



Conscious Life presents

Insight to Transformation: Your Healing Journey

Guest: Alex Howard

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[00:00:09] Dr Anu Arasu

Hi, everybody! I'm Dr Anu, co-host of the Hormone Super Conference. And today I'm joined by Alex Howard. Alex is the founder of Conscious Life, the founder of this conference, and a number of the largest online conferences in the health space. He's also the founder of Optimum Health Clinic, which is a clinic that serves patients in over 50 countries across the world.

He's also the founder of Therapeutic Coaching, the methodology of therapeutic coaching, and he documents his real life work with patients in his online YouTube series In Therapy with Alex Howard. He's published in a number of academic journals and he's written a number of books such as *Why Me?*, *Decode Your Fatigue*, and most recently, *It's Not Your Fault*.

Alex is passionate about making healing accessible to everybody. And it's a real pleasure to have you on here today, Alex.

Alex Howard

Anu, thank you for having me. It's a little strange when we get to interview each other in our own event, but it's wonderful to be here and I'm super excited for this conference.

I know you're getting to the end of the interviews that you're recording, and, yeah, there's just such a wealth of amazing people in there. So it's an honor and privilege to be interviewed on our own conference. Thank you.

Dr Anu Arasu

Alex, tell us. I mean, you have made this, I would say not only your life's work, but almost your dharma, your life's purpose, with the amount that you have done. What's been the path into this? What's been your story and your journey?

[00:01:35] Alex Howard

Yeah, so I think, like a lot of people working in this space, but also, of course, a lot of people which are drawn to an event like this, it was because of my own life circumstance. And the - sort of the short version - around the time of 16 years old, I was diagnosed with ME chronic fatigue syndrome, which at the time, we're talking about 1996 now, there was very little understanding of what that meant.

There was very little access to information, things like a conference like this, or just even access to Google and so on. So at the time, it felt a little bit like a life sentence. And initially my GP, I said, "How long will I be ill for?" and they said, "You should start to feel better in sort of six to twelve months." and when you're 16 years old, that feels like a lifetime.

But then as the months passed and I wasn't getting better, I was getting worse, and in a way, there were the physical symptoms, which was severe fatigue, muscle pains, headaches, being so exhausted, all I wanted to do was sleep. And then I wouldn't be able to get deep quality of sleep.

But then over time, there were also severe anxiety that started to come in, depression and not - I think, a really important point to make - I don't believe I was fatigued because I was anxious and depressed. I was anxious and depressed because I was fatigued. You know, whole life, in a way, had been taken away.

I think one of the things that also was particularly important at this point, was when we suffer from a medically unexplained illness, when we don't know what's wrong, why it's wrong, what to do about it, 'Will we ever recover?' That causes a huge amount of additional anxiety and, in a way, trauma.

I got a couple of years into ME chronic fatigue, and I had a conversation where it was effectively helped to realize that I could spend the rest of my life waiting, or I could make it my commitment to find a way out of the situation. So I was 18 years old at the time.

It seemed a completely impossible, daunting prospect that how was I going to find answers when all the world's experts and scientists - I say all the world's experts and scientists, they weren't focused on ME chronic fatigue! It might have been a bit easier if they had done...But the people that were, not having answers.

And I set off on a five year healing journey, and I didn't find *the* answer. What I found were lots of pieces of a jigsaw, which is one of the reasons why I'm so passionate about conferences like this, where we can take a seemingly, well, we take a complex topic and put together the different pieces of that jigsaw to help people find their way.

And after five years of being on this healing journey and doing many different things from lots of different nutrition protocols to - in time - recognizing, although I was very resistant at first, recognizing the importance of, we didn't even use these words at the time, but the nervous system back in those days talk about sort of mind body healing...yoga, meditation...I read hundreds of books, did many different workshops and programs.

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And on the other side, really, I wanted to set up the clinic that I'd wanted to exist in the years that I'd been ill. And this was back in 2004, so it's 20 years ago now. And, yeah, that really was the start of my journey.

And as you say, it's kind of at times become a borderline obsession, perhaps, of trying to understand these complex areas and problems that we can face, but also a very, very deep love and passion for the idea that however complex and challenging one's circumstance may appear, it's possible to find pathways forwards.

