



Healing Trauma with Compassionate Inquiry

Guest: Dr Gabor Maté

Alex Howard: Welcome everyone to this session where I am super excited to be talking with Dr. Gabor Maté. Firstly, Dr. Gabor Maté, thank you so much for joining me. I know you're currently working on a tight book deadline, and I really appreciate you making the time for this interview. Thank you.

Dr. Gabor Maté: Thank you. My pleasure.

Alex Howard: So just I'm sure the vast majority of people will know who you are. But just to give people a little bit of background.

Dr. Gabor Maté is a retired physician who, after 20 years of family practice and palliative care experience, worked for over a decade in Vancouver's Downtown Eastside with patients challenged by drug addiction and mental illness.

He's the bestselling author of four books published in 25 languages, including the award winning *In The Realm of Hungry Ghosts: Close Encounters with Addiction*.

Gabor is an internationally renowned speaker, highly sought after for his expertise on addiction, trauma, childhood development and the relationship of stress and illness. For his groundbreaking medical work and writing he's been awarded the Order of Canada, his country's highest civilian distinction, and the Civic Merit Award from his hometown, Vancouver.

Dr. Maté I've been looking forward to this interview, there's a number of questions that I'm personally particularly keen to explore with you, but I think as an opening up a little bit of this. I'd just like to just talk a little bit around, what is trauma from your perspective? And one of the things particularly that I read somewhere that you said that I thought was particularly pertinent is that trauma is separation from self. Can you say a bit more about what you mean by that?

Dr. Gabor Maté: Yes. So, first of all, it's very much a matter of definition and people use the word in different ways. So it's very important to establish what we mean by it when we have this discussion.

Trauma originates in the word wound, it's a Greek word for wound. So trauma is a wound in a sense that we're talking about is an unhealed wound. And you can think of an unhealed wound in two ways. One is as a raw, open wound that every time you touch it, it hurts all over again. And it's a very sensitive area. So people have these emotional sensitivities.

Something happened, the trauma occurred a long time in the past. But you touched them on that point inadvertently, unknowingly and all of a sudden they're in pain again.

So in a sense, trauma is something that happened in the past that keeps hurting in the present and whenever anything resembling it happens in the present, it gets activated, the pain gets exacerbated. So we give examples of that, but that's one way to look at it.

The other way to look at trauma is, again, it's a wound with scar tissue, what's the nature of scar tissue? It's hard, it has no feeling in it because it has no nerve endings, it's inflexible. So where there's a wound scarred over with deep scar tissue. And we haven't really healed that, we haven't really dealt with it. There's hardness, there's a suppression of feeling, there is inflexibility response. But it's important to realize that trauma is not what happened to people. We think of trauma as a tsunami, as a war, as a childhood abuse. All those things can be traumatic, but they're not the trauma.

The trauma is what actually happens inside the person. So trauma is something that happens inside of us, that's a good thing. Because if trauma was what happened 30 years ago or 10 years ago or 50 years ago, nothing you can do about it. But if trauma is what happened inside you as a result, that can be transformed at any time. So trauma then fundamentally is something that happens inside of us, wounds us in response to an external situation that we're still carrying. And the essence of it is a separation from ourselves, from our gut feeling and from our authentic emotions.

Why does the separation take place? Because when we were wounded, it was too painful to feel at all because we were small and vulnerable and helpless. So the defense against all that pain is that separation in some ways. And so that separation is the fundamental wound, that separation from ourselves, from our authentic emotions, from our gut feelings, from our capacity to be ourselves genuinely in the present moment.

Alex Howard: And that separation can manifest in different ways, in different people and in the Realm of Hungry Ghosts. I think it was a very important contribution to the kind of broader understanding of trauma. When you particularly looked at the relationship between trauma and addiction. And actually addiction being, in many ways a coping strategy for dealing with that separation, for dealing with that trauma.

Can you say a bit about how that relationship develops and perhaps also in the broadest definition of addiction? Because people may think, well, I'm not addicted to drugs and alcohol, therefore I don't have addiction.

Dr. Gabor Maté: So I'll give you a definition of addiction and just play with it for a little bit. Addiction is a complex process involving psyche and brain and body, but it's manifested in any behavior that a person finds temporary, pleasure-full and therefore craves, finds some relief in the short term. But it causes negative consequences in the long term and you have trouble giving it up. That's what an addiction is, craving pleasure relief in a short term, negative consequence over the long term, and inability or refusal to give it up. That's what an addiction is.

