



Conscious Life presents

Hormones, OCD and Mental Health

Guest: Dr Eda Gorbis

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:09] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Super Conference. Today I'm speaking with Dr Eda Gorbis, a world-renowned authority in the treatment and research of Obsessive Compulsive Disorder, or OCD. Today we're going to be talking about the intersection of hormones and mental health, as well as body health.

She held the appointment of Assistant Clinical Professor of the Department of Psychiatry at the USC School of Medicine, and the Adult Department of Psychiatry at the USC School of Medicine from 2015 to 2023. Since 1996, Dr Gorbis has been the founder and director of the Westwood Institute for Anxiety Disorders. Dr Gorbis, thank you so much for being with us today.

Dr Eda Gorbis

Thank you very much for inviting me. Good afternoon, and I'm very happy to be here with you.

Meagen Gibson

I want to start with a very broad question because I know that a lot of people have heard of hormones, but I don't think most people actually know what they are, or what they're going to do for them. So what is the role and importance of hormones in mood, emotion, and organ functionality? Give it all.

Dr Eda Gorbis

I have a name for hormones that it is like a conductor for the orchestra. In terms of our body, mind, and our brain, basically, they rule. When the hormones are out of tune, the entire orchestra of the entire organism is off-tune. So that's my opinion, and it's not only mine, it's disseminated and very well known.

[00:01:50] Meagen Gibson

I actually spend a lot of time at orchestra performances, and so I completely get that example. Going with that example, who's the conductor of this orchestra?

Dr Eda Gorbis

Well, the whole hormone system is because there is like anxiety, for example, the cortisol is very, very elevated. And also estrogen promotes anxiety. Anxiety is in the brain function very near and close to depression. They're intertwined, so both are affected.

The reason we have the prevalence of mental illnesses and disorders in women, in us, 3 times more than they exist within males is very simple because our hormones have a tendency to change within one lifespan of a female 3 to 4 times.

It's when the menstrual occurs, and then premenstrual, postmenstrual, prenatally, during pregnancy and postpartum, and then, of course, before menopause, during menopause. There are so many switches and turns in the lifespan of a woman that do not really exist to this extent in men.

Although it has been noted that most of the people, maybe, I don't know the exact number, but a lot of people get OCD onset at prepubescent age, both women, girls, and boys. This is when usually it flourishes and gets out of control, especially if there is a predisposition, or family genetic predisposition to OCD. So prepubescent, this is the age when you will see boys at 11 to 14, and girls during premenstrual periods.

The first time when I noted that was, I believe, back in 1996, I don't remember exactly, don't quote me on that. But having and treating a lot of people, because this is all I have done since I came to UCLA in 1991, and then treated over there all refractory cases that exist in the world, because they fly from all over with multiple disorders.

I did note that women, premenstrually, get a tremendous exacerbation of OCD during their menstrual periods. Then I asked myself questions about whether or not there is a connection. And obviously, since I'm well acquainted with many medical doctors, I grew up in a medical family. I interviewed an immunologist, who was a very famous professor in immunology who attested, he said to me, "Eda you're 100% right, because they definitely affect OCD, and exacerbated, and maybe even more. There is a connection to the autoimmune system."

Usually inflammations, that's what cause illnesses, and premenstrually, during the menstrual, there is a very big stricken change in hormones. Especially when they go to the peak. Estrogen promotes anxiety and as I said, relation to its relation to depression, and obviously OCD.

And then you have cortisol that exists and is heightened, in any anxiety disorder, especially in PTSD, in OCD, in body dysmorphic disorder. It's a stress hormone that works at maximum strength when it doesn't have to, because there is no tigers running after us, or we are not in the middle of the woods where we need to protect ourselves.

[00:06:22] Dr Eda Gorbis

And yet because of the striatum and because of the frontal lobe function, it gets exacerbated, and it doesn't go down and it promotes anxiety tremendously. There are so many studies showing that cortisol is elevated.

Then there is another hormone that is crucial not only for mental health but also for medical health. We know that in post-operative states for many difficult complicated surgeries, the most important thing for any doctor to make, turn the corner for the patient, in most difficult conditions usually is sleep.

The sleep-wake cycle is something that we treat, number 1. This hormone is also the one that is related to melatonin. Penial hormone is completely disrupted, and it disrupts sleep. Now, once sleep has disturbance, we also know that throughout all ages, in any inquisition or any interrogation, what they first did, be it the Spanish Inquisition, be it the KGB, throughout all ages, it was sleep deprivation.

