Opening Trauma Story and Podcast Intro

There was a patient that I had who experienced a car accident. There were two people in that car. And one of the people that was in the car with them, the next week, they were fine.

They were in work the the day, recovering really well, doing great. But the other person who had experienced that same car accidents was not able to get out of bed.

They weren't able to really function well at work, they were played by some of the financial distress, emotional distress. They were already going through a lot of social hardships in their relationships and it was debilitating.

And so for them, there is that incident, that trauma of a car accident. Sometimes you think, why can one person go through that and be fine and the other person goes through and they're having a hard time.

Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the dos, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to the TBD Fit podcast where we go beyond the surface to find what's really going down underneath the hood.

I am your host, Daniel Quile, functional medicine practitioner. My goal is simple. i want to fine whoever is doing best in their category, have a conversation and see how we can all get healthier and wealthier together.

I am thrilled to welcome today's guest, Dr. Philip Sarpong. He is a clinical psychologist, mental health coach, and founder of Phil's Guide to PsyD, a platform dedicated to creating safe and empowering communities for individuals navigating mental-health challenges, which I say often all the time is Typically the most overlooked component of medicine, so I'm very, very excited to have the conversation today.

He's born and raised in Accra, Ghana, now based in the US. Philip blends psychology, nutrition, and exercise with practical evidence-based coaching strategies.

His work is dedicated to helping people move beyond symptom management. build resilience through lifestyle, interventions, and finding meaning and growth even after trauma.

So super excited to get you on the show and welcome. Thank you. I appreciate the introduction. It's good to be here and it's yeah, good. Good to see you today.

Philip Sarpongu2019s Background and Path to Psychology

We're going to go deep into exploring connections between psych, nutrition, movement, behavioral medicine, particularly in the context of anxiety, depression, PTSD, often plaguing many of us, but I love opening each episode to get a little bit to know the guests.

So how did your story start into kind of what you're doing today? Yeah, yeah, absolutely. For me, I definitely did not have a linear path towards clinical psychology.

I actually wanted to become a dentist even since high school. Was always fascinated by teeth, infatuated by it, shadowed a dentists in highschool and in college, was a pre-dental major and then got into dental school I was in dental school for about a year and a half before I just like, this is not for me.

And I think I knew pretty quickly on starting, but then towards the end of my first year, I'm just looking for something different. I always tell people, it's hard to have those interpersonal deep conversations when you're in someone's mouth and they can't respond back to you.

So I thing for, me, just something deeper for sure. So left dental school and then became a personal trainer. I worked at a rehabilitation center, got introduced to clinical psychology from a sports psychologist who was working with athletes who were recovering from injuries that got me super into the mind.

And I realized that when it comes to the. If you, you can have all of the athletic. abilities in the world, but if you do not have the mind and the mental game down, then you're not going to do as well as you want to.

And so that got me interested in clinical psychology applied for clinical, psychology programs. Since then, since graduating, I've worked as a clinical psychologist.

I would say my specialty is in sports and health psychology, which just means that I'm looking at how the body impacts the mine and how that mine impacts.

The body So sleep, exercise, nutrition. We talk about coping skills, we talk mental strategies, but I'm also looking into the lifestyle. And there's so much about lifestyle that improves and can impact people's mental health in a positive way.

Yeah, that's a little bit about my journey. When did you move to the US? So I was around eight years old. I believe it or not, I had a really thick African accent.

Really thick african accent and lost it I think when I Was like maybe 10 or 11. But that was when my family emigrated. I have dual, I still actually have duel citizenship in the U S and in Ghana.

So we tend to go back a lot, go. I think so much of our environment shapes us. Obviously now this kind of study of epigenetics and how the environment will dictate what genes we do turn on, but how is life in Gana different?

Like how has it shaped you? Well, has shaped how you practice? Yeah, you know, always encourage people if you can visit Africa. I'm biased, of course, but I think Ghana is also just a beautiful country.

Kind of up and coming tourism has kind of been blowing up. But for me, I mean, it's a simple lifestyle. You know, no one in terms of materialism, in term of just across kind by the ocean.

So you get the water, you got the beach, the food, natural food without all of the other things that Western society will put onto those food. And then the people and the culture.

So, you know, when it comes to like just social connections, being in a collectivist environment or family and friendships are so important. And on top of that, just the nutrition and movement embedded within the society.

I mean people aren't, people are either walking or running or biking to work. You know there's just movement constantly. and so I always find myself when I go to Africa like My skin is better.

I get better sleep. It's just so, so different. And so that's part of the things that I think I love about it, which is part the reason I'm wanting to still have those connections.

often you go back? Well usually at least once every few years my wife and I were there in 2023 and it was her first time there and actually in Africa and in Ghana but yeah I mean my cousins, my aunts, and my grandparents like everyone's over there so I would try and see them at atleast once.