If you notice, my definition said nothing about the drugs. I mean, it could include drugs and obviously does, but it could also be to pornography, to work, to sex, to gambling, to shopping, to extreme sports, to pornography, to eating, to self-cutting, to the Internet. People talk about being news junkies, that's an interesting phrase, to constantly watch the news.

So let me just ask you, Alex, according to that definition, just feel free to be as direct or defensive as you need to be. But according to that definition, have you ever had an addiction in your life? Whatever, I don't care what it was.

Alex Howard: I think the answer is overwhelmingly, yes.

Dr. Gabor Maté: Okay, great. So let me ask you this question. Not what was wrong with it, because we all know. What was good about it? What did you like about it? What did it do for you in the short term?

Alex Howard: I have a slight head start in answering this question, but to try and answer is kind of vulnerable at this moment, I think it's a way of avoiding. If I look back on the times in my life, particularly when I've been in different forms of addictive tendencies, it's been a way of trying to avoid the underlying feelings that felt too difficult to tolerate or feel in that moment.

Dr. Gabor Maté: So emotional distress, pain, whatever it was, right. Now the addiction wasn't a disease that came along and struck you because of some genetic problem or because you had a brain disease. The addiction was a coping mechanism and you got some pain relief from it. Now is that a good thing to get pain relief or is it a bad thing to get pain relief?

We all want pain relief. In other words, all the addictions come along as coping patterns, coping mechanisms. So the underlying question is not, as I say, is not why the addiction, but why the pain. And if you look at why the pain. Just look at a person's childhood. And we know from multiple studies, in Vancouver is very highly addictive, on each side of the population, as I've often said, over a 12 year period, I didn't have a single female patient who had not been sexually abused as a child.

So the more adversity you have in childhood exponentially, the greater the risk of addiction for a whole lot of reasons which we go into, including what trauma does to the brain. But fundamentally, the addiction was always an attempt to escape from pain. And I don't care what you're addicted to, whether it's sex, gambling, or pornography, or drugs, or cigarettes, or acquisition. It's always an attempt to escape from discomfort with the self, so addiction, simply speaking as a trauma response, is simply a coping mechanism. And by the way, I go beyond that and I'm sure we'll cover it.

All mental illness, virtually all mental illness, and virtually, I say virtually not a hundred percent. Virtually all physical illness also begins as coping mechanisms in response to trauma. Addiction just happens to be a particularly egregious example. When I say egregious is because despite all the evidence linking early trauma to brain changes and to addictive behaviors, the medical profession still doesn't get it. It still sees addiction as this

brain disease largely genetic and treated as such. Rather than recognizing that actually the people are addicted, they have good reason to be addicted, they are trying to soothe some pain that otherwise they don't know what to do with.

Alex Howard: Yeah. As someone who certainly in answer to your question has had addictive behaviors and tendencies, but someone who's never had experience with drugs. A very dear friend of mine that I spent many years going on meditation retreats with. He'd been clean at that point I think for several decades, but had been a heroin addict in his late teens and early 20s.

One of the things that really struck me in the conversations that we had and the way that he would talk about it in quite a sophisticated way. It was actually the only coping strategy available to him at that time in his life. It wasn't because he wanted to destroy his life at the time, in the way that he did, it was an attempt to survive. And I think that's something that is easily lost when people see the behavior that someone is exhibiting and not realizing the driver of that behavior.

Dr. Gabor Maté: Absolutely. And it's always a coping mechanism. And there's a lot of people who've been through severe addictions who say, bad as it was, it saved my life. Because otherwise I would've killed myself.

Alex Howard: Yeah. You touched on a few moments ago around the impact of childhood events. And, of course, the research on adverse childhood events or ACEs has had quite a lot of popular coverage. Maybe you want to say a few words around the importance of that research and some of your thoughts around it.

Dr. Gabor Maté: Yeah. So as many of your readers or listeners will know, the adverse childhood experiences, ACE studies have been done originally in California, actually originally because of research on obesity. And it turned out that these people trying to lose weight, but unable to do so successfully in the long term, all had suffered childhood trauma.

So they did these broad studies and it turned out that there were 9 or 10 categories of what they called adverse childhood experiences, physical, sexual, emotional abuse being three of them, loss of a parent through a divorce, parental death, parental mental illness, violence in the family, a parent being jailed. Neglect. There's been others. And for each of these, the more ACE, the child had experienced, the greater the risk of addiction. So by the time the male child has 6 of these and they rarely come in singles, they usually come 2 or 3 at a time. But by the time a male child has 6 of them, his risk of becoming an injection addict as an adult was 4600 percent greater than that of a child who had no such experiences.

