Introduction to Doctor Talks and Dr. Hedea

Just a smile, whatever it is, the littlest act. You have no idea what the downstream consequences are. So you want meaning and purpose? Go around the world and just smile at people.

You have no idea the effect you can have. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Welcome back. In this episode, I'm joined by the deeply thoughtful Dr.

Robert Hedea. He's a pioneer in integrative psychiatry with over 40 years of clinical insight. Together, he and I explore how true mental health extends far beyond the mind alone.

From the impact of community and connection to the importance of nutrition, faith, and daily practices, Dr. Hedea offers a holistic view of healing that's both hopeful and deeply human.

Together we talk about aging with grace, the power of belonging, and how simple acts of kindness and empathy can transform not just our relationships, but our entire lives.

One of the biggest takeaways I had from our conversation was the power of conflict and how when we view conflict as an opportunity, it can offer us a pathway for deepening connection in our relationships.

This conversation is rich with all kinds of wisdom for anyone navigating the emotional, social, and spiritual aspects of growing older. Let's dive in.

Dr. Hedea, welcome. Thank you for taking the time with us today. Oh, thank you for having me Heather. I've been looking forward to this for six weeks or so.

You have practiced psychiatry for over 40 years. You have deep wisdom and experience in this space. I'm curious how your perspectives have evolved throughout your career.

Wow. Wonderful question. Well, it's evolved in various ways, right?

Mental Health Beyond the Brain

So the first thing I would say is, strangely that I think that most mental health problems are not really psychological. Think of it in a simple way as hardware and software.

Yes, the software can get corrupted how you think and how you think of yourself if you've had a chronic medical or mental condition. But we know that with major psychiatric disorders that there are multiple domains in terms of physiology, in terms of the body, in terms of the social environment, the culture, the community, the toxins, the spiritual.

All of these things have an impact. Definitely, I would say that when you dress and you strip back all of these things, in most cases or many, many cases, the psychological problems are a consequence.

That doesn't mean we're all psychologically healthy. because we're not. We all have our problems. We're human beings growing up in human families with conflicts and challenges, et cetera.

But it does mean that when your brain is working well, you can usually take care of these things, maybe some therapy. The other thing that has changed is my appreciation for community.

And this is something I want to talk about that most people will not understand because I would not have

understood it a couple of years ago or three years ago.

I would not have understood this. We talk about social communities, social media, the community on social media. These are actually asocial or anti-social media.

It's not social media. People don't even know what community means. I moved to New Jersey area about three years ago in a very tight knit community. And I walk on the street and people I don't even know say hello.

They offer me rides. The people. who are not in my community but are living in the community. In other words, I'm the Jewish Sephardic community, but there's a lot of diversity here.

They're all so sweet and they're all so nice and they're all so wonderful. Now, they're all so human beings and they're far from perfect, right? But the cordiality and the respect is there.

Now, when you're in a community where you know you're going to see people and whatever you do, everybody knows. We call it the Syrian News Network because it just spreads like wildfire by mouth.

You have to be very careful about what you do because there's consequences. Online, social media, no consequences. You say whatever you want, nobody knows who you are.

It doesn't matter. You could hurt someone all you want. It doesn't really make a difference usually. So community is critical. There are many centenarians living in this community.

It's really a blue zone. We have lost our understanding of what that word means. I didn't understand it. Even though I grew up in this community, I didn't understand it until three years ago.

Community, Belonging, and Aging Well

I was blown away and it brings a level of joy and happiness into my life that God willing will extend my life in a good quality life, or at least the quality years, but hopefully I'll squeeze out a few extra years.

Community is a deeply profound intervention as we age. And you're absolutely right, the way technology has isolated us, right? Last generation was watching TV instead of going out and socializing and playing cards.

But now it's even worse as we each have our own phones. And I love this term anti-social media that you used. It's not about being social. It's really, it does force us to be anti-social because we're at home alone, not really engaged in these very human interactions.

We thrive and we heal in community, not in isolation. And this takes work, right? As you mentioned over and over again, people are human and there are the ups and downs and the complexities and the dynamics of those relationships.

What have you learned? You mentioned three years ago there was a big shift. Can you tell us a little bit more about what happened there and then also what you've learned about how to deal with these complex interpersonal human relationships?