Next time you're going if you meet another family to come with you if any friends so to me is Culture is really the, the window to, to growth. And I think we are often stuck in this very, I don't know, call it a horse for blinders.

We only see in front of us and our periphery is shut off. So when you open yourself to new culture, you're able to learn new customs, new ways to heal the body.

That's why I'm curious how that maybe has shaped how you practice in terms of, there's There's different philosophies, obviously, east, west, but I think there's so much in the middle that is often overlooked.

So whether it's natural medicine, quote unquote, alternative medicine holistic medicine. Me, it is nature's medicine often. My decisions are really predicated upon.

Okay. What is, how can nature help heal further still the environment? Are there anything, any strategies that you've taken from your roots? Yeah. One of the things that's really beautiful is just even in the context of culture that I come from, it's very spiritually minded and there's of course so much history that goes back in terms of some of natural medicine that you were talking about.

In Ghana particularly it is interesting because from a mental health perspective, when they think about mental they're not necessarily thinking you go see your therapist.

Even though that is, you know, it's becoming more and more common, but there is this essence of spirituality. There's an essence, a connection to self, to other people, To the divine, maybe it is an authority, uh, higher power authority.

But there IS an element of spirituality that's really, really powerful. And I think for me, when I went into graduate school, I had that in the back of my mind of like, Yes, there's the psychological, but what about the spiritual?

Culture, Spirituality, and Mental Health

And it's interesting that when it comes to spirituality, spirituality for people who are engaged in spirituality tend to reap the benefits of mental health and also physical health from a really strong standpoint.

So I think culturally for me, that spiritual component I took from And I will say the mental health stigma, depending on where you are, is pretty high too.

So, for example, when I told my parents that I wanted to go into the Mental Health field and become a clinical psychologist, For them, it was initially like their gut reaction was, well, why don't you just pray it away?

You know, Why don´t you tell people, pray away the anxiety, Pray away depression. And prayer is powerful, but you can do both. Right? you Can pray, But you also see a therapist.

It's kind of like medicine, right? Like you pray for whatever medical things happen but It, you can go to a professional that has been gone through school, has the training and, and do both.

It doesn't have to be one or the other. Uh, And in fact, a lot of the research shows that you. And both tends to. I want to undermine religion and we're not going to go deep on that topic, but the spirituality component, I think certainly is, is essential and in some light guiding light, uh, moral compass for, for many.

But I always say that while hope is really powerful. So too is prayer and also so too, is nourishing your microbiome. And so I pray to him because I'm more bacterial.

At the end of the day, I am a stout advocate of science and understand is when you can really curate a healthy environment that takes all those things into consideration, You are setting yourself up for longevity or this kind of notion of now what we practice longevity medicine.

Trying to both increase lifespan and healthspan. The herbs that we use come from your motherland. that has shaped your practice. Therapists have certainly been instrumental, I know, in a lot of my patients' livelihoods.

And in our modern era, i strongly encourage that for everybody because we are no longer living in congruent with our biology, just the speed of which we're living.

Even when we were traveling, our body was never meant to escape more than one time zone, let alone five in one day. The circadian biology is off, the health of our organ function is often.

That's so we trickle down into our cellular health, our microbial health. And then we'd now see chronic disease in later years. So finding that optimal balance is key.

Let's dive into PTSD, chronic is starting kind of at the top and maybe winding backwards. How are you looking at that? How you talking to your patients about that to help unwind them?

What are some strategies, tools that you use in terms of your practice that that, you found been instrumental with many of patients? Yeah, yeah. I know for me, you know, when I got into graduate school, I think it's interesting when you start taking these classes in terms of trying to figure out the mental and the psychological.

And I thing it can all be distilled to suffering. Everyone at some point experiences suffering, it is part of the human experience. There is a spectrum to suffer, right?

We know that when it comes to emotional distress, work-related stress is much different than maybe going through the loss of a family member, right? And the impact that that has, as you mentioned, kind of even on your biology, your mental health, all of these different components.

And so when it comes to specifically trauma, or even PTSD, there's a lot of studies that show that most adults at some point will go through a significant trauma.

So a the loss of someone that's dear to you. It could be a physical, mental, emotional injury. Could be sexual trauma, a spiritual trauma. And when that happens, there's a good percentage of people that can recover and are resilient towards that, which I think shows you the innate resiliency of the human body that were not just made to maybe experience trauma but were made it go through it, that we can But there is a percentage of the population where that trauma or that distress, anxiety, depression, can really debilitate them.