Now, that totally lines up with the developmental literature and the brain developmental literature. What's amazing about it, it's not even controversial. I mean, and whenever they do these studies, they get the same results for perfectly valid reasons, straightforward physiological scientific reasons.

But I was in Europe two years ago at a conference on trauma. Speaking at the conference there are two other internationally known, I will not mention names, experts, one of them in psychiatry, very prominent psychiatrist, the other a very prominent psychologist. And over

dinner, I asked them, so what do you think of the ACE studies? And they both said, what is that? This was two years ago.

Alex Howard: I'm not sure I'm supposed to laugh.

Dr. Gabor Maté: Well, you either laugh or you cry. This is decades after these studies have been published in major journals. So we're not talking about the journals American Medical Association published in Britain. I mean.

Alex Howard: There's a whole series of publications. Yeah.

Dr. Gabor Maté: Yeah. And so what I'm saying is that on the one hand, there is this overwhelming body of research to do with adversity in childhood, and research on brain development, and the research on attachment, and what happens when attachment is disrupted, early relationships are disrupted.

There's all this research published and the gap between research and practice. So most psychiatrists, most GPs, many psychologists, still don't make the link between adult problems and childhood experiences, despite the research.

Alex Howard: Why do you think that is?

Dr. Gabor Maté: Well, I think there's a number of reasons for that. One is that the Western mind, as we know, separates the mind from the body. So we think something's happened in the body or something's happened in your mind, but the two aren't connected.

So there's a separation that's made between people's life histories and their biology. So if you believe that addiction is a brain disease, that you're an addict, you have to look at a person's life. You make a perfect separation between that individual's personal experience, multigenerational history, social circumstances, stresses in life and their brain biology and the other. And that's a very easy way to work, it's much less complex.

So there's this mind body separation inherent in Western culture. Then the training of physicians is conducted along that separation. And I could go on and on. I could talk about the influence of the pharmaceutical companies and all that. But I think the biggest block is a lot of people go into medicine, and are themselves traumatized people. And they don't want to deal with their own stuff. I mean, they haven't been guided to do so. I mean, and they're put through hell to get through medical school.

Alex Howard: It's traumatic the process of becoming a doctor.

Dr. Gabor Maté: A lot of people, it's a highly traumatizing process. Authority figures, insult, demeaning, lack of sleep, stress, isolation, and who will go in for that in the first place? Speaking of myself, somebody who's very driven. Who really wants to compensate for some personal lacking through becoming this expert professional. And that's not the only reason that drives the physician.

Also, you want to be of support to humanity. There's all these wonderful motives, but there is often an element of trauma driven, trauma driven-ness that's about it and that's painful to look at. And not to mention the system doesn't reward you for spending time with people.

Alex Howard: I think there's also something in, when someone's life is. The quote unquote, dysfunctional ways of managing trauma, such as drug addiction, alcoholism, those sorts of things.

There are then quote unquote, functional ways of someone dealing with addiction, such as being a massive overachiever, as you just mentioned. Someone defines their self-worth by what they do and achieve in the world, which is a rewarded behavior, which appears highly functional but is actually driven from a very painful and dysfunctional place. Sometimes that trauma is much harder to see.

Dr. Gabor Maté: Well, absolutely, because it works and it gets you all kinds of accolades and wealth and so-called self-esteem. Look, I know that very well and I know how addictive that can be.

And the current book I'm writing, the title is going to be *The Myth of Normal: Illness and Health in an Insane Culture*. And what I'm saying is that, what is considered normal in a society is actually highly dysfunctional. And the so-called abnormalities are normal responses to an unhealthy social ethics.

And so that in a society, some of the most successful people, in fact some of the leaders are highly traumatized people who are compensating through their public activity for their internal emptiness. And we glorify them.

Alex Howard: One of my realizations early in my therapeutic career was that the more idyllic or perfect, someone's life appears, the more likely there is to be dysfunction. Because the more of a need there is to project and maintain that image.

Dr. Gabor Maté: Absolutely. Well, if you take, I don't think we're veering off topic or not, but.

Alex Howard: I'm happy to follow the thread.

Dr. Gabor Maté: But I take somebody like Margaret Thatcher, who's Alzheimer's by the way, in my view, is very much trauma based. And I talk about Alzheimer's and trauma in my book, *When the Body Says No*, but look at what she said, her famous statement, "there's no such thing as society." Remember that? In the name of which statement she hollowed out the social support system network in Britain.

Alex Howard: She sure did, yeah.

Dr. Gabor Maté: At tremendous cost which killed tens of thousands of people. So she was a highly traumatized individual. But that statement, there's no such thing as society. If you don't see it as a political statement, but if you see it as a personal statement, what is she saying? She's saying, I'm so utterly alone.