Okay, well what happened was my mother, she rest in peace, passed away about three and a half years ago. I'm so sorry. And she had a condo overlooking the ocean in New Jersey and in this community.

I said to my wife, I'm a part owner with my brother and sister, why don't we just go spend the summer there? Because everything was Zoom, what's the difference?

I might as well be looking at the ocean while I'm Zooming. She said, okay, let's go. She was a little reluctant. She liked Maryland where we were living, but she said, okay, let's go.

We got here and three weeks later, she looked at me, she said, we're not going home. I said, no, we're not going home. And that was it. This became home.

This became home. I commuted for about a year and a half to transition to a practice here, open the office here in Eaton Town, New Jersey. So that's kind of what happened.

Now, how do you navigate things? You navigate things by being empathic and considerate and caring and helping people. That's how you navigate. Wherever you see the opportunity to help someone, you help someone.

That's what you do. You contribute. It's not about you. It's not about me. It's about strengthening the community and giving people the respect that you would want.

That's what it's about. And you do it. And I have to tell you, Heather, that a part of my brain that was dormant has woken up. I did not have to exercise these skills.

And now I'm like, wow. I can't believe what I'm doing. I didn't have these skills. I was in this community roughly till I was about 12 years old. And then I was essentially pulled out of the community because my parents divorced.

I was pulled out of the Yeshiva, which I loved, loved, loved. I lost my spiritual network, my social network, my education, which was really enjoyable to me.

I was out in the world. I was in the atomized world where we are little atoms floating around. We are atomized. We have been atomized. There's no cohesion, very little social cohesion.

and that I didn't even know what was happening to me. I didn't even know I had, I would say, a low-level sadness or depression or whatever you want to call it, a loneliness, whatever you want to call it.

I was not a happy guy. But I don't know, just get used to it and this is what it is and you do what you want to do. It's not that you don't have fun and you don't enjoy people and you don't have a relationship, you do.

But there's a network here that I don't know how to convey it to you, but I'm walking down the street. Are you okay? I don't know this guy, but I'm an older guy and this guy looks a little seedy or whatever, you know, so he stops and he's like, are you okay?

You okay? And he hangs around for a minute. Like what? You know, this is, this is, you know, you feel the love. It's the, the place is called Long Branch.

I call it Love Branch. With your experience as a brain doctor, as a psychiatrist and helping support people's cognition as they age, is there a mechanistic impact you think this is having on the brain that other people might be able to recreate outside of Love Branch?

Well, there's two things. One, this is a kind of medical answer that when we use transcranial laser to help treat the brain. And if you look at the right parietal area, that's actually the kind of way awareness of the larger situation, the social situations.

Faith, Optimism, and Releasing Control

Sometimes I will actually target that area like right now an autistic kid and he's beginning to speak. So, you know, you can kind of wake that area up.

that way, how do we create? That's the biggest question. And the best I could say is if you embed yourself in a constructive, I would say socially oriented, constructive community, I would say religious, but maybe you're an atheist or an agnostic, you don't like that.

Fine, find an ethical society and stay in it. Just stay in it because the relationships will deepen. I have automatically

here deep relationships. So my connections with these people go back hundreds of years, really 2,500 years.

But you can recreate it by being part of this constructive group that shares your interests and goals and just be there and contribute to it and grow it and do whatever you can to help it thrive.

It sounds like values are part of that equation as well. And you mentioned, you know, it's faith-based for you, but that there are other alternatives if faith isn't maybe your path.

I think of senior living communities as a potential place where this can happen, where you're walking down the hall in your neighborhood, your wing of that community, and you're seeing some of the same people each day.

So you talked about just making the time for small talk. What other examples? Checking in on people, thinking, hey, are you OK? Do you need something?

Recognizing people, acknowledging them. You mentioned someone said, hey, doc. So they're acknowledging who you are in the community. Are there other examples of this or little tricks that can help people feel more connected in the communities that they live in?

Really those are the main ones. You want to be, you want to lead the community, help the community, support the community, be loving. So maybe the prime thing for me is I love this community.

Do I love every person in it? No, I don't even know them, but I love these people. These are my people. And if you find a community that's oriented and with sharing your values and you spend time with them, you got to love them.

You got to love them because they share with you. And that's the essence. Everything that I do and that everyone else is doing is really out of love. Now conflicts come up and then you have to handle them appropriately.