Dr Anu Arasu

You talk about wanting to set up the clinic that didn't exist. What does that mean? What do you think was or is missing that is just fundamental to getting people better?

Alex Howard

Yeah, it's a good question. The clinic has evolved over the years, but there are certain things that have stayed as the core DNA. And I think one of those things was the recognition that we have to have an integrative approach. So from day one, there was a psychology department and there was a nutrition department, or I guess these days you'd call it a sort of functional medicine informed nutritional therapy team.

So the recognition of those two pieces coexisting. Another key piece was seeing recovery as a collaborative process between a clinical team and the individual, and this idea that each person has to be the captain of the ship of their own healing journey.

And to try and sort of break that old-fashioned relationship of someone goes to a practitioner in a sort of disempowered way and they are the expert and the patient is the sort of subservient being to make that a really collaborative process.

And then I think third piece is the recognition that we need community and we need hope and we need inspiration on that journey. And it needs to be - I think this might be the strap line for the Labor government with Tony Blair many years ago - but hope that you can believe in.

We don't put out our most dramatic recovery stories because our experiences actually make everyone else feel like they're doing something wrong. We try to pick the stories that are the tougher journeys, but really show what's possible along the pathways.

So there needs to be inspiration, but it needs to be based in truth. And we're very careful not to sort of, as I know you know - and I know we sort of share a version to this - that there are approaches that will claim these sort of success rates and they have the answers.

And my observation is, you can tell someone that has immense clinical experience because they often talk with less certainty than the people that are quoting sort of publications or sort of, kind of high-level sort of ideas.

And so the integrative approach, the critical role of the patient and then that wider sense of community and inspiration, that if we put in the work, it doesn't guarantee what we hope to happen, but it significantly improves the odds of it.

[00:08:46] Dr Anu Arasu

I mean, one of the things that always struck me about your work was how you were one of the first people to really put the responsibility and hand back the power to the individual. And you did this by putting these amazing online conferences with a lot of depth, a lot of technicality out there. What are people being asked to rise to? How should they use this information?

Alex Howard

So it's funny, back in the first ever inception that we had around, kind of, online...using kind of online work was back in 2007. So this was about three years since we started the clinic.

And we did this bi-weekly or twice-monthly telephone conference call where people would phone into a phone number, and I would either interview someone that was on a healing path or had recovered from ME chronic fatigue about their recovery and the lessons they'd l... - It was called Secrets to Recovery - the lessons they'd learned along the way, or I would teach something, or I would interview one of the clinic team around ideas and reflections and so on.

And at the time, it was quite groundbreaking. And it was - I remember - sort of every Tuesday evening at 7 o'clock sort of picking up the phone, and then we would have sort of 2-300 people that would be phoning into this call.

And right from that point, it's not that I think that when you've got complex chronic health journeys, working with hormones is a good example of this. It's not that the patient should or necessarily can do it all by themselves; one still needs to have experts that can guide that process.

But what we found was that patient compliance would become much higher; people would not give up when they hit bumps in the road; there were certain strategic pieces around how one approaches the recovery journey, which, when you have some good guidance and wisdom about that, it's really helpful.

Right from the beginning, we talked a lot about the achiever pattern and how people can try and achieve at the recovery process, and they...We would have the opposite problem to a lot of healthcare practitioners, where the problem would be compliance, and people wouldn't do what you asked them to do; our patients would do the opposite, they would go to the nth degree. And that would become sometimes its own source of dysregulation and stress in the system.

And so having really good guidance and wisdom and support about how to approach the therapeutic journey, and then, yeah, it has to be collaborative. There's lots of things people can do for themselves. And one needs good, skilled, patient, empathetic practitioners that can also be part of that journey.

[00:11:50] Dr Anu Arasu

It's very interesting because what you're saying is that actually people who are watching this, who are consuming this information, it really significantly helps their own health journey because they go deeper, essentially.

Alex Howard

Yeah, and people stick with things to actually get the results. People can realize when they're on the wrong path, and maybe they've been on a protocol for a long time, and it's not working, and their practitioner just has a very blinkered perspective that that's the thing that you should be doing. And so it's also having access to enough different perspectives.