It can keep them down. And so that's where the psychology would come in and say, okay, what can we do as it relates to the mind? What can do we as relates all of things that happen as we know from trauma and that disturbing experience?

And I'll kind of give you a story. There was a patient that I had who experienced a car accident. Uh, there were two people in that car and one of the, the people that was in the car with them the next week, they were fine.

They were in work the net, next day, recovering really well. But the person, who had experienced that same car accidents was not able to get out of bed.

They weren't able to really function well at work, they were played by some of the financial distress, emotional distress. They were already going through a lot of social hardships in their relationships and it was debilitating.

And so for them, there is that incident, that trauma of a car accident. Sometimes you think, why can one person go through that and be fine and the other person goes through and they're having a hard time.

And so what it comes down to is that the brain can have, we don't really know why, but it can a hypersensitivity to specific incidents that happen to people.

And when it does, when the fear activators in our brain goes off. I think of it as like the alarm system, like a smoke detector is supposed to ring whenever there's danger.

But if it's ringing when there is no danger, when is there no fire, it becomes hypersensitive to any type of stimuli.

And that's kind of what our brain is doing is that it, it it's ringing, its firing off when there's no danger and it is turning up the volume and amplifying the noise of the disturbing experience.

So for this particular person who went through the car accident, whenever they saw a car, It took them back to their experience of a Car accident. Whenever they got inside of car it was almost like their heart rate would go up, their blood pressure would get really tense.

It was like they were in that car even though they were safely in a car and that accident had happened weeks ago. And it's the brain's ability to try and overprotect the person.

So it becomes hypersensitive to all of the stimuli that could maybe trigger a potential danger effect. We call it the fight or flight mode, where your brain is like, it thinks that it is in danger all the time.

One of best strategies that we help patients with is facing those fears in a safe way, being able to re-engage, help someone get back into the car without freaking out and having a panic or anxiety attack.

thinking about all of the debilitating negative thoughts that impact their mood, which then prevents them from not wanting to go into the car. And I think of it very much as you're opening up the hood of your mind and you are looking at all the ways that the thoughts impact the mood and the emotions, that then impacts the behaviors.

If we can give people the tools, we could actually give them the tool to be the mechanics of their mind in terms of realizing what's happening to their body, what is happening in their minds.

Maybe there's breathing techniques that we can do. Maybe, there are coping strategies from a mind perspective that, we could do to slow things down and get the brain back to where it was from the original baseline.

So, I know that's kind of a lot of information but in terms of just distilling what trauma is and how it impacts people and, how we know, that from, the treatments that.

We do they can be about 85% effective. And so, they're really, really successful and some of the, treatments, Eye movement, desensitization, reprocessing, cognitive processing therapy, prolonged exposure therapy.

Oftentimes they're more effective than medication.

Understanding Trauma and PTSD

And so for a lot of people who don't want to take medication and deal with the side effects, they tend to be really good, just naturalistic things that we can do to kind of go inside the mind and help them recover.

I love that you just. Well, that was very beautifully said. I love that you made a reference. You know, some of these can be powerful, more powerful than medication or medication alone.

And so there's, I share this all the time with our population in terms of so much of how we can heal is absolutely free. Now, I always suggest people to, to find a specialist, definitely go about it on your own terms.

It's why I was prefaced is I don't do my own taxes anymore is because how can I free up more time so I can do more of what I want to do. And my taxes, it's really not one of them.

So my goal on the therapist, they'll find the psychologist or psychiatrist, depending on what is necessary or behavioral therapist or a coach. You mentioned strategies, EMDR and others.

Let's walk our patients through, our listeners through which ones you find that have been very, very effective and how we can do them within the comfort of our own home.

It's feasible. Whatever, whatever we do on our. Yes. I'll start with EMDR because EM DR tends to be the very

popular one that people hear on podcasts and YouTube and things like that.

EM Dr is incredibly effective. And I would say for someone where the trauma, the body has a trauma memory, And so if someone, even for the example with the car accident, has been through any physical, mental, psychological, spiritual trauma, the body keeps the score.

That's a very common famous book that a psychiatrist wrote in that it remembers that event. And so the nice thing about EMDR is that it's not a lot of talking, because what we find is when it comes to trauma, it can impact people's ability to communicate the trauma.

And sometimes in talk therapy, there's a lotta talking. But if you've experienced trauma and you don't really know how to talk about your trauma then that might not be effective.

The nice things about the EM DR is it is not alot of talk and it really is about somatic. Like what's happening to your body. How can we get the things that have happened in the past and the things that are happening right now in the present to come together and have some form of closure so that you can move forward in your future.

And so the nice thing about EMDR, it's bilateral stimulation, which is just a fancy way of saying that we want the right and left hemispheres of the brain to kind of work together, and to actually almost like shake each other's hand.