And that means keep the fire low. Don't don't amplify. Don't talk to people about other people. Never talk to people about other people. Never. Unless.

This is one of the rules, really. This is from the Torah, basically. If you were starting a business and you came to me and said, hey, I'm going to work with Joe Blow, and I had worked with him, then I would be obligated to tell you, listen, I worked with him and I ran into these problems.

But I never should I ever talk to you about Joe Blow unless there's a consequence to you. So there's seven rules for how, when can you speak about another person?

You don't just talk about people. It's damaging. It's considered in this community as if you're doing murder of a reputation. So that keeps the social network flowing and functioning and safe.

And this also, it supports that mental health, right? When you mentioned this, that there was this low-level depression when you weren't part of this community.

And then coming home to it, there was this lifting of that. I'm curious how you've seen mental health, whether it's depression, anxiety, you mentioned autism.

I had a patient the other day with bipolar disorder, schizophrenia. There are these kind of more extreme psychiatric conditions that people live with.

And how do those conditions, particularly probably the common ones, anxiety and depression, affect us as we age. And you talk about just in general, how do they affect us?

Yeah, in general. And if it's negatively, what can we do about it? What can we do to support healthy aging in that context of potentially, you know, being on a long-term psychiatric medication like an SSRI or an anxiolytic?

What can we do to sort of mitigate the risks of both the condition and potentially the medications? Okay. So, well, I'm going to answer this on two levels.

Okay. One level is I've treated depression. I've been in psychiatry 47 years now. Okay. And I taught cognitive behavioral therapy, which is your main accepted treatment for depression and anxiety.

Right. And of course I'm trained as a psychopharmacologist. I know these things. Uh, and I've lectured and taught about cognitive therapy and schemas and et cetera, et cetera, et cetera.

But I have come to the conclusion that actually it was about several, 10 years ago or something that the best thing you can have, whether you believe it or not, is faith.

You may not believe, you say, well, I don't believe it. Now, if you're an atheist, you're actually a believer because you believe that there's no God.

Well, go ahead, go prove it, you can't prove it. You believe there's a God, go prove it, you can't prove it. The only position that makes sense is being an agnostic where you say, well, maybe, I'm not sure.

That's step one. Step two is the research is very clear that belong to a constructive community, like a faith-based community, actually extends your lifespan by seven years.

You have less divorce, less suicide, less drugs, abuse, et cetera, et cetera. Okay, that's step two. Step three is we're all brainwashed. Okay, you think you know the truth.

I think I know the truth. No, we're all brainwashed. Every last one on the planet is brainwashed by the culture and the media and their environment and the generations that came before.

All of us are brainwashed. So I decided that I'm brainwashed, why not stick my head in the washing machine? That will give me the best result. I'll take seven years of extra life, better quality.

I'll take it. So I decided, even though my logic, my science mind said, no, this is ridiculous, but I actually battled for many years to really assess things.

And my goal was actually to actually come to believe in a higher power that was benevolent. Okay, that was my goal. I didn't believe it, but that was my goal.

Since I'm brainwashed, might as well do it. There's this idea that if we're optimistic about whatever's happening next, whether it's after we pass or even between now and when that happens, if we're optimistic about it because we believe that the universe is conspiring in our favor, that there is some benevolent higher power, then it allows us to relax a little bit.

There's not so much of a tendency towards depression and anxiety. It's easier to sleep at night, right? Yes. 100%. I'll tell you a story. I get migraines maybe four times a year if I eat tuna fish without mayonnaise.

It's the tyramine. It's like a basil presser or something. I don't know what it is, but that's what happens. So I had a stressful day and I need to innovation.

I got a little migraine and it's not painful, but it's visual symptoms. And so I was sitting down with dinner. It was a very stressful day. And I just said to my wife, you know, I'm just going to go lie down, which normally I wouldn't even do.

I'll just let it pass. So I went in and laid down and I. fell into a meditation on gratitude. Like how fortunate I am for everything, everything from fingers moving to everything else, right?

Brain Health Tools and Patient Recoveries

I was overcome with gratitude and this migraine was should take about 20, 30 minutes to resolve was gone in under a minute. So that's your mindset can change your physiology, right?

So what I was getting at is I believe that we are addicted to control. We all want to have control. It's great if you can control everything, right? Wonderful idea, but the truth is, you're not really in control very much at all.