And I certainly wouldn't consider myself narcissistic or arrogant enough (others may think differently) to think that we have all the answers. And as I know you know from your own clinical experience, the patients that are the trickiest are the ones that if we're patient and we hang in there as clinicians, they're the ones we learn the most from.

And the biggest breakthroughs in our protocols over the years have come from those most complex situations, or with the patterns that we've seen in a number of people that have had the same challenges. Yeah, it has to be a collaborative process. You've got to have empowered patients, but you've also got to have really skilled practitioners.

Dr Anu Arasu

So when people get afraid of too much information or misinformation, what's your take on that?

Alex Howard

Yeah, I think there are times where...It's a really tricky one, because there are times when the patient really does know more in that moment than the clinician does. And particularly when - and again, I'm sure you've heard many of these stories - where you have a patient take a set of lab results to a medical expert that doesn't work in that framework and in that way.

So, taking a hormone example, maybe you have a patient take a DUTCH test to a very traditional, mainstream endocrinologist, and they look at that, and they're like "This is a load of nonsense". And in that moment, the patient has to be able to advocate for themselves; they have to be able to recognize and have that empowerment.

But there are other times where the patient's gone right down a rabbit hole of misinformation, and that practitioner can be sat there with that person, either virtually or in person, and it's just clear this person has absolutely tied themselves up in knots with a perspective which is just keeping them stuck. And that's where, again, on both sides, there has to be curiosity, there has to be respect of knowledge and understanding.

But the truth is, when Covid happened and there was a whole load of different perspectives and opinions, and we had some patients, we even had a staff member who just got lost in rabbit holes. So it's tricky. It's tricky. And I think one of the ways I look at it is, you've got what the published

research shows, you've got what people are very eloquent and impressive at talking about, and then you've also got what clinical evidence shows.

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And there are things that you'll know and that we know clinically that aren't yet fully backed up in published research, like they're not in the Nice guidelines, for example, in the UK. But we've been working with these ways for many years and we know that they're effective.

And that can be really hard for people which go, "Well, I *only* want to do what's already proven to be the case" to which we'll respond "Well, why are you coming to see us then?" because there's lots of people that can offer that, but you've tried that and that hasn't worked.

Again, as many people be aware, it's incredibly difficult to build a large enough evidence base around something, particularly in areas where there isn't pharmaceutical interest, or they can't patent something because it's unpatentable, or because it's an intervention which is already being used...

So we have to find this balance between what the evidence shows, how do we get more research? But also when we've been doing something...when we've been working for decades clinically and we have those insights, how do you use that as well? And from a client's perspective or patient's perspective who's been around lots of different practitioners, it's not easy. I think that's just a hard truth: it's not easy.

Dr Anu Arasu

Yeah. I mean, there are statistics like it can take 18 years plus for the evidence to be put into practice, some of the science in the papers. And I suppose when we're entering the field that you're talking about, we're starting to be big thinkers. We're starting to see patterns.

What are the kind of patterns that you're seeing? I mean, stress certainly is an epidemic. What are the big patterns that you're seeing in terms of the current health of our population, where it's at, where it's going in the future, where the real need is.

Alex Howard

Yeah. One of the big areas of my focus over the last 20 years - and it's one of the areas that I seem to have become, I guess one of the kind of leading voices on - is the importance of nervous system function within, particularly within chronic illnesses, but also within trauma. It's been a big part of my work, particularly in recent years, but also, of course, it has a lot of relevance to what we're talking about in this conference with hormones as well.

And I think what we've seen is that a lot of the rising in understanding and awareness around hormones, around kind of fatigue, chronic health and so on, has seen lots of understanding around nutrition protocols, around what's happening physiologically in the body.

There hasn't always been, in certain circles, the same recognition about the importance of the nervous system. And what you'll find is that people will sort of nod, "Oh, yeah, that's an important piece", but are not necessarily really addressing it in the ways that they need to.