So that's kind the goal. The nice things is that if you're wanting to do some sort of bilateral simulation on your own, even without seeing a specialist, Think about all of the things that you do from a bilateral simulation perspective, like walking.

Walking is engaging the right and left hemispheres of brain, rocking back and forth. engages the right-left hemispheres of the brain. And so whenever there's movement involved, which goes back to our previous conversations about just exercise and movement, that literally is healing for the mind.

I definitely want people to kind of understand that. The other thing is, so for cognitive processing therapy, this is where people can get into a rut when it comes to their thoughts.

So when I think of myself as a failure, when i think myself is not enough, those are deep rooted thoughts that can impact my mood and my emotions. And if someone has been thinking that way for a very, very long time, it becomes those thoughts become so sticky.

They become a part of our identity. So what you need to do is that you have to figure out, okay, what are What is the evidence against this thought? Is there evidence to against it?

And we start to kind of pick it apart and make it less sticky. And when it becomes less stick, we started to realize that people start have these newer thoughts, these more hopeful thoughts.

These more positive thoughts that then impacts their mood and then it impacts, their behavior. And so I think a lot of the therapies can either work from a cognitive perspective that targets the thoughts or from.

Body perspective where it's like, okay, we know that the trauma lives in the body. How can we heal the. To then be able to heal. I. Think, unfortunately, within the conventional realm, it is everything is segmented, right?

We have specialists for each organ system. and that's the difficulties. We're not making the connection or we are but the practitioners are not because we're treating each organ as a specialist in isolation and basically we cannot function that way.

What you said which is again so brilliant as we say this all the time movement is medicine if you don't use it you lose it but we don' really even understand still scratching especially in terms of the power of brain how essential it is to continue to move and to connect And we frame when to ask.

I think, so this is interesting and yeah, I don't often share this, but growing up I was always bred to be the golden student, the best athlete and failure to me was never an option.

And that is really instilled a level of drive to achieve. but also fear to failure. And I was reluctant to pursue new activities because I didn't want to look as if I wasn't able to be the master.

So I realized as I began to age that failure is a recipe for success. You need to fail, fail fast ideally, learn and continue to grow. And if you don't fail, you're almost preventing that neuroplasticity.

You're not challenging yourself. But going back into the component of trauma. So EMDR, handshaking the left and right. I love that analogy. What other tools, other modalities are you using?

Yeah. There's something that I've found to really be quite powerful and it's simple. There's something called writing exposure therapy or written exposure of therapy.

And it's exactly what it sounds like in that. When you write, there's a slowing down that happens. You can think a lot faster than you're right. And so when you've write you, you constantly having to think about the words that you are saying in terms of the structure of sentences.

Sometimes what we do is that we allow patients to write about their trauma. Now this is really powerful because All of us have a story. I mean, even the story that you just told me about in terms of what happened to you in the context of sports and how that impacted your thoughts and things like that.

We're all kind of telling ourselves this narrative. And there's something really revealing that the brain loves stories. That's why we love movies, we loves books, a beginning, middle, and an end.

The brain just kind latches on to that And whenever there's a disturbance and when something disrupts that story, we kind of see things kind unfold. And so I think oftentimes when I see people who have experienced trauma, they're so rooted in the past chapters of their life that they are not able to tell their current story to help them get to their future, to get help, them, get their goals and their purpose.

And so written exposure therapy is sort of this really cool way where we kind of get to re narrate a little bit of the trauma. And there's so much research that shows that if you can find meaning and purpose to the things that you've gone through, the brain starts to make meaning out of it and it starts the kind of close, close the gap a little bit.

And it's starts heal in a sense because when I tell you that, I'll give you an example. If I say, if I have a patient who's preparing for a marathon, Preparing for a marathon is incredibly difficult.

The amount of work, the amount time, and the investment. But you put your body through that because there's a goal that you're trying to achieve. doing something and there's no goal in mind.

You're just putting your body through any all forms of physical suffering and you there is no reason for it. It becomes a lot more difficult. But once you attach some type of meaning and some kind of goal and purpose, it re-narrates and it reframes what you're putting you body in terms of the suffering that you are putting it through.

And so we're in exposure therapy. That's exactly what we are trying to figure out. We're trying figure is there a meaning and a purpose that the brain can latch onto to help us move from our past be rooted in the present and then move towards the future.

There's so much therapeutic gain from just writing, as simple as it is just from writing and how the brain will try and narrate a story from the trauma.

I think it's also that mind muscle connection that's overlooked, similar but different because now that I have kids and this is relevant, Uh, they were looking at, I think this was in Korea where they ran a study and we're looking in

exam scores with children who are learning on a device.