You're in control of your attitude, and that's work. All right, so. Perhaps the work. So it is the work, right? And I'll give you another story, true story about 15 years ago.

So when I was a kid, I had a lot of dental stuff. My mother loved sweets. So I love sweets. It was very bad. I had a lot of cavities, right? There's before fluoride and all of that stuff.

And so when I go to the dentist and they're cleaning my teeth, it's not, I get, I get a little perspiration, you know, and, but I go, I go, but I get nervous, right?

So the day before I was, you know, I'm always working on the spiritual stuff and trying to understand the universe and physics and quantum physics and all this stuff.

So the day before I got this idea in my head about. You know, I'm actually really not in control, not an idea, but I actually was experiencing this. And when I go to the dentist tomorrow, whatever's going to happen is just going to happen because it's already written.

That's the Akashic record, right? You know what I mean? The future is kind of written. We have a choice over attitudes and you know, the horse is going where it's going.

You could ride it with grace or not. So I said, OK, well, it's written. It's going to be what it is. So I went and I was really relaxed. And the hygienist said to me, I don't know what you're taking, but I want some.

So what was that? 80, 85%, 90% of my pain was suffering. It wasn't pain, it was suffering. Suffering is different. That is potentially under our control.

And I would say to you, and this is what I would submit, that as a prevention for depression and anxiety, a person should work intensely and it takes time, it takes years, and you have to be inclined also.

But to get to a position where you realize that you're in the flow of the universe. You can't control the flow of the universe. You're in the flow. Go with the flow.

Do the best you can. Try to steer the boat if you can. You can't most of the time. Being on this podcast with you right now, if you stopped and really thought about it, how many people contributed to us being able to talk right now?

It's millions and millions of people and it stretches back As far as human civilization, whoever created the wheel was necessary to get the trucks, to mine the stuff, to bet the metals, the boats, the lawyers, the buildings.

You're not in control. We're just having to be lucky to be riding this wave so we can talk to each other. And that's the reality. We don't see it, but that's the reality.

It's the sense of reverence. Now, speaking of the technology and its reverence for the complexity of the things that we have at our fingertips these days, I know you mentioned laser, and you use a lot of pretty fancy equipment in your medical practice.

Do you have any favorites or anything that you've seen work especially well as the technology has shifted and you've been able to use these tools? Well, what I love is a combination of the transcranial laser with neurofeedback and when appropriate hyperbaric oxygen layered on top of functional medicine, some spiritual work.

So the way I think of it is you give the brain energy or you inhibit it over activity in certain areas and then you take that energy, you put someone into neurofeedback where you can actually say, well, the energy should go here into this network.

for that network. And I like that combination and it's very effective. I'm not using EWAT, but I'm thinking about using EWAT. And then I layer that on functional medicine and I do a fair amount of talking about the spiritual.

Or if you don't want the God thing, the universe, it doesn't really matter to me. Do you have any patients that stand out who have had either really incredible recoveries or inspired you to age in a different way personally?

Well, I have a lot of patients who have great recoveries. Just yesterday I finished with this 24 year old guy who had Lyme, Bartonella, severe depression, really bipolar.

And for eight years he was suffering and we cleared his infections. He's doing great. Just doing wonderful. Just got an internship in cybersecurity with the government and he's so excited and he's just doing wonderfully.

He was just so grateful. So, you know, there are a lot of, stories like people with schizoaffective disorder who actually return to their normal lives.

It's a lot of work, but they can do it if they have the support and the willingness. So there's a lot of cases like that aphasia that improved Parkinson's that improves.

I was name dropping the other day when I talked to Dr. Bredesen, I mentioned that you were on my calendar for this Friday, and he asked me to ask you about a frontotemporal dementia patient.

Do you recall one that improved pretty dramatically? Because that is not common, right? Well, I think with dementia across the board, but particularly FTD, frontotemporal dementia, it's quite challenging to get benefit for those patients because there are so many psychiatric components to their presentation.

It's very hard to get them on board for a functional medicine type program. Many of them are not as aware of their decline, their cognitive decline or the changes in their personality perhaps.

So are you comfortable sharing about that particular patient? Yes, well, so what I'll tell you is that there's not a patient where I said, boom, I treated FTD and they're better.

