just a reflection of a consciousness that paved the way for that kind of leadership. So, you know, it's kind of an easy target, but I see the theme of narcissism and how its reflected in cultural interests, and how that can be so subtle, how these parents who are trying to be the best parents in the perfect parents and build monuments to themselves through their children. There's a narcissism in there, even though their intentions as far as they know are the best so I would put it in this short time that we have, I would put least this large rubric of the whole dynamic of narcissism.

Gabor: Thank you, and perhaps you and I could have a conversation about that in a bit more detail at some point.

Larry: Yeah. I'd enjoy that.

Sarah: Well, thank you both so much for your time we are just so appreciative of this. I know the audience is going to love it.

Larry: Well, thanks for organizing Sarah. Thanks, Gabor, it was a real pleasure to speak with you.

Gabor: Yeah likewise. Thank you for me as well. Thank you.

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