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And to put it in the simplest terms, our body can be in...will always be in one of two states: be in a state of stress or be in a state of healing. State of stress, you know, you and I are walking down the street in London, we don't see the - particularly here, these days - the electric bus that's coming sort of towards us. We suddenly see it and we have to respond. We leap out the way and we get a big hit of adrenaline, cortisol, and we have a fight, flight or freeze response. And because we have that response, we survive.

It's the same response to thousands of years ago. We're walking along, we don't see the saber-toothed tiger, and we have to respond to that threat. Assuming we survive the threats, our nervous system will then recalibrate. We will come back to a place of safety and back to a place of regulation in our nervous system.

But when the threat is there all of the time, when it goes from being an acute stress to a chronic stress, our nervous system doesn't then recalibrate on the other side. Effectively, the balance, the homeostasis of our nervous system, gradually creeps up and we get more and more normalized to being in a dysregulated state.

This has massive impacts on all of our bodily systems. It also has major impacts, of course, on our hormones, because when we go into that stress response, one of the primary mechanisms that happens is our hormones respond to that threat.

What we found over the years is that many people who are suffering with anxiety, depression, addictions, but also suffering with chronic health conditions, with chronic pain, with hormone dysregulation...But one of the - again, a puzzle, lots of pieces, as we talked about earlier - but one of the pieces is that the nervous system is dysregulated.

And you can work to rebalance that with lots of other ways. You can look at blood sugar, look at diet, you can look at hormones, you can look at environmental medicine. But until we bring balance back to the nervous system, there is a constant antagonist within our system which is turning back on that response.

So in terms of, just to answer your question, in terms of patterns, what I've noticed is that when people don't work with this piece often what happens is other interventions are helpful to a point, but there's a limit to how far people can go. For some people, balancing the nervous system is the most important piece. For other people, it's the piece that unlocks the other pieces that can feel stuck.

Dr Anu Arasu

Beautiful. And you've walked this path. I mean, you've been on your own health journey. For you, what were the profound learnings?

[00:21:23] Alex Howard

I think certainly the piece that we talked about earlier in terms of being collaborative in that healing path. One of the key pieces for me was also really learning to understand the impacts of trauma. So if we can just speak to that just briefly. I think a lot of people's perception of trauma is, well, that's being in a war zone, that's being in a car crash, that's sort of that kind of PTSD type trauma.

In our Trauma Super Conference, we unpack this in an enormous amount of detail. In fact, we've just done the fourth Trauma Super Conference. That's hundreds of people we've had this conversation with around "What is trauma?".

One of my reflections is sometimes the events that shape us the most are not the obvious ones. So we can have what's called adverse childhood experiences, physical abuse, sexual abuse, neglect, having a parent who's an addict, or so on. And I would call those overt traumas, obviously, things that are going to be traumatic.

But covert traumas are the things that can be hidden. An example might be that one day in class at school, we get super excited, we put our hand up and we answer a question, we get it wrong, and then everyone laughs, and then maybe even worse, the teacher laughs as well. So there's this kind of sense of shame, and then we go home.

And what we most need from our parents is to be told that we're loved as we are and it's okay and we just put a foot wrong, it doesn't matter. And we need to be allowed to have the feelings. Maybe there's sadness, whatever there is that's there.

What we get is, Mom and Dad, they love us, but because they love us, they want to make sure that they're paying the mortgage and sort of looking after kind of the day-to-day stuff and the practical stuff, and there's food on the table, and they're so consumed by all of that stuff that what we learn is that we get love when we're hyper functional, not when we are sensitive, and when we feel our feelings.

And maybe even we get put to bed that night and Mom or Dad says, "Oh, you're such a big boy or such a big girl. Well done for getting over it.". And so we can have these formative experiences that are culturally normalized, because that's how maybe many people had grown up around us.

But just like our physical development, we have certain physical needs like food, oxygen and water. For healthy emotional development, there are certain needs that we have, like the need for emotional safety, the need for feeling loved as we are, the need for boundaries that give us that sense of holding.

So when we grow up in an environment that - not because we're not necessarily unloved - but isn't necessarily skillful in meeting these needs, our nervous system becomes, going back to my point, around stress state or healing state, it becomes naturally maladaptive because we gradually learn that the world is unsafe, that we need to be on edge, that we need to protect ourselves, that we need to anticipate the threats and the things that may happen.