No, that's a misunderstanding and that's not true. I do believe that, well, I know it's a fact that there are multiple types of FTD.

Dementia, Context, and Functional Medicine

If you have PTSD, you're actually at higher risk of FTD, right? And then if you just think of it as the frontal and temporal lobes, right? And they keep getting damaged by the trauma, et cetera, so you're at increased risk.

You can have behavioral problems, et cetera. Can you treat it? It depends on what variants are involved, right? There's some overlap, as you know, with ALS, right?

So in ALS, one of the problems is the mitochondria don't really travel all the way down the axon. So it doesn't matter if you laser somebody to find that mitochondria produce energy, but they're not in the right place to deliver the energy.

So it doesn't matter. So that's not going to help a certain type of FTD. Another type of FTD, it can help because it's not based on that type of problem.

So a lot of my patients have frontotemporal problems. And even a lot of the patients who have early dementia have frontotemporal problems. But also, as you know, it's not such a clear diagnosis because there are multiple types

and ideologies.

But the genetic type with progranulin haploin insufficiency, I have not treated a patient who had that and got well and I haven't had the opportunity to treat it or try.

I'm not saying it wouldn't work because I kind of think it might actually, but I haven't had that opportunity. I think your point is all dementias, all neurodegenerative disease.

A lot of it depends on the etiology, what's causing it. And with that functional medicine approach, it's systematically going through and asking that question, what is triggering the immune system in the brain, that microglial activation?

What's creating an imbalance, creating this need to protect the brain that's leading to that neurodegenerative cascade? And when we can identify those, and treat them and correct for them, create more balance in the system, then sometimes we see improvements.

Yeah, I think that's true. I am reminded of a story of a gentleman who's about 57 years old and he has aphasia, he had a severe stroke about two and a half years ago, roughly.

He hasn't said more than a word or two, like, I don't know, or that's it. He can't really talk. He's very frustrated. He was an engineer and he got frustrated.

One day his wife said to him that in some way that there's no more hope for you getting better. And maybe not outright, but that's what he heard and he walked out of the house and he was wandering around Richmond for a few hours and she called the police.

They finally found him and they took him to the emergency room and he's in the emergency room and he starts naming things. The guy has problems with nouns, right?

And he can't, that's the worst thing. And he, 11 words. Now, that means there's something there that he's not accessing. And the context and the change in the context played some role in that as well as the physiological changes, right?

So that's very, very relevant to the whole discussion of how do you age well? You know, how do you age well? You really, your context is critical. Expand on that more.

How do you age well and what about context? So how do you age well? Well, you need people to help you. You need your friends. You need your spouse. You can't do it all.

This is the way I think, but you're a bacteria in a petri dish with a culture medium. And it's the culture medium that determines your phenotype. You could want to be purple all you want, but if the culture medium is yellow, you're going to turn kind of yellow.

It doesn't matter who you hang around with, that's what influences who you become. You want to be around people who can help you along the way to the goals that you feel you want.

If you're married, your spouse can help you, your brother, your sister, your uncle, your friends down the street, whatever. Get the help to go to the gym.

Let's do it together. You know, get help because you can't, it gets, I'll tell you Heather, it gets harder to self-motivate for me anyway. Maybe the other people you'll interview will say the other way, but for me it's harder to self-motivate.

The way I did when I was 40 or 50 or 55 or 60, you know, going to the gym, I can't do what I used to do in the gym. I was mountain biking four or five, six hours a week until three years ago.

And I kind of blew out my knees, had knee replacements. And thank God I could walk now because I couldn't walk for 30 years, but I could bike. I could bike for four or five hours.

I can't bike now, and it's harder. I'm trying to get my muscles back in shape, but my wife says, hey, let's go to the gym. Okay, I'll go. If it's up to me, I'm like, you know, I think maybe I'll do this, do that, take a little rest, read a book, whatever.

Other people help. That's important. For someone who's looking to stay mentally sharp and emotionally balanced as they age, are there daily practices that you typically recommend or lifestyle interventions that you think you get the most benefit from?

Yeah, I mean, the most benefit is really the basics, right? really good quality food, relationships, reasonable exercise, it's just the basic sleep. Those are the basics and you work on the basics, you get a lot.