Alex Howard: There's no support. Yeah.

Dr. Gabor Maté: There's no support. And that's her life experience. And these are the people we idolize as our leaders.

Alex Howard: I think half of the UK would disagree, idolizing Margaret Thatcher. But I totally understand the point that you're making.

Dr. Gabor Maté: I know the half would disagree. And I am. I mean, maybe more than I have given your recent election. But I'm saying that the population is traumatized and so we elect traumatized leaders.

I'm not making a moral condemnation, by the way, of Thatcher or anybody, I'm just saying that, a lot of what these people say comes out of trauma and in a society, they can be very successful. The Iron Lady with no vulnerability. Well, what does that? No vulnerability. That's a trauma response. It's a defense. It's a hardening against pain and so that's how I see it.

Alex Howard: I think one of the things that's very difficult is when we feel attacked, we tend to defend. And when people put themselves in positions of authority, of course, they become more vulnerable to attack and therefore they go deeper into that defense. And owning often many, I'm sure many of the people that are watching this conference, that part of the reason that they're here is that, the pain of the impact of their trauma has become so great that it's almost, it's more painful to continue to ignore it than it is to start to do something and open to it.

But sometimes people go through lives of great, enormous suffering, but stay in a place of denial because it's so painful to face the impact. What, in your observation, helps people start to see their trauma? What gives people the support or the courage to be able to start to open to it?

Dr. Gabor Maté: Well, first of all, that defense against trauma I know that very well. I mean, I was in my 40s before I even realized that I was carrying trauma. And then I realized that only because despite the professional success I had, my personal life wasn't working, my marriage was in trouble, my kids were afraid of me. I felt deeply dissatisfied, unfulfilled, depressed.

And so the Greek playwright Escalus says in his play, Agamemnon, "that we were suffering into truth," and so sometimes when the suffering is intense enough, people start asking questions. So I've had many people that I've treated for addictions or with cancer or with multiple sclerosis. And they actually say and I don't recommend this way of learning, but they actually say this disease has been my greatest teacher. Because it has forced me to look at my life and how I relate to myself and to learn about myself, my true self.

Again, I'm not recommending that way of learning, I'm just saying it works that way for some people, a lot of people actually. So suffering as one thing, when you just get that, what I'm doing is not working for me, even if it seems to work out there in a world, it's not working here. The other thing that's necessary is connection with somebody who can see

you and not judge you. Because we all carry so much shame around our traumas and not just turn our traumas, but around our coping mechanisms that we developed to deal with the traumas.

So people with so-called mental illness, depression and so on, which to me, again, are coping mechanisms. They're so ashamed of their states, people with addictions are so ashamed of their addictions and then their behaviors that the addiction induces. So if somebody can just receive you and see you and not judge you, in other words compassion. So there's a spiritual teacher called Almaas who I follow, and he says "only when compassion is present will people allow themselves to see the truth." So I think it's suffering and I think it's compassion.

Alex Howard: That compassion, though, you've written and talked about what you call fierce compassion. That it's not just a sort of here, here that's terrible that that happened. Can you say a bit about that particular kind of compassion? I'm not sure these are the right words, but that sort of more masculine energy within compassion, that sort of strength quality can also be quite important.

Dr. Gabor Maté: Well, let me give you an example, maybe a simplistic example. Let's say you find out that your best friend is being betrayed by their partner, they're having an affair. Now, it's not your job necessarily to go and tell them about it. I'm not entering into that debate, but let's say they come to you. And they say, I believe this is happening, what do you think?

One level of compassion is, oh, I don't want you to suffer and to say I don't know anything about it. Which is more compassionate? I don't want you to feel pain, so I'm not going to tell you the truth or you know what the truth is. Yes, I think that's happening, too. When you say it's happening, too. That's going to trigger pain in your friend. So your compassion is not about protecting them from pain it's about helping them see the truth. And so that's what I mean by fierce compassion, so that practical example is.

I know you're interested in chronic fatigue and I know, to my way of thinking, that's another condition that arises out of early trauma and so on. And it's the body's way of saying no. But was the body saying no? Because you haven't said no. You've taken on too much stress. Maybe you've taken on too much responsibility for other people. Why did you do that? That's your coping mechanism. That's your way of being liked and being accepted and being seen as worthwhile.

So if you come to me with that chronic fatigue, I can just look at it as a physical illness and give you this medication or that medication, refer to physiotherapy. Or I could also say, well, look, Alex, is it possible that your body's saying no to something in your life that you're not saying no to? And that's going to open up a painful discussion. Because now you're going to have to look at your childhood, your present relationships to your partners, your friends, your work, your whole self-concept may need to be re-evaluated, but which is more compassionate? And so that's what I mean.