Versus written by hand and across all the children, who were learning by hands performed better. So when you're seeing a writing it down, perhaps there is not only some sort of a my muscle connection there, but maybe some, sort, of, uh, a release as well.

I guess. Think of energy release. Perhaps. much like when you walk barefoot on the earth or discharge when in the ocean. So certainly interesting. We started backwards in trauma when someone comes to you and this is relevant because again I don't ever serve to be someone's therapist but often enough many people will come to me to talk and navigate their own thoughts and I'm always willing to lend an ear and often will provide actionable advice to help someone heal within their trauma journey.

Uh, in a week I had three patients all kind of in the same span of a couple of days that all works had some sort of intrusive thoughts. And that was interesting for me.

Obviously I look at things in terms of the, every organ system and okay, what's going on here that that's driving that. But say if someone is kind at that level.

Where do you start with a patient like that? Yeah. So I kind of at the intrusive thoughts, are they having things like maybe it's nightmares or flashbacks or just…

Yeah, and further still, it is very relevant. I remember when I was back in school and studying at Northwestern, I mean, the rigor is, is really high.

Two of my fellow classmates that took their own life. because they weren't performing to the level that was expected and obviously we put a lot of stress going through medical school and such.

EMDR, Cognitive Therapy, and Written Exposure

I mean, we go through the wringer and so burnout is obviously par for the course. It's almost expected, unfortunately, right? We are not really congruent with our biology.

We were meant to run away from the tiger. So run, rest, eat, repeat. And we weren t meant t work along the clock or ER doctors that You know, you have to sleep with one eye open.

How do you navigate the huge stress that a lot of these younger patients now are, and these were all younger patience, by the way, but just in general, I guess, maybe what is your initial intake look like when someone, whether it's PTSD or these kind of.

very severe mental health roadblocks. Yeah, yeah, absolutely. There's so many different components. I'm thinking about history. So what is their mental history look like?

You know, have they gone through something like that before where those intrusive thoughts have come up? What about family genetics? The genetic components of anxiety, depression, PTSD, there tends to be some evidence for that as well.

And then I would say from even from like a resiliency perspective, how are they coping? Because one of the things that I've seen is that whenever people get these intrusive thoughts.

or these worries or those anxieties. The question I always ask is, okay, how are you coping with it? Are you telling people about it, you know, for your example, I think with suicide, it's often such a, It's a silent killer and that sometimes people would have no idea that someone is internally suffering in that way.

And so maybe on the surface, they can put up a face of I'm just grinding. I am just getting through things, but on inside, am going through a really hard time.

And so how are they coping? Are they talking about it? Do family members know? And what does their social support look like? So much research shows that if someone has two or three people, could be their loved ones, children, significant others.

best friends. That type of social support tends to be one of the strongest resiliency factors in that if they go through intense amounts of trauma, if have that social, they have people to fall back on, there's a high likelihood that they're going to get through it.

And so I'm wanting to know about social support factors and then coping factors in that, okay, when they get these intrusive thoughts, what are they doing?

I think oftentimes I've worked in a lot of underserved areas and those intusive thoughts can be so prevalent that the behavior could be substance use.

It could look like alcohol use, cannabis use and maybe other illicit substance use. And that might serve a purpose for a short period of time in that the person gets to escape, but then those feelings come right back.

We know that those are not long-term solutions. So what does it look in terms of how they're coping and how can we change their level of coping? It's fascinating when it comes to, in school they call it the biopsychosocial model in that there may be some medical things that are happening, medical diagnoses, things are that happening to the physical human body.

There may that psychological, emotional history, genetic factors. But then there's that social component as well. And what I would like to see is how can we go from a medical intervention perspective, a psychological intervention, perspective and a social intervention.

All at the same time, because these are just the building blocks, the walls that can protect people from the severe amounts of either current or even future stress.

And so once we've figured that out, I think the interesting component of being able to help people with their thoughts is to change their behavior. So lifestyle medicine, behavior medicine.

What are the behaviors? So maybe we shift from substance use to calling somebody whenever they have those intrusive thoughts. Maybe we shipped from instead of maybe it's the maladaptive coping, the anger, or the frustration, we shift that behavior to exercise and running.

And so when we ship the behavior, what tends to happen is that the behaviors can impact the emotions. So now they start to feel a little bit more confident, self-esteem, and then the emotion then can help shift the thoughts.

And so sometimes people will target the thoughts, but I like to target that behaviors which can impact the emotions and the feelings, which could hopefully have an indirect effect on those intrusive thoughts.

So that's kind of like my holistic kind framework, the biopsychosocial model. And even you can add spiritual, biocycle, social, spiritual element to that in terms of maybe some spiritual interventions.