Healthy Aging Through Support and Daily Habits

You probably get 70% of the benefit coming from those. And now if you have other factors, right, chronic infections, et cetera, hormonal deficiency, you address those and the whole functional medicine model, well, you address those and you do the basics and you're going to get like 80, 90% improvement.

And what about you personally? You mentioned biking and you've mentioned faith. Are there personal practices that you use like a non-negotiable every day that you don't miss?

Yes, there are. And it's taking time to develop these, believe me. It started with meditation. I pray every day for 45 minutes. And I do that every day.

I do that probably about half hour after I wake up. Not that I'm perfect, but I'm 98%. I get to bed early enough so I get adequate sleep. So if I wake up in the night, I'm not nervous.

Oh, I've got a big day tomorrow and I don't stress over it. I just don't stress over it. I say, Bellas are really important and then really work on diet, which is a challenge because of the way our lives are structured and what's readily available.

But that's also where it works. So I say that the biggest one I've said is the prayer because for me that's, see, I could be in any kind of stressful situation.

I won't say any kind. but really stressful situations, family, the world, whatever it is. And I have built a mindset now where I can retreat to a place where I see a really big picture.

And I trust that things are going to work out because I can look over my life, the history of my people, et cetera. And I can say, well, you know what?

Things, it looks pretty bad right now, but it's always really actually worked out and it'll work out. And I'm not here forever. And, you know, I'm sure if I had a bad diagnosis, I'd freak out for a while and I would find my balance.

And that took work to get there and I'm still working. I'll always work. You mentioned you use faith in your practice that you discuss it with patients because it affects their psychological condition.

And how exactly do you do that? Well, first of all, I'm not pushing my faith. That's not at all my interest. And what I do is tell them, you know, I don't care if your higher power is a big pen.

I don't really care what it is. I mean, it's not you. That's for sure. And it's not another person. Okay. So you got to work on that, but I'll tell them, you know, if it's meditation, they'll meditate or, you know, they have to choose what works for them.

And I will have that discussion with them about, you know, atheism and being an agnostic, because I'm not saying I'm right. I'm just saying it works for me.

You know, that's all. So I don't have a problem doing it. I was actually trained that never talk about religion, never do that. That was an editorial in the New England Journal of Medicine, I don't know, probably 40 years ago or 50 years ago, right?

Never do that. And I'm like, what are you kidding? And most of the patients love it. I can imagine there are a lot of patients out there listening thinking, I've never talked to a doctor who brought that up and it's such an important part of my life.

Or maybe having this very eye-opening experience listening to our conversation going, oh, maybe that's what's been missing. Well, I have this patient with autism, severe autism.

I haven't treated another autism patient before. He seems to be starting to talk now, which is wonderful. But his parents, both of them loving people, they said to me, you know, you're the first doctor who has ever dealt with the spiritual aspects of this.

And we have conversations when appropriate, you know? And if they don't want to talk about it, we'll talk about it. That's fine by me. I'll ask people, do you want to go this route or maybe you're not interested?

And if they're not, fine. Make sure there's an opening. Diet is another big important component you mentioned. Is there a particular diet that you recommend?

Are there foods to avoid, foods to incorporate for our brain health as we age? Obviously everyone is unique, right? And we know that, but in the big scheme of things, we know that, you know, really, you know, only baby cows should be having cow milk, right?

You know, basic stuff like that. And, you know, and the simple carbs are really poison. We all love them, but, you know, so you can have some of them, but, you know, you try and steer away from that.

You know, so I try generally to work towards what is called a zone diet. People don't talk about that anymore, but it's basically a third of your plate is a nice, good quality protein, a third of his complex carbohydrates, and a third of the calories on the plate are from healthy fats and snacks the same way.

And so that's the general, but in some cases we'll shift this way or that way and use different proteins. What's best for that patient? I'm curious, as you are in your, going towards your 50th year in practice, what brings you the most joy these days at this stage of life?

In my practice or out of my practice? Well, I think both, career-wise, personally. I mean, I have a lot of hobbies which I don't really get to spend that much time on.

What brings me might? The most joy is I love my practice. I love practice and I feel blessed. And when a patient is getting better and I solve a mystery and I help them get better.

Wow, there's nothing like it. Really nothing like it. I love it. I say I'm a compulsive healer. I can't give that one up. So that's one thing. But then of course, conversations with my wife, we have long conversations that are really deep and even conflict.