So when I talk about that fierce compassion, I'm simply talking about the compassion of truth and what is a real positive aspect to it, because if I talk to you that way I see you as a

lot more than your dysfunction. I see you as a lot more than your disease, I actually see the possibility in you of transformation. So ultimately, this confession of truth includes the possibility of transformation as well. Which is far more compassionate than simply, oh, there is a pill to make you feel better.

Alex Howard: I want to shift the dialog a little bit to some of the things that support healing from trauma. And I want to come to in a minute your work arounds compassionate inquiry.

It's interesting that you mentioned Almaas because as I was doing my research for this interview. I was seeing some similarities in the practice of inquiry that's used within some of his work, I know there are some differences, but some similarities.

Something that I've heard you say, which I think is a really important point here, is around, I'm going to quote you back yourself, "that the past is only important so far as illuminating what is happening in the present, that as much as what you're saying is that we really have to understand how much of an impact the past has had on shaping trauma.

The resolution doesn't exist in the past." I think that's a really important point, so can you say a bit more about that?

Dr. Gabor Maté: Sure. So when I first became aware of my own childhood trauma, those of others and I became aware of that both through my own personal work and in my medical work. I had this simplistic idea that, well, all I have to do is understand this and then it won't be that way anymore. What intellectually understanding is not the same as healing or transformation.

So understanding the past is certainly helpful, but the imprint of it lives in the present. I carry the imprint of the past in the present. When I got upset over some trivial thing that in itself is not at all upsetting, I'm not being in the present, it's some old stuff being triggered.

When you have chronic pain, when there's no noxious stimulus causing the pain in the present, that's in the past. That your brain still patterned with some old ingrained pain messages. So it's in the present that we have to deal with it. So what we have to look at is not what happened in the past, but how what happened in the past is showing up in your present life in your relation to yourself, to your body, to your psyche, to God, to the universe, to your partner, to your work, its showing up in the present.

So that's what my compassion inquiry approach is always meant to delve into and to elucidate. How is the impact shown up in the present and how can we let go of that? How can we transform that?

Alex Howard: That can be a very challenging thing sometimes for people to do when we've been so used to the stories, the beliefs we have, the ways that we know ourselves and the world.

Dr. Gabor Maté: Yeah.

Alex Howard: It can feel like it's shaking the very foundation that our entire self is built upon. What supports, what holds people through that? What gives people the strength to see those things?

Dr. Gabor Maté: Well, I think I don't know there's a single answer to that. Some people will have just a suddenly transformational experience. I've seen that, all of a sudden they just get it, they get everything that they thought they were, they weren't. But who they are is something much deeper and more grounded and more wonderful, really. I've not had that direct experience personally, but certainly certain spiritual teachers I have had.

Almaas is certainly one of them. I don't think he's had one experience. I think he experienced his life that way. But that doesn't happen to a lot of people, but it can happen. Eckhart Tolle is another, he was totally depressed and all of a sudden he woke up with a different consciousness, which took him a long time to integrate and to deepen and to learn about, until he could start teaching about it. But nevertheless, he did have this experience. So that happens to some people and I've met some people like that.

For most of us, there's no sudden earthquake that shakes up our world, all of a sudden it reconfigures differently. It's a gradual process of letting go and of realizing how. Yeah. The past just showed up again and really, this wasn't about the present moment, it was about some imprint of the past. So it's a gradual, gradual, gradual process and for most of them, I think it's a lifelong process.

What supports that, there's any relationship, therapeutic or otherwise, any community, therapeutic or otherwise, that will celebrate your real self and will support you in moving towards it. As opposed to being in relationships that demand that you be the made up selves that you presented yourself as being in order to survive your childhood. And so some relationships will be supportive of that transformation, other relationships will be inhibited, because that person needs you to be a certain way. So I don't know that there's a single answer, but it does mean your willingness to go beyond who you think you are. And an environment which supports you're moving towards, you're more authentic, your authentic self.

Alex Howard: How much of that people can do for themselves and how important are working with a practitioner?

I know you run groups in person, online. What's your sense of how important those support structures can be, but also how far one can go with their own self inquiry and their own process of self-reflection?

Dr. Gabor Maté: I wouldn't want to put the two, one as opposed to the other. What happened was that we're social creatures, our brains are wired to connect with other people. That's what we got hurt in the first place. Because those other people hurt themselves and they couldn't help or transfer their pain onto us. That's what happened, they were unconscious, traumatized themselves.