I love that. Several points that I want to underscore there. One, you mentioned genetics. I'm not sure if you're doing gene tests. We use three by four.

There's some other really notable companies, but we will assess the propensity or predisposition for some of these issues. Often see in my addiction clients or patients who have specific tendencies or behaviors and it is a high risk pathway for them.

in their genes or looking at COMT and detoxification pathways, accumulation of toxins, how that'll impact healthy cognition or brain function, or again, you mentioned coping, which was absolutely brilliant because we're often conditioned by our environment and we don't recognize what mechanisms that we have anchored in terms of

coping that often are not self-serving and instead self sabotaging.

I see that all the time. So genes certainly play a tremendous role, but again, my, the evolution of my thought is, you know, your environment really will dictate that if, if you, know anything from Blue Zone research holds true.

The top three takeaways for me is number one, movement. Number two is going to be community and number three is. Going to the purpose. But that second component of community I think is so often overlooked, especially in this day and age with our social media.

you And yet we kind of live more in silos, right? The zenith of the American dream is a white picket fence with a big house, with the car and flying first class.

And we become more disconnected, unfortunately. So I know I would presume in Africa, probably similarly to, to my European roots is you build generational homes and you don't put people into a silo or a nursing home.

This notion of connection, I think supersedes everything. I appreciate your whole kind of psychosocial model. It ties in together extremely well. When you're looking at exercise, because you mentioned going to the movement component, how does exercise play a role in your prescription?

I didn't mention this, but maybe I did mention it. During grad school, I was a part-time personal trainer. So that was kind of like my side hustle, just trying to grind through grad and make a little bit of money on the side.

But movement for me has always been such an important piece. And even as a personal trainer, I see it. When my clients are moving and they're moving their bodies, that's usually some of the fastest ways that I'll see them go from anxious or depressive states to moments of calm in that they have so much more function and control and mastery over their body, which is helping them with that mastery of their mind.

And I think when it comes to exercise, one of things that i've been doing lately I'm working for a community health center and then a few other areas.

And unfortunately, sometimes institutions are not built to include some of this holistic model. I remember some my clinical rotations, I worked in an academic medical center, and everybody was siloed.

You only saw the medical doctor, you didn't see the psychologist or the psychiatrist. We have this Western society model where kind of like what you were talking about in the comparison of society and social connection, from a medical perspective, we're all siloed too.

And so one of the things I've been trying to do in my own private practice is how can I not only have this integrated health care system where I have referral systems with chiropractors and physical therapists and naturalistic doctors and things like that, but also how I can for me, in own my private practices, include some form of holistic care.

And one of the things that I've been doing is prescribing exercise. And so literally for my intake sessions, I will ask people, how, are you moving? And if you're not, what can we do to get you to move more consistently?

Maybe I'll move with you in the actual therapy session. There's a lot of great data that shows that walk and talk therapy is incredibly effective. And so that is something that I've done.

I said, I have said to a lotta my patients, let's walk. Let's Walk and Talk. So as we're talking about your mental health, we are walking. Even that, there's so many studies that show that when you walk, and you talk, The creativity starts to open up your mind starts.

To think about your situations from a different, a completely different vantage point. And so just doing simple things like that, like telling my, my patients, I want you to walk three times a week this week for about 30 minutes at a time.

good moderate pace, and we'll go from there. And then maybe in the future, I'll start to build a little bit of a workout program for them as we're seeing each other for therapy.

I think that's it right there is that for people who are really wanting to maximize their health, you have to start thinking about multiple components.

Assessing Intrusive Thoughts and Coping

Hopefully for clinicians, it's great to listen and talk with other like-minded clinicians Who realized the benefit of incorporating a lot of these components together in a way that's efficient.

You don't have to see an individual registered dietitian, an, individual nurse practitioner, and individual psychologist. What if you went to a practice where all of it was just embedded together and it.

That should be called modern living, but if we're doing anything, well, unfortunately, we are only worse for it, right? We see diseases just constantly.

growing and not diseases of necessarily aging as it once were. It's just chronic disease where people are bedridden and movement, I say now as a privilege, but movement is also essential and you're right, there's a plethora of data how movement increases BDNF, brain derived neurotrophic factor, VEG, vascular endothelial growth factor.

How cool, you are improving the brain, improving your arteries and blood vessels and heart health. progressing with hippocampal volume and gray matter in the brain and you're getting smarter while you are moving.

I always look at things in terms of our evolutionary biology and once upon a time, especially before the written word, everything was learned through movement, right?

Animals, which are the kind of how to navigate, and then even after the word for my understanding is you would write down whatever you were trying to do and execute through action.

critical to, to move. And often enough, when I go through study periods is I'll always take movement breaks because it helps now ingrain and retain that which that I'm trying to learn.