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And so we more and more normalize to these defensive structures and these ways of being in relationship with ourselves, in relationship with other people, in relationship with the wider world, where effectively the world is a danger and it's a threat.

And we therefore need to be in this state of defensiveness, emotional defensiveness and protection. What fuels that, what sustains that is our stress hormones.

And so over time...I remember back in the early days of Optimum Health Clinic, and people would come into the clinic and they would be so dysregulated in their nervous system that as someone that's quite empathetic, I would feel dysregulated being sat opposite this person.

Then I would explain about some of what we've just been talking about, and they'd say, "Yeah, then that makes sense logically but that's not my experience". They just had normalized to living in this state of dysregulation. And so to really bring balance to our health, to bring balance to our hormones, we have to bring balance to our nervous system.

Dr Anu Arasu

Yeah, when you speak of that and when you speak of the people also who say, "Yeah, logically that makes sense but it's not my experience" that hits such a chord because I think it's...It is very profound, first of all, to understand what you're talking about.

But then it's also very seductive to stay in the understanding and not shift into the body. What's the payoff? To kind of take that risk and actually shift into the body, what's the payoff? And also, how do we do it?

Alex Howard

Yeah, I think one of the hard, the hard truth here is that normally people will really do this work because the pain of how things are at the moment gets so great that it's like "I have to find a way to do something that's different".

One of the other elements we haven't really spoken to here is that, that speeding up of the nervous system, it's what I call a maladaptive stress response. So a stress response that's become maladaptive. It's also a mechanism that helps us escape from feeling our feelings and emotions.

And so as the system speeds up, it goes faster and faster and faster and we feel less and less and less. And so when we start to calm the system down, we also start to feel those feelings and emotions that perhaps we've not been feeling.

It's almost like we're walking around our life with a big black sack of all this unprocessed stuff, which the way we get to not process it is to always be busy, on the go, avoiding, distracting, self-medicating with alcohol or food or whatever it may be.

And then everything starts to calm and starts to settle, and then we start to feel some of that stuff to which often the response is, "Well, let's just go back and do what's familiar from before".

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To really have a sustained calming of one's nervous system it's a two part thing; it's one, to have the tools and the strategies to calm the nervous system, and then it's secondly to do that emotional healing work.

And it doesn't mean we have to relive all the things that happened in our lives that may have been painful, but we do need to allow the energy and the emotion of that to move.

I just came from working with someone straight for this interview who'd had significant trauma in their life. A number of events that had been locked away and sort of described it like being sort of locked in a box and there's a kind of lid on it and there's a kind of key and it's protected.

One of the things we were talking about is when we lock away all of that stuff, what we think we're doing is we're locking away our pain. But what we're actually doing is we're locking away parts of ourselves, we're locking away treasures, we're locking away parts of our hearts, we're locking away parts of our gifts, of our talents.

And we have so many fears around, "Well, if I actually feel that stuff, I'm going to disintegrate, I'm going to fall apart. I won't be able to function. Maybe the foundation of my life is going to shake". But the truth is that everything in our life then becomes easier because we're not using all of that energy to defend and to shut down and to avoid.

And what causes a lot of the suffering people have in life is not the things that have happened, it's the things we do to avoid feeling what happened. And so to speak to that just briefly for a moment as well. It's like, 'what is anxiety at the core?'. Anxiety is a speeding up of the system to get away from feeling something or to try and anticipate a threat in the future.

Depression is a shutting down, it's a numbing. The experience of depression is not typically that people feel lots of really, really horrible feelings. The experience of depression for most people is they don't feel enough; like there's a sense of emptiness and a sense of something that's missing.

At the core of many addictions is an attempt to self medicate how one feels; it's like I'm feeling something...the kind of analogy...the idea people have of someone who is an alcoholic, for example, is the wino with the bottle of wine or whatever, in the kind of paper bag, kind of, on the street corner. And that's not to say that person clearly isn't suffering and isn't an alcoholic.

But most people are high-functioning in their lives, they just can't get through the evening or through the day without using alcohol as a way to try to regulate and self-medicate their nervous system.