I have finally, at this late stage, learned how to understand a woman. So do tell, do tell, go on. You know, it's probably it's been written about, but basically.

You know, I'm a guy, right? You have a problem. She tells me a problem. Okay, I'll fix it. Here's the solution. What do you mean you don't want to hear about the solution?

What's wrong with you? The guy, right? But really what I came to understand is she's feeling bad. She's just feeling bad. It doesn't matter why. If it's right, logical, not logical, she's feeling bad and I love her and I don't want her feeling bad.

That's it. That's the end of the story. So what can I do to help you feel better? Because I love you and you're part of me. And we get through conflicts so, so beautifully.

It's not that we have a lot of conflicts, but where we're able to talk to each other more and more freely and, and really give each other love, real, you know, and so forth.

Purpose, Meaning, and the Power of Small Acts

So that's really a big deal. It sounds like you see the conflict as an opportunity for potentially more connection and a problem solving, right? Just like with your patients, there's this ability to solve the problem.

and to feel that resolution. And if the conflict weren't there, there might not be that same opportunity. It's very true. It's very true. And it's just so gratifying to both of us.

I'm so gratified that I heard her and that I could be just hearing her and understanding and empathizing. I feel wonderful to be able to help her and she feels it's the same, you know, going both ways.

And so that's a beautiful thing. I couldn't have done this when I'm 40 or 50 or, you know, whatever, I'm slow, you know, I'm slow. That's just me, my limitations.

Any advice for those who are in their 40s or 50s or 60s? Is there a way to get there faster or does it really just take time? Well, I think you can get there faster.

You have to have imagination. You have to have imagination. You can't empathize without imagination. For example, my wife will say something and I'll say, I don't understand.

She says, okay. What if such and such happened to you and they said, how would you feel? I'd be like, oh my gosh, yeah, no, I want to like leave right away.

She says, that's right. I'm like, oh wow, I got it. So she has the imagination to create that scenario that I could relate to. I have the imagination to be able to step into her shoes.

So it takes some imagination, right? And it's not factual. What about some patience, some creativity, some empathy, some willingness to show up and be present in the conversation as well?

That's right. And you know what, people, a lot of people, myself included, don't like conflict, so you avoid it. I won't talk about this, I'll just bury it.

But you bury it and the pile grows and it comes out somewhere and you're like, well, what was that about? So the avoidance of conflict is actually, you have to kind of, kind of Take a deep breath and just in a nice way, say how you feel.

Not always, I feel this. You're not saying what the facts are. Nobody has a video camera to prove what happened, right? It's, I feel this. And I'll say to my wife, not saying I'm right, not saying you're right.

It's just what I feel. This is my experience. That's all. And of course, well, she doesn't want me to have that experience that she wants to understand, you know, vice versa.

I love it, the benefits of conflict, right? This deepening of relationship. And that relationship, you know, this is kind of where we started the conversation, is those relationships, whether it's community or these deep relationships with a spouse, maybe with children, adult children, with siblings, with these people we have long experiences sharing life

with.

It leads me to my question, you emphasize the importance of purpose and meaning in mental health. And how do you help patients connect with those values as they age?

Everyone has their own path, right? So you look at what I do is I sometimes I'll ask a simple question and say, you can do anything. Imagine you can do anything at all.

You press a button and boom, it's reality. It's just reality. What would you wish for? Kind of get the juices going, get things flowing, et cetera. I will also ask them to think about what they enjoyed when they were very young.

That'll give you clues, right? When were you happiest in your life? What were the elements of that happiness? You know, things like that. And sometimes I'll send people for testing, aptitude testing, to see what their aptitudes are.

You know, they're good at this, they're good at that, you know. So those are the things that I do. But I will say kind of back to one of my original points.

Once you get the brain working again, they'll find it. Usually they'll find it, you know. And the aptitude testing, I imagine a lot of people are curious about that.

Can you talk more about it or are there tests online? How do we know what our aptitude is to help? Well, I've always sent people to this place in Northern Virginia called Ability Potentials.

I haven't sent people there in a while now, but that's where I send them. I'm sure there are many ways of doing this, but it's definitely… And the other thing, let's put it this way.

If you're in a community and your aunt or your uncle is living around you, you say, hey, Uncle Joe, I don't know what to do. What do you think? Oh, you know what?