Sleep deprivation for a human being for 3 days will cause madness. Losing their own mind, because you can survive without food for about 28 days, and without water for about 3 days. But without sleep, it really degenerates the mind, and people lose their minds. People are having nervous breakdowns very easily after they don't sleep.

The first order for us is when we get a patient, and we work with patients with refractory cases of OCD, and OCD spectrum disorder. What we do is regulate and fix the sleep-wake cycle. That is the most important for health, because once the human being is asleep, that's when the processes of the healing and nervous system are promoted, and it's very important to have that intact.

I've touched upon several hormones that regulate our dysfunction and mental health, but they basically are an orchestra for the brain. This is the only organ that is the most important organ in the world. I wouldn't want my heart to beat one bit if my brain did not work. It affects the brain, and as a result, it affects both medical and mental illnesses.

Mental and medical are intertwined, and there is a notion since 1996, definitely, that is being reacquired again. Although it's over 3000 years old, the mind and body are intertwined, they need to be treated together, and especially when we know the influences of the hormones on body and mind.

Therefore, we'll also integrate endocrinologists and gynecologists into the treatment of obsessive-compulsive disorder. Back then, I do not remember when exactly, I did my first study together with Dr Bystritsky and Dr O'Dea. Dr O'Dea is also very famous, and an endocrinologist who was working a lot with transgender. He was definitely okay with me when I talked to them about whether or not there is an influence, he said absolutely 100% influence.

We do the blood test if I deem it necessary in any particular case. We do integrate the medical, gynecology, and gastroenterology, hormones also affect that. It's all together, it is very important that we attend to the conductor. If the conductor is out of tune, you are going to have a misregulation in all organs throughout the body in an individual.

[00:10:52] Meagen Gibson

Absolutely.

Dr Eda Gorbis

Would you like to know a little bit more? I think I talked about melatonin, and cortisol. I talked a little bit about estrogen, and how it promotes anxiety, and lack of it obviously promotes aging. Once estrogen is not in the body, this is when the aging process begins. In some people it works, I mean, some people get premenstrual at 40, and others at 65. It depends on the woman.

However, since we fluctuate so much within our lifespan, this is, in my opinion, 100% reason it's a hormonal change. Then something is being wrong with women, is because we are just made so that we have to go through all these transitions, that are influencing not only mood but also our medical conditions.

Absolutely. Why do you think, and maybe this isn't your experience, so I'm speaking out of tune to you. But I find that most women I'm talking to, and I'm at the perimenopausal, menopausal approaching age, so a lot of the women that I talk to, and that are my friends and family members are all at the same age. We've all found it really hard to find physicians outside of obviously specific endocrinologists.

Meagen Gibson

But our reproductive care doctors, our general practitioners, when we approach them about these secondary half-of-life hormonal changes, there's this reservation of, well, yes, it happens to everybody, and not a lot of acknowledgment or validation around, wow, this is really affecting my body, and my nutrition, and my sleep, and my anxiety, and my mental health, it's overwhelming. Where do you go first to try to find support if you're struggling?

Dr Eda Gorbis

If you're struggling, obviously, the first area would be to go to hospitals that are related to universities. University-based. To go specifically to Gynecological departments, for example, the Chief of Gynecology here at UCLA, who is right next to me, is always very open to making appointments for all of our patients. We've known each other for very long.

She does prescribe pills when it is necessary when the blood indicators are so. Then when it's necessary there is an Endocrinological department here where I refer, I still continue, and our Institute still continues to work with the regional co-investigator, Dr Attia.

Dr Attia still consults, and still we refer patients to him if necessary to make adjustments in hormones because with hormones, people can really lose their minds. But not only that, also the health. Health, energy, and thinking, they are very indicative to regulate our health.

Meagen Gibson

Yeah, and my understanding, you mentioned cortisol earlier, and obviously it gets a rap as the stress hormone, but my understanding, correct me if I'm wrong, but my understanding also is that cortisol wakes you up. So speaking of sleep, you were talking about melatonin and putting you to sleep, and then cortisol ramps up in the morning to actually wake you up.

[00:14:47] Meagen Gibson

Getting cortisol leveled, making sure that your stress is in check, making sure that your mental health and all of these things are in good support, is so that these things are released into your body at the right time for the right job, not for the wrong job. If the tuba comes at the beginning, that ruins the whole orchestra piece.