So we were hurt in the relationship and we couldn't help but be hurt because we were totally dependent. That also means that the healing best happens in a relationship and so

this need that the infant has, it's a need. Like we think of infants as needing food and shelter and warmth, that's true they do, but they equally need to survive being seen and heard and then held with their emotions. And so that need never goes away until you're completely transformed and really autonomous.

And as Almaas says, "there are very few adults of the species who can hold themselves that way." So almost everyone is an embryo walking around looking for nourishment. So until we get to that point, the healing is going to happen in a relationship.

So, look, I'm 76, I've done a lot of work, I've led a lot of work. And recently, when I'm writing my new book, I find myself in states of upset and emotion. I'm now getting, I'm now seeing a therapist once a week. Because I had to go back into that process. I know there's something more to dig out here, there's something more to come to terms with. So I don't know that it's ever over and it often takes a relationship.

Having said that, there's a lot that people can do for themselves. By reading the literature, by taking on practices that are body friendly and body presence, such as meditation and yoga, relationship to nature, journaling, self-reflection, there's a tremendous amount that can unfold and develop that way as well.

Alex Howard: How important is this, the healing happens not just on a cognitive level, you talk just now about, for example, embodied practices? How important is that?

Because I think sometimes what can happen is people can do a lot of cognitive work, they can take different perspectives, understand their parents did love them, they didn't mean to hurt them. And a sort of cognitive level they've forgiven, but the body still is holding on.

Dr. Gabor Maté: Yeah. It doesn't happen on the cognitive level, a cognitive level can support the healing, but it doesn't complete it. And so it really has to happen in the body. It really has to happen in not just the body, not that there's any separation, but also in the limbic system, in the emotional centers of the brain.

So the cognitive prefrontal cortex, until it's highly developed and develops a relationship with the limbic emotional system and the brain cannot override those emotional messages. So you may tell yourself and affirm that affirmation has a wonderful, grounded, intelligent, worthwhile human being.

But if in your emotional system you don't believe that, you're simply skimming the surface. So the healing really has to happen from deep within the body and deep within the emotional system of the brain. And Freud himself, who did great pioneering work and also screwed up a lot of things. But he recognized that he said "that until a person experiences the emotions and goes through them, there's no healing."

Now, the good news is that those emotions are always available to you, you can experience them. Why? Because they happen every day in your life. So they're always accessible and even people say, I don't remember my childhood. Sure they do. They just don't recall their childhoods, but they remember them, the memories and their emotional system and in their body that shows up every day.

Alex Howard: I'm mindful of time, but something also that I wanted to touch on is that. Often the responses that we have to our trauma end up becoming overreactions and disproportionate. So, for example, we experienced neglect as a child and being emotionally close as an adult is too painful. And so we live our life or running, as soon as a relationship gets too close, we run away.

Or in a sort of macro level, there's a terror attack, which of course, is very sad and very serious. But the response is decades of war in sort of reaction to that. How do we find a proportionate response? Because sometimes we need to do things to respond to the things that happen. But it's so easy, because how they trigger our trauma on a micro level, and a macro level, we can end up making the problem so much worse by the way we respond to it. What helps us avoid that?

Dr. Gabor Maté: Well, by recognizing what is an overreaction and where it comes from rather than thinking that this is the only way I can respond. I mean, I can give you a personal example or I could do an exercise with you is totally up to you. Which would you prefer?

Alex Howard: Well, I quite like both. If you want to do an exercise with me, I'm happy to make it a bit more experiential for people.

Dr. Gabor Maté: Let's start with. okay. So tell me the last time you're upset with anybody in your life? Spouse, employer, employee, I don't care who.

Alex Howard: Yesterday.

Dr. Gabor Maté: Okay. Who were you upset with?

Alex Howard: I'm not going to name the person, what I will say, it was over a work situation where there was a misalignment of expectations and I failed.

Dr. Gabor Maté: I don't analyze now. Okay, you are your subject here. Okay. I'll do the analysis here. Okay. Just tell me what happened. Something happened, somebody said something or did something or didn't say something. What happened? So and so said what?

Alex Howard: Someone accused me of something that they realize in hindsight but I felt was not.

Dr. Gabor Maté: No, take the word accusation out of it. Forget, because that's already an evaluative term. Okay. They said something. Okay. What did they say?

Alex Howard: I have to be mindful because this is a public content.

Dr. Gabor Maté: Only share if you're comfortable, by the way.

Alex Howard: Yeah, and I'm happy to share my feelings. I have to be careful of the content of the situation. But they, so they. It's a hard example because it's public. Can I take another example which I think is easier?