Since you're a kid, you always liked marketing. No, no, no. You don't know what you're talking about. You love marketing. You know, that's Uncle Joe, right?

That could be worth all the testing in the world, right? Right. Someone who really knows you, who's seen you. And the other thing is, if you do it well, you'll probably end up liking it.

I've heard this from the concept of Ikigai in Japan, right, is what do you enjoy? What do you do well? What can make you money, right? What provides value for the planet, for the world, for the community?

And if you can think through something that fits into all of those categories, then you might be going in the direction of your purpose and meaning. Now, as we age, once we approach that retirement, we don't have to worry so much about does this provide money right we're not we're not in that phase anymore it's like that that learn earn return we're in that return phase of life and we can start thinking and i think sometimes people i see in my practice that people miss that opportunity to kind of rethink in this phase of life what is driving purpose and meaning for me?

How can I return some of the gifts I've been given, give back to the community, and do it in a way where I'm kind of free from the need to make money, make ends meet?

And that's worth kind of sitting down and really reflecting, maybe going through some sort of aptitude testing, talking to people you've known for a long time who know you well, and figuring out what is it gonna be, is it gonna be, I mean, there's a litany, there's a long, long list of things.

I'll tell you a personal story because this has to do with meaning and purpose and your impact in the world. My mother, again, probably 20, 25 years ago was in the emergency room and she was there for maybe 10, 12 hours and very hungry.

A guy walks by, he says, ma'am, can I get you a sandwich? She says, oh, that'd be great. He gets her a sandwich. She's like, oh, thank you, thank you, thank you.

He leaves. She says, wow, I'm going to volunteer here. She volunteered for 15 years. Now think about how many people she helped and that this guy who just gave a sandwich has no idea of the ramifications of what he did.

So you? drive and you let someone go ahead of you, a smile and wave, just a smile, whatever it is, the littlest act. You have no idea what the downstream consequences are.

So you want meaning and purpose? Go around the world and just smile at people. You have no idea the effect you can have. Be kind, right? And now that is simple.

Anybody could do it. Yeah, these simple acts of kindness.

Lessons From Patients and Closing Reflections

You have had countless patients, I can imagine thousands of patients over the years. Have any in particular stood out as inspiring, particularly older patients that you might have learned from?

Good question. Is there anything that you've learned about growing older with grace and resilience from your patients? The woman who comes back to me actually, this goes way back.

So this is when I started my practice. Her name is Dora Lipowitz. Okay. Now she's passed long gone. Her husband's passed long gone, but Dora was a woman with children who had coronary artery bypass.

No depression before, but after that she had depression that was unrelenting. She was one of my very first patients. Her husband would come in with her and they approached everything in such a kind, calm way.

I was able to help her get better, but I was able to see the peace and the calmness of this elderly couple moving into the later years and facing challenging health situations.

She really stands out to me. There are a lot of elderly patients who have done well. I have another woman who is 80 something now with chronic depression.

She's still traveling, single. She just came back from Vietnam. She's amazing. I tell her she's like a rock. I said, you're my rock. The courage that it takes to go to a foreign country with different language to travel, especially across continents is stressful on anyone, let alone someone in their 80s struggling with depression.

And so it's just the courage and the perseverance and the chutzpah to take it on. Chutzpah. And then there's my aunt who lives above me in my building.

She's 95. And she's, my wife had surgery on her knee several months ago and she comes down, slips into our apartment and puts some rice pudding in the fridge.

You know what I mean? So there's a community, right? And she's 95, she's taking care of us. She calls, how's it going? How's it, you know, so really, I honestly could age well by, by giving and loving, you know, that's a big, big thing, really.

Dr. Hedea, I cannot thank you enough for taking time out of your busy practice and your full life to share with us your wisdom and experience today. It is such a pleasure to connect with you.

Thank you really so much for the opportunity. These things that you're talking about are not usually spoken about and they're very essential. They're foundational.

It's really the juice of life, right? It's really the most important thing. Well, thank you. I hope that our conversation

inspires others to age well and enjoy it.

I feel the same way. Thank you. Thank you so much for listening to the Think Well, Age Well podcast. If you enjoyed today's conversation, please take a moment to subscribe, leave a review and share this episode with someone you care about.

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Until next time, keep thinking well and aging on purpose. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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