Dr Eda Gorbis

Yes, what is very important is the balance. We're all striving for balance, it's a lifelong strain on all of us to balance everything out. Hormonal balancing is extremely important.

Now in anxiety and depression, definitely cortisol, since it's so much elevated and released when there is no danger. People are working at maximum, maximum, maximum, as though there is someone running after them, and they're running away from 100 wolves when there are no wolves. It's working so hard, and then it promotes elevations in distress in all organs.

Usually when we know that there is tentative inflammation, inflammation causes cancer. Inflammation causes many other diseases. It's basically due to the inflammation. And inflammation is going to be there no matter what if your body is working 100 times stronger, and gives an effect on stress, it's a stress hormone. Once you are out of it, it works to take away the health from the body.

Meagen Gibson

Yeah. And put out the fire, so to speak.

Dr Eda Gorbis

It's like there is a fire alarm calling fire, but the alarm is broken because of extra cortisol, an extra imbalance in serotonin. Serotonin imbalances are known to promote usually such illnesses as neurological illnesses, as obsessive-compulsive disorder, affecting striatum decision-making, and inability to filter information, and feeling the perseveration. It is the serotonin that also affects mental illnesses into a great degree, especially my expertise in OC spectrum disorders.

Meagen Gibson

I want to talk about OCD and spectrum disorders a little bit more, because I think it was just what the DSM-5... When OCD and compulsive disorders were separated from anxiety, is that correct? They're in a category of their own now.

I would love it if you could describe to us what you mean by OCD. And how you've seen the categorization of that change over the years because I know you've been in this field for a long time.

[00:18:06] Dr Eda Gorbis

It's a great question, one of the most brilliant questions that I've heard in a long time, and I'm lecturing a lot around the world. This is really a very interesting question. It's a key question because OCD is all about control. It's an illness. It's a neurological illness.

It's not Calvin Klein perfume, Obsession. It's definitely not an overused in literature, and in writing, and in shows, and books, awards, obsession. It's not being obsessed with a woman, or what. It's a medical illness.

Neurological disease that is called in French, la maladie du doute, the doubting disease, that causes people to actually be almost mentally paralyzed to the extremes. Usually it's all about control, and it gives them tremendous anxiety when they feel that some of the fear structures, and we are all having a lot of vulnerable links for the fear structure.

Usually, OCD, when it strikes, if someone was teaching the baby to be always clean, most likely it's going to be contamination. If some mother is over-checking, it's going to be. But it's always the checking, because they cannot make a decision, so they constantly check. Usually, the decisions are in regards to little things, non-essential things, things that other people wouldn't think twice about.

Where do I go to cash the check? Is it City National Bank, or is it Wells Fargo? They can't make such decisions, it is all about control. They are not capable, these people, provided they don't have any other disorders, to cause harm, because their guilt and their system of responsibility is overstated, over responsibility, over to be guilty. They will tell you, excuse me, and please, a million times, when it is not necessary anymore, because they have this exaggerated sensitivity.

Let's say I had two sons, which I do, and let's pretend that they are still growing up, although now they are already young men. One of them was a compulsive child, what would be a challenge for a mother with a compulsive child. Usually, there are some people in the audience that would answer, and sometimes they don't.

But it would be the Rodin, it would be the thinker, it would be the thinker, it would be the overthinker, and I would be like challenged with, "Come on, decide already. You're going to be a lawyer? Are you going to be an engineer? Or do you want to go to medical school? Do you want to be a psychologist?" He wouldn't be able to make a decision, and I would be, "Get out and date girls, don't think so much."

Now, if I had another child of mine that was impulsive child, that is on a spectrum with OCD, for example, body dysmorphic disorder in between. But gambling would be on the impulsivity level, and overeating and bulimia would be also somewhere on impulsivity.

Whereas anorexia would be more on the OC spectrum disorder, I have a separate lecture for this, and I've given many education, a lot of education.

Then it would be the child that I would be, "Can you please think before you do anything? Can you not scream at your friends?" If you have a different religious approach or political approach, "Can you please take a breath and think where and what you say? Can you please stop at the stop signals? The stop signal for you is to stop, not to move on, and not to wreck the car. This is already the second wreck in six months, and it's because you're not thinking, can you please." So that would be the second child of mine.