Dr. Gabor Maté: Whatever works for you.

Alex Howard: It's easier to work with. Yeah. So I can take an example of being reactive to children. So I remember a couple of days ago, I was midway through filming a video, it had taken quotes of focus and time. And the kids full of enthusiasm burst into my office because they wanted to tell me about something. And my reaction was like, oh, my God, how, how could, I have to redo this thing. Yeah, a reaction of anger.

Dr. Gabor Maté: So what was your emotion?

Alex Howard: Anger.

Dr. Gabor Maté: You were angry. And what were you angry about?

Alex Howard: I was angry that I felt that I've been disrespected. I feel angry at my wife for not remembering that I was filming and I felt. Yeah.

Dr. Gabor Maté: Okay. So first of all, Alex, there's no such thing as feeling disrespected. Okay, that's not a feeling, that's a perception, right? The feeling when you perceive you have been disrespected. What do you feel? When you perceive that you've been disrespected, what do you feel?

Alex Howard: Anger.

Dr. Gabor Maté: You feel anger. Right. And underneath the anger is as Eckhart Tolle says "there's always pain." It's painful to be disrespected, right?

Alex Howard: Yeah.

Dr. Gabor Maté: So the anger is a response to pain. So there's pain and there's, is a fair enough?

Alex Howard: Yeah, it is yeah.

Dr. Gabor Maté: There's this pain and there's anger. And you felt pain and anger because of your perception of being disrespected. Now, if I look at this situation more broadly, there could be X number of reasons why your children burst into the room, that had nothing to do with disrespect, right?

Alex Howard: Sure.

Dr. Gabor Maté: What could have their reasons be for bursting into the room?

Alex Howard: Because the TV rooms next door and they're excited watching the movie.

Dr. Gabor Maté: That's a possibility, what's another possibility?

Alex Howard: That I want to tell me something they're excited to tell me.

Dr. Gabor Maté: Yeah. They want to connect with their dad. Okay. Third reason is they're kids and they don't have much impulse control. Okay. So let's take all these reasons, kids, no impulse control, they want to watch TV, they want to connect with their dad, they're disrespecting you. Which is the most painful to you of those interpretations? Painful to you personally.

Alex Howard: I think that disrespecting was slightly wrong, I think actually what I was feeling was I was feeling under quite a lot of pressure that day. I had a lot of things on my plate and I felt the feeling of no one getting the pressure that I'm under. And I felt unsupported.

Dr. Gabor Maté: Okay. So you're not seen, you're not supported.

Alex Howard: Unsupported, yeah. I think that was the driving emotion.

Dr. Gabor Maté: Okay. So fair enough though. That was the driving perception, unsupported is not an emotion, it's a perception. You get the difference.

Alex Howard: Yeah, I do.

Dr. Gabor Maté: The emotion is pain and anger.

Alex Howard: Yeah.

Dr. Gabor Maté: So. Unsupported is one possibility. My kids want to make contact with me and are another because they love me and they are missing me, they want to watch TV or their kids with no impulse control of all those four possibilities. Which is the most painful to you personally?

Alex Howard: Feeling unsupported.

Dr. Gabor Maté: Exactly. Perception of being unsupported. Now, make that separation okay.

Alex Howard: Yeah, yeah.

Dr. Gabor Maté: Right. So notice something you didn't react to what happened, you reacted to your perception of what happened. So we don't respond to what happens, we respond to our interpretation of what happens. You get that.

Alex Howard: Yeah.

Dr. Gabor Maté: Now that we choose the worst possible interpretation, except we don't choose it, because you didn't go through all these possibilities in your mind, your mind went there automatically right?

Alex Howard: Yeah.

Dr. Gabor Maté: Now, the question is why? So if I asked you this. Alex Howard is this the first time in your life that you had a perception of not being supported and understood?

Alex Howard: No.

Dr. Gabor Maté: How far does it go back?

Alex Howard: Why, it's. I'm happy to share, it's a big core wound, actually.

Dr. Gabor Maté: It goes all the way back to childhood, right?

Alex Howard: Yeah.

Dr. Gabor Maté: Maybe too infancy.

Alex Howard: Yeah. I mean, I can give you content if that's helpful.

Dr. Gabor Maté: No, it's not necessary. But I mean you can if you want, but it's not so important. What is important is to realize that you didn't react to the present moment. You reacted to an old wound. Had that not wound being in you, it just would have been a couple of kids bursting into a room full of childish enthusiasm. That's all it would have been and you would've said, hey, kids, this is not the right time. And that would have been the end of it.