So people often, I think neglect that component. It's, it's very easily overlooked as we're becoming sedentary creatures and only getting more sick. I appreciate kind of your lens of, of fitness as, and movement as medicine.

Nutrition. How are you addressing nutrition and how does that kind of impact our psychological? state or kind of are using nutrition for behavioral strategies to implement change.

Yeah, nutrition is one of these things. I think a lot more books and podcasts have been talking about nutrition and the amazing mental health benefits.

And even if it's as simple as people being more cognizant of what they're eating, the thing that's really interesting about Nutrition from a psychological perspective is that I feel like When you talk to most people, most know what to do or have a general sense that what they're eating is either good or bad.

And if you ask them, okay, what's the difference between good and bad food? They'll tell you, OK, I probably shouldn't be going to these restaurants or these fast food restaurants as much as possible.

I think a lot of people want to eat well, but there's a could be institutional barriers. For example, you could go to the grocery store and 90% of those foods are not good for you.

And so you might have good intentions to eat well, but then where do you start? And, so there's the education perspective. But then I think there is also the behavior change perspective of like, whenever you change a

behavior, your brain has a tendency to resist it because it likes comfortability.

It likes the things that you've already done before in the past. And that's why a lot of psychology says that if you want to change a behavior, you just need to stick with it, stay consistent with, and that eventually the neuroplasticity will start, those behavior changes will be start to become a part of who you are.

But there's a lotta things we can do, I think, in relation to psychology to make nutrition easier. I'll share this one simple trick. There's something called mindful eating, which is really just like tell people when you eat food, I'm not even going to tell you to change your eating habits.

I want you notice them. So when eat, food I don't want to be watching TV. I want you to be eating your lunch, eating or dinner, and just keeping in mind what you're eating, how it tastes, the texture, The sights, sounds.

And it's fascinating when people consciously start to notice what they're Eating, their behavior starts to change a little bit. And it's a subtle change, but it is a change.

All from just the conscious awareness. We talked earlier about how right now in social media, everybody's on their phones, there's so many different things that distract our attention.

There are so may people who will eat food and they're not even thinking about it. Because we live in such a rushed society, we've got to go to the fast food restaurant to get the food.

we're no meal prepping, no planning. And so there are a lot of non-conscious things we do when it comes to nutrition that has an impact on our mental and our physical health.

And so mindful eating is one strategy that I tell people. I say, listen, just when you eat, you're not gonna do anything else. You're just gonna focus on your food.

Focus on the taste, and then also focus how you feel afterwards when you eat good food versus bad food, typically when people eat negative, bad, food they feel groggy, they fell sluggish.

So when notice those things that will then drive this internal behavior to eat the better food and so that's why I try and come at it from that psychological piece and also try to work with a registered dietitian too.

in terms of maybe the specific… You're telling me I gotta disconnect. Phil, that's torture. Isn't it so hard? Again, this is one of those things. People go to the restroom with their phone.

They can't stand sitting down and not doing anything. You know, people, you go an elevator, everyone's on their phones. We cannot stand just going somewhere and not having to be having some type of stimuli to activate our brain.

What happens when we just sit still? It doesn't exist anymore, right? Well, it does. Obviously people will mindful eating with mindful movement, meditation.

I mean, people are in tune, but as a society, we don't necessarily value that, right? We're all these influencers who are constantly N of one, just talking into the camera, trying to boost whatever they're trying promote.

That's the epitome of where things are going. Right? So the notion isn't to disconnect or stay calm. It's to still be connected. How can I get more? I'm not doing it.

I need to constantly be on 13 different platforms. What is sacrificed? is mindfulness, being present in the moment where you're trying to assess, okay, how does that make you feel?

like the taste, the texture, color, walking in nature. I was just walking into the forest preserve and I just, I decided, okay, no, head phone, nothing.

So I'm building a dam and it was like, wow, this is remarkable. Never seen that before. It hooked up. And then he went under. Where did he go? And it's like you just can hold a breath for 15 minutes.

They have extra myoglobulin. This is super interesting. We maybe take a page out of that book and build that into our genetics or physiology. Anyways, though, that's kind of how I think is how it can optimize.

And that also kind a problem is because it's almost like it never enough. We're always constantly moving the goalpost and so we were always trying to achieve more.

So we've lost that connection with ourself to be self-reflective instead of self sabotaging without again knowing it because we're conditioned by our environment, whether it is our peers or parents or just societal norms.

I appreciate strategies you suggested there. What about sleep? How are you now that you can measure it? I don't know if you're looking at specific numbers or metrics to track certain markers.

How were you helping or improving sleep? Because I find that is really the crux of our modern failure is we are. driving late into the night, staying up late, scrolling, trying to extend the hours to be more productive again, only to the detriment of our own health.