[00:22:21] Dr Eda Gorbis

But people are not that simple, they are not neither that, or that, usually it's intertwinement, and interrelation between the two. When we're talking about the disorders, illnesses, if there is an impulsivity of compulsive gambling, or trichotillomania, which is in between, pulling the hair out, or skin picking, which is also on the spectrum of more impulsivity, because there is a pleasure event exists there, then they can also have OCD.

Treating these people is extremely complicated because they are the opposite of each other, and you need to split the hairs between the symptomatologies. This is exactly what we specialize in, which is treating people on the spectrum disorders.

In terms of the political issues, I will bring up an issue that bothers me for many, many years. And that is that when it was specifically OCD, and it was all about control, and everybody knew that it's guilt, it's remorse, it's excessive renegotiating terms of the past, and fear of making mistakes. It was clear-cut OCD. For the judicial system, it was easier not to banish these people, not to punish them, but rather to recognize that this person has OCD and period.

But now when they are saying that they are all on the spectrum, and now when they are saying that it's impulsivity, compulsivity, and they put it all in the mixed bag. Try to stand on a stand and prove to them that this person did not mean to cause harm, but rather was protected, protecting you, or protecting the public. It becomes a gray area where people would be much more punishable if something goes wrong.

I was deadly against it, especially since my husband is an attorney, and he was also very upset about it. In terms of people being more punished because of the impulsivity, compulsivity being now a gray area. This is my opinion over the years, and I'm just frankly telling you exactly what I think.

Meagen Gibson

Okay, got it.

Dr Eda Gorbis

They are on the opposite end, people are not simple, and it's not like you have just one thing. Right now we have a patient from out of state who has 8 different disorders. That's bulimia, OCD, BDD, trichotillomania, panic, skin picking, and I think I forgot, depression, severe, severe depression because when they have BDD, it's severe depression and horrible social phobia. This is 8 for you right now that I counted.

It's like you have to be like a chess master when you're treating them to make sure that one obstacle does not interfere with the other because then it begins to be one more. I do refer these people to endocrinologists to see, especially if I see on a young man pimples, which is an indication of hormone changes. This is like the first sign it's visible, it's on the face.

[00:25:51] Dr Eda Gorbis

I call O'Dea. "Dr O'Dea, what do you think? Should we do the blood test? Should we go into the expense of doing it?" And then Dr O'Dea usually makes the analysis, that's his own expertise. I'm not really putting my nose into somebody else's expertise. Our goal at our institute is to integrate all the medical professionals, and all the teams together, to look at the person as a whole, not just partially, and to see if we can help health improvement through integration rather than separation.

Meagen Gibson

It's so important too, because, as you mentioned, it's all of these different hormones and chemical reactions. If it's serotonin, plus estrogen, plus cortisol, so being able to... If you give somebody just an antianxiety medication or just an antidepressant, and they have a horrible hormonal imbalance, that would lower all of the anxiety, and all of the serotonin issues in conjunction, it's all of the things.

Dr Eda Gorbis

You are brilliant, absolutely brilliant because you still are left with premenopausal, postmenopausal, you still are left with the hormonal changes during pregnancy, after pregnancy, onset OCD during pregnancy and postpartum, people not being able to connect with.

It's very important to look at human beings as a whole, but not partially. I was born and raised in Europe, over there we look at the person as a whole. I wouldn't say that experts are as deep and as knowledgeable in their small area of expertise, so that is a minus. But here in America, if you're an expert, you are the best expert that can ever exist, if you specialize.

But people have a tendency in medical fields today to separate, and not to see anything beyond the square where they're allowed to work, or to go outside and look at the things medically outside of the little square, and to think widely and say, "what else can I do to promote health in this individual? What else can be medically wrong?" Well, gastrointestinal problems are related to anxiety, and therefore, they always, and almost always have issues with gastrointestinal.

We have a very important professor at UCLA here, Dr Kaneshiro, and usually he also immediately takes referrals from our Institute, and it's almost in every single case. Now, there is an intertwinement between OCD and eating disorders. They're very dangerous medically, you get heart issues, and big heart problems.

You get gastrointestinal problems. You get problems with the teeth. You get problems with bone density. You get problems with kidneys. There are so many different problems. I have a separate lecture on eating disorders and integration of all medical teams, because once they get to us, 50% have OCD and anorexia, let's say.

[00:29:45] Dr Eda Gorbis

They are sometimes on the verge of that. I had one patient whose heart rate was 30, and Psychiatry would not take her, so we took her on the regular unit, the Intensive unit that was the Heart unit. She would be losing her consciousness, and she would say, "Dr Gorbis, I'm too fat."