So, so many of the reasons why people take antidepressants, anti-anxiety medication, go and see doctors for chronic pain, chronic health issues, whatever it may be, are symptoms of the strategies that are being deployed to manage the dysregulated nervous system and to escape feeling those feelings.

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If we can calm the nervous system and we can do that emotional healing work, we no longer need those strategies. And in fact, our real potential in our life becomes awakened. Like, we can actually feel joy and love and happiness and optimism and hope.

Because you can't numb your emotions selectively; when we numb, we protect ourselves from sadness and hurt, we also numb our capacity for love. When we shut down our hatred and anger, we shut down our strength. And so all of this stuff, in that sort of analogy of a black bag, is also so much of our capacity and our potential for our life.

Dr Anu Arasu

And when I'm hearing you speak, I'm reminded of what you said at the beginning of this conversation about community, because I suppose life is relationship. And I guess one of the things that goes together is as well as this shutting down, people shutting off and closing off.

How do people find the right community? Because you can be surrounded by people, you can be surrounded by others, but if they're not on the same path, if they don't have the same ideology, you can feel even more lonely in the center of that crowd. So how would you recommend that people heal together?

Alex Howard

Yeah, it's a really good question. I'm in the process this week of writing a new workshop, which I'm delivering at the weekend and one of the ways that I sort of access things is with music. And so I'm sort of going back and listening to music from times in my own life when kind of, particularly some of those points earlier in my own journey, sort of try and plug into the feelings and the sort of strategies and so on.

As I've been thinking quite a lot this last week, around those first two or three years or the first two years that I was ill, and then the first year or two of being on an active, healing journey. Because for me, it's some of the most painful memories, is that utter sense of isolation. Particularly being a sort of 16 year old boy, you connect with your friends through activity, right? So through sport, I used to play guitar in bands and that was my way of having connection.

And when I was too ill to do those things, no one visited. It was before social media and before mobile phones and stuff so there was no other way of being in contact. And then when I started on a really proactive healing journey, it became even more initially, became even more isolating.

Because the people that I'd known from before, as I started to get a bit better, I couldn't relate. And so it was like, the more I worked, it felt like at the time, the more I worked on myself, actually, the more painfully lonely life became for a while.

So first, I just want to just acknowledge how difficult that can be, that we're in pain in our life, and then we decide to change our life, and then we feel even more distant from the people that are around us.

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And so finding people that can meet us on the journey that we're going on is super important. And with the people in our lives from before that journey, I think about it like a dance, like we're changing the dance. So that person has one of three choices.

They're either going to try and pull us back into the old way of relating, not because they don't love us, because they do love us and they're missing us and they're trying to reconnect in that way.

Or they're going to come and dance the new dance, maybe they're going to come on some of that journey with us. Or we're going to dance a different dance. And if we find that there's lots of places, or we're now dancing that different dance, we got to find new dance partners. We've got to find people who are passionate about the same things, and there's lots of ways to do that.

Online communities, even things, Facebook groups, we find, particularly people that come on, are either online or in-person courses and workshops. They come because they want to access the content and do the work, but they also build those bonds with other people, particularly when we do residential events and we go somewhere for five days and everyone's in that space together.

One of the ways, also I think about it, is this is where it comes back to this idea of being captain of the ship of our own recovery.

If we recognize that we are lonely on that journey, rather than going to the place of, "Well, I'm lonely and it's terrible and it sucks and it's not fair", it's going to the point of, "Well, I'm going to make it my responsibility to put myself in places online, places in-person, places where I'm going to meet other people that share these questions and these interests and these passions".

I think it's easy to underestimate the importance of it. And if we don't have it, go get it. There are lots of places to do that, but we have to take some risks and we have to be proactive in cultivating that.

Dr Anu Arasu

I mean, conversely, there's also a movement where wellness is almost a hobby, because, of course, energy goes where attention flows. And so if people are putting their energy and their attention somewhere, that starts to take up their life and to change their hobbies and their activities. Yeah, can you speak a bit about that?