So that's what I mean, is that every day the past shows up in our present. And so when you ask about, how not to overreact is to actually recognize that it is an overreaction, but rather than to blame yourself for it. I overreacted, shouldn't have.

You inquire, oh, okay. Well, there's the perception, Ah, this goes way back. And the more you do this, the less likely then you are to be triggered into that same reaction again.

Alex Howard: Well, I think what's. I'm happy to give, I think a piece of content that I could give here, which I think would actually help bring this to life a bit more, is that. I talked about it in my session, part of the conference anyway.

So it's out there as part of the conference that my father abandoned us soon after I was born, so I grew up with it without a father. So that's very sort of, and so I had to become the responsible child, taking care of a sister with mental health issues and various things.

There's a kind of core wound around that perception of feeling unsupported and feeling alone. And so, of course, the irony of this example is my kids are bursting in because they love me, and I love them, and we have a great relationship. And they burst in because they are used to being met with hugs and kind of play and fun. But in that moment, what it actually triggered is, what you're saying is very helpful.

What actually triggered was nothing to do with that moment. It was I was a little boy who was having to carry all the burden. And, yeah, that was the reaction.

Dr. Gabor Maté: And then to go back to, if it's okay, what you told me about chronic fatigue in your life.

Alex Howard: Sure.

Dr. Gabor Maté: Can you see how fatigued you would have been having to carry that burden from childhood of taking care of others, when you were the one that needed taking care?

Alex Howard: Yeah, for sure.

Dr. Gabor Maté: And just what a fatigue that would have been. And how much he had to suppress yourself and your needs in order to function in that environment.

Alex Howard: Yeah.

Dr. Gabor Maté: And that's a basis of chronic fatigue. So literally, what people with chronic fatigue have to ask themselves is what am I tired of? What is my body fatigued with? What have I been doing to myself? Not in the sense of self accusation. But what did I learn to do to myself in order to survive my childhood? And how does that affect me now?

Alex Howard: Yeah.

Dr. Gabor Maté: It's that pattern of suppressing ourselves and our emotions and our needs to be accepted by our environment that leads to chronic illness in adulthood. As I point out in one of my other books. So it's all connected.

Alex Howard: I'm mindful of time for people that want to start somewhere. You've written, I think part of the reason why your books have been as successful as they have been, is they're very accessible and they're written in a way that they are very beautifully written. I think people are able to sort of follow the narrative and get a lot of quite complex ideas in a very accessible way.

I think the books are a great starting point. But do you want to say a little bit more about some of them? I know you have come up with an online event with a science of non-duality community. So that, I guess, would be a good place for people to go deeper into your work. Is there anything else you want to speak to?

Dr. Gabor Maté: Sure. Thanks for bringing that up.

Thanks to the Internet there's a whole lot of ways to get engaged in my work for those that are interested. So there's lots of my talks on YouTube, on addiction, on chronic illness, on attention deficit, all the things that I'm interested in. So that's an easy and no-cost way to get engaged. Then, as you've mentioned, there's my four books, which I won't delineate now, but people can easily find them online, at my website, or elsewhere.

Then there's a course called Compassionate Inquiry that I teach online. It's a very detailed, deep immersion into my work, particularly for people that work with people like physicians,

psychologists, therapists, yoga teachers and so on. And that has two versions. One, for professionals, it's an intense, yearlong, very demanding program that we do. We run that three times a year. It's online, it does require a commitment and an investment of time based on my work. It's beautifully worked out, I think. I didn't create it, it was created out of my work and out of my teachings and out of my videos.

And once a month that comes on and we do sessions. So that's an intensive, facilitated program. There's also a less expensive self-facilitated version of Compassionate Inquiry, where you get the material that is yours for a lifetime and you just do it on your own. Again, lots of my videos and teachings and interpretations and so on, so those are two ways to get involved.

Then there are other online available versions of it from Psychotherapy Networker, they did a program with me about it that's available. Another group has done a masterclass with me that's available, information about that at my website.

And then as you mentioned, the spirituality and non-duality people, we're doing it online for a three or four day conference in July. That was going to be a live conference in Italy. Well, guess who's not going to Italy this July, nobody's going to Italy this July, at least this conference won't take place.

So we'll have an online version of it through Sand, Spiritually and Nonduality, a four day immersive interactive online version of Compassionate Inquiry. So there's lots of ways to get hold of my work and again, the simplest is just to watch some of my videos that are freely available on online.

Alex Howard: Fantastic. Dr. Gabor Maté, thank you so much for this interview.

Dr. Gabor Maté: Thank you. I really enjoyed speaking with you.