Once I was pushing the button to call the entire Cardiac team, and I told her, "You're not fat, you're almost dead." She remembered it, she did remember this before she passed out, there were teams of doctors working on her because there was not one bone in her body that was not broken because of over-exercise. Her heart did not tolerate the stress anymore. She was unable to digest the food anymore.

What I'm saying is the integration and unity. Union is important right now, rather than the separation. I don't know whether or not my voice will ever be heard, because that's not our American way.

But I would like to talk about it more, and more, and more, especially when we talk about eating disorders, especially when we talk about other difficult complicated anxiety disorders. Panicking disorders are constantly being diagnosed as a heart-failure or a heart attack. It costs billions of dollars to the United States and other countries, this is another issue. I do believe that we must be united. Hormone is his name, it's the conductor.

Meagen Gibson

Absolutely, and that's why these Conferences, where we bring experts together, are so important to me because as people, we have to advocate for ourselves. How can we advocate for ourselves if we don't know and understand, even at the surface level, all of these systems that are interplaying?

How can we advocate for ourselves, to our doctors, and try to find people who can help us, if we don't know all the systems that are involved? I mean, I'm sure a lot of the people who are watching today didn't know what an endocrinologist was before this conversation. Or that they could help with their hormones.

I think back to 14 years ago, when I had my first child, postpartum anxiety wasn't a thing, and I had it. I know it was a thing because I had it, but it wasn't a thing anybody was talking about. My kids were born in Los Angeles, it wasn't necessarily the middle of nowhere. But nobody knew that that was what was going on with me, and thank goodness it didn't cause any horrible outcomes.

But I definitely had postpartum anxiety, but that wasn't anything that anybody was talking about and that anybody could identify. Everybody was like, "Oh, it's just hormones." And I was like, "This feels serious to me. I don't know you all."

Dr Eda Gorbis

Very serious, and this is why I'm also lecturing on at the university gynecological grand rounds, to promote the knowledge of young gynecologists about it, to identify it when they're checking. And do checkups, because right now, in the United States, since January, there is a indication that everybody must check for anxiety and depression. I'm very happy that that happened, and that is integrated, and it's more normalized. Significantly more than France, for example, or Italy, so I'm very happy about that. That is very good.

[00:33:26] Dr Eda Gorbis

But OCD is still not being diagnosed for 17 years because of the complexities, and nobody is really talking about administering the necessary tests, but it's testing that is very important in diagnosis.

Meagen Gibson

Yeah, I can attest to that. I just had my yearly normal physical, a couple of weeks ago, and for the first time ever, as part of the intake, they asked me if I was having any dark thoughts, or depression, or anxiety. They asked me, and I was excited to say no.

But that also wasn't a screening because you might not identify as anxious or depressed, but be struggling with OCD symptoms, as you said, but you would never identify. If somebody asked you if you had anxiety or depression, you would say no, when you're still having all of these OCD thoughts and behaviors, you might not personally identify that as anxiety and depression.

Dr Eda Gorbis

They don't identify, but also they're very highly secretive because they are afraid of child protective services. Usually, when it's a young woman who has these thoughts, it's usually they're sexual about molesting the child, or throwing the child into the fireplace, or putting a knife through the soft part of the head of the child. In fact, I'm giving you very gross, very exaggerated, but real cases from my lifetime that we treated. Actually, some of them went on in 2020, once upon a time.

They're afraid to discuss it because of the child protective services, and people not understanding. Especially now when it's on the spectrum because once the baby is taken away from the mother, it's never given back. Now that it's on a spectrum, if you stand on a stand, try to prove to them that she did not intend harm, she rather was protective of the baby.

The spectrum idea that you are talking about, that you are the first brilliant person, I swear to you, who is asking me this, I swear over the years. This year alone, I lectured, I think this is my 16th conference today, probably, if I'm not mistaken, and nobody ever asked me this question.

I'm very interested in disseminating the knowledge about looking at the human being from all aspects of the organicity and mental illnesses. It's all intertwined, all interrelated. You cannot treat one without the other. Hormones play a major role.

Meagen Gibson

My hope and my dream, and I don't have any push, or pull, or influence in the medical community. But my hope and my dream is that soon, within the next 10 to 20 years, we will have the ability to

assess people's health on all of these different levels, and have better methodologies for treatment for that whole person, instead of being so myopic.