Alex Howard

I can. There's an upside and a downside to that. Here's the thing. We want to make sure that we keep moving forwards. What I think can be a pitfall on the journey is the breakthrough at one stage becomes the limitation at the next stage. The thing that most helped us move forwards in time can become the place that we get trapped.

So, classic example of this, someone has come to inner work because they're not processing and feeling their emotions - we talk about the black sack. And they find a community or a workshop,

which is all about learning to feel those feelings and emotions, and they have a massive breakthrough and genuine, like a major breakthrough in their life.

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And then ten years later, they're just still doing that piece of work, which is kind of expressing emotions and feeling emotions. And they've gone from having a breakthrough to becoming an uncompromising, selfish narcissist in their life, that in all of their relationships, it's all about how *they* feel and expressing how they feel. And they wonder why they can't have a sustained, intimate relationship. They wonder why they keep falling out with people and so on...

And so the trick and the thing that I've always tried to do in my inner work is find that balance between not just stopping doing something because it's tough and hard, and go, "I'll just go to the next shiny thing", but also not staying in something for so long that actually now we've got sort of trapped in where we are.

I think we have to be careful of not getting stuck in echo chambers of being around people that see things exactly as we do, so then we sort of feel a sense of safety, but also a sense of almost superiority and grandiosity, that "We're the awakened and enlivened people, and those people are this or that".

The goal, I think the goal is that we keep moving forwards and our heart is becoming more open. Like, it's not that we kind of go from this set of beliefs to "Now I have this set of beliefs, I'm right, these people are wrong". But it becomes a journey of increasing empathy, kindness, compassion, good heartedness.

And that the community that we have is supporting us in growing and moving forwards, not becoming more entrenched in the shared narratives that are there. And the thing that may be most helpful for us at one point may not be the next thing that's helpful. And so it's having a certain courage to try new things and to move in new directions.

Dr Anu Arasu

I love that. I love that this conversation has gone from physical illness healing to full, open-hearted expansiveness, I think that is great. Any last tips? Any last take home messages for people listening?

Alex Howard

I think the thing that I want to say is that physical healing, emotional healing, I know the people watching this interview that have come to this conference that have tried lots and lots and lots of things and probably feel a bit jaded and a bit just like, "What's the point? Is this ever going to change?".

There'll be other people which will be completely new to this kind of conversation and there'll be so much low-hanging fruit that it'll be like, "Oh my god, I can try this, and that's awesome and that excites me".

[00:40:56]

But if someone finds themselves in the category where they've tried a lot of things and it feels like they're stuck, the thing that I would say is there is always a way to find the next step forwards.

It may be something completely opposite. If we're really stuck for a long time, the thing that moves us forward is almost never more of the same. It's almost always something that moves in it.

So if we've done endless amounts of nutrition protocols and we've never looked at the nervous system, very high probability nervous system is going to move things forwards.

But equally, someone who spent years working on nervous system and emotional healing, and maybe they've moved forwards, but the things are now stuck, more of that probably isn't going to be the thing that moves things forward. In that instance, it's probably going to be looking at if they've neglected the physical piece.

In fact, you and I both come across many, many people where you make, from our perspective, relatively simple change to someone's protocol, or you put in something that's really out of balance and you stabilize it in the system and the whole thing can change overnight.

People that have battled with anxiety for years and years and years and then finally balance their hormones, and it's like all that meditation practice that's just been an absolute torture suddenly is like, "Oh my God, I can actually land and be in my body".

And so the recognition that there is always more to learn, there's always more pieces to the jigsaw that can be found, and stay curious. And the session titles in this conference that you feel the most triggered by, like, "I don't want to watch that" may well be the one where there's the most treasure in terms of something that you discover.

So I also, a big challenge to myself and to my wider team is go exploring in the areas that you feel reactive to, because that's often the places that we're seeing new things that we may not have seen before.

Dr Anu Arasu

Yeah, I love that. That is absolutely my experience as well, absolutely my personal experience. Thank you, Alex. That's been awesome.

Alex Howard

Thank you, Anu, I appreciate it. And, yeah, just really excited to get this conference out there. And thank you for the amazing work that you've been doing interviewing all these wonderful people.

Dr Anu Arasu

Thank you.