[00:36:31] Dr Eda Gorbis

That is extremely crucial, but you see, there is another dilemma here, that people in our profession, and people in other professions also do not have the time. Time is limited due to insurance purposes, and this and that. When I do the assessment at the Institute, we do the assessment for 4 or 5 hours, and then we analyze. There are over 500 questions there, and they're also about medicinal problems, they're also about hormones, they're about generalized anxiety. Because there are so many different components.

However, no matter how much I promote people are still in my field, do not want to do thorough assessments, and they misdiagnose. OCD has been misdiagnosed for 17 years in many cases. A couple of cases, we have a case right now, we usually take one at a time, that was treated in 10 different programs for 6 years.

The boy was very already discouraged from trying another treatment. But the reason was that also they didn't identify that he had BDD. Psychiatrists told him to go and get his ears fixed, when it was BDD. They did not identify gastrointestinal problems, when he had gastrointestinal problems due to binges. None of it was ever identified.

They did identify OCD, but sometimes we'll get someone who for years, and years, and years, was not diagnosed with OCD, or is self-diagnosed. This is due to the fact that we need to promote assessment, assessment, and assessment. That is another theme that I've been really engaged in disseminating. This year alone, I think I gave 3 or 4 talks on assessments, both medical questioning and Psychiatric, and did wide in-depth assessments.

Meagen Gibson

Absolutely. Well, whoever wants to get in touch with you, because I'm sure after this interview, many people want to. How can they find out more about you and what you do?

Dr Eda Gorbis

It's hope4ocd.com, that's our website. You can see there our specialties, what we specialize in, and what we do. This is something that other people are not very open to doing, the integration and assessments, and also integrating.

They look at me very strangely when I say that the endocrinology and gynecology are integrated into the treatment of OCD. Many people are surprised, "Where are you going, Dr Gorbis? What is it that I didn't know you were a medical doctor?" I said, "Of course, I'm not, I'm not. Very far from being one, I am a Psychologist, and I am trained in OCD, and I've been on the faculties of both USC and UCLA. But definitely, I'm not a medical doctor, nor do I claim."

It's just that it's important to look widely beyond the scope, of narrow scope, of the square where our practices are. I am not intervening in the treatments of gastroenterology, God forbid, or gynecology, or endocrinology, or any bone density issues. That's not my area of expertise.

[00:40:13] Dr Eda Gorbis

My area of expertise is the assessment, and to be able to see where there might be another problem in detection. Investigation and detection. If we can disseminate this knowledge as much as we can, and make it more spread widely. Because another thing with the hormones is that white women, us, we get treatment in much better places, we have better insurance, we have access to universities, and we have higher education.

Meagen Gibson

We're believed more often.

Dr Eda Gorbis

Yes, those are the Caucasians, but black women don't get any attention, no diagnosis. There is much more disregard over there in poorer areas, so much so, also for Asians. It's not because they're poor, but it's because it's so secretive, and they are almost fearing to dissociate when you're telling them that there is something wrong with their mental health, because it's not appropriate in Asia to talk about it, still.

Yet, I lectured also in China, I was invited and I was talking there, and I realized to what extent it was a taboo. It is a taboo in France, and I know France very well, it's my favorite country to visit, and I went to university there. However, they call people with mental illnesses crazy.

I said, "Don't you even open your mouth in front of me about it, it's a medical illness, no different than diabetes, heart attack, or certain cancers. It's the same type. It just affects the most important part of our human organs. There is no more important organ than the brain." Then they kind of quiet down, but yes, hormones.

Meagen Gibson

I really wish I had been able to see you shut them down like that, that would have been fun to watch. Also, I think there are so many medical professions where we would never enforce someone's willpower on the health of their kidneys. We treat mental illness, and the need for mental health support as being one of will, or character, and it's just not true. We can't control the hormones we secrete, any more than we can control the length of our bones. I'm so glad that you're doing the work that you're doing.

Dr Eda Gorbis

I am very excited about this work, and I was really excited when you invited me. I hope I did shed some light, or a little bit, or tiny bit, and gave people, women, men who are afflicted with anxiety disorders, some direction of where to go, where to seek help.

If you need any more lectures on, specifically, strictly lectures on prenatal, postpartum, on multicultural mental health, and hormonal integration, I have this and many more. Thank you so very much. I really enjoyed this.

[00:43:43] Meagen Gibson

Thanks so much for being with us today.