Because to me, if you don't sleep, you're never going to repair. That's when the body really cleans itself out. So how are you improving sleep or working through any specific trauma with some of these patients who are up latest night because they have these self ruminating thoughts.

They just can't shut off. genetics otherwise. Yeah, yeah. Sleep is huge. And like you mentioned, I mean, the importance of sleep, we're realizing how sleep is connected to things like hypertension, dementia, high cholesterol.

There's so many different physical components to sleep. When you live in a society, like, you said, that is just driving that the stimuli with the phone and the TV.

Thankfully, there are some really great strategies. Something called cognitive behavioral therapy for insomnia has been shown to be actually the gold standard to help people with insomnias.

Insomnia, difficulty falling asleep and difficulty staying asleep. Actually, CBTI tends to one of the most effective things, more effective than medication, and in that it is a psychological way that the brain we want the Brain to help you fall asleep.

Exercise, Nutrition, and Mindful Eating

I think a lot of times people are trying to work harder than their brain and that often leads to a Lot of resistance and so we Want your brain to be on your side of things when it comes to sleep and it could be simple things It could Be like sleep hygiene making sure that The lights are dim in your home making Sure that maybe your room or your bed is a little bit colder than than the other rooms in the house or in their apartment.

Making sure that if you are going to fall asleep, trying to find some relaxation techniques before you fall sleep. One of the things that we've seen is that some of best ways to kind of reset your sleep cycle is to wake up at the same time every day.

And I think a lot of times in society, they tell us the opposite. The opposite sometimes in societies, you need to go to bed at same every time. The research shows that you actually need to wake up at the same time every day and that waking up the time everyday is a signal for your brain to establish when to fall asleep and how long to stay asleep.

And so when you combine that effect of waking at same every time day, taking note of your caffeine, which again has all of the societal components of people like They're working 60 hours a week.

They need the caffeine to stay up. I mean, I'm telling people you got to cut yourself off because it's going to impact your sleep, right? And so cutting, you know, taking note of the Caffeine and taking notes of naps too that people take sometimes throughout the day.

When I tell people who are struggling with insomnia, and I say, listen, we're going stop napse for a period of time because we need to get your brain sort of on this regimen and scheduled of when it needs to fall asleep and how long it need to stay asleep.

So those are some components that I'll talk about with patients. The caffeine, the no naps, waking up at the same time every day, and then the sleep hygiene.

to help the body and the mind relax when it falls asleep. Oftentimes when I get people with nightmares and flashbacks and PTSD and trauma, typically those things will wake them up in the middle of the night.

And sometimes that tends to be the hardest thing for people is that maybe they don't have a hard time falling asleep, but the staying asleep part is really difficult because once they're up from that nightmare, they are up for an hour.

I always ask people, okay, when you wake up, what do you do? And the answer that I normally get is, well, I just turn on the TV. Or I just go on my phone and I tell them that is the opposite of what you want to do, right?

When that light emits from your devices, it's resetting your brain to think that it is already daytime. And so what are some habits that we can do to actually get yourself back into that mode of calm and sleep?

And I literally will tell people when you wake up in the middle of the night, I want you to get out of go to a different room and practice some relaxation.

Maybe it's some mindfulness techniques, maybe it some breathing techniques because the longer you are awake in that bed, you're taking your brain and helping your to associate the bed with being awake.

The brain is pairing the the long you awake the more it wants to be awake so what you need to do is that you get out of the room Practice that mindfulness technique.

Come back to the room when you're tired so that you can fall asleep a lot faster. And then over time, the brain will associate your bed with sleep. Oftentimes people do they'll eat when they're on their bed, they will watch TV when on the bed.

They will be on your phone and I say no. The bed is only for sleep or sex. That's the only Those are the only two things that should happen on the bed.

And so we just have to psychologically help the brain that when it sees the bad, it's like the Psych 101 class, Pavlovian response or classical or conditioning that, when he sees a bad it automatically starts to feel tired.

That's what we're trying to do with when it comes to sleep. Here's the thing, these are the things that they never taught us in school, right? These are things they've never thought us growing up.

These things we have just been socialized to think that it's normal. We only see that with our patient population, people are just becoming more and more healthy as we're trying to keep up with the Joneses that we are trying driving the kids, our careers, or finances, wheels, friendships, vacations, fill in the blank, right?

We can't keep up pace. We weren't designed to do that. I appreciate how you're framing it because it's a wake up call. Right? People need to recognize their conditioning, their environment and how it's setting them up for failure.

And it is not necessarily intentionally, right? It's unintentionally because we are adopting to societal norms to try to continue to achieve and move the needle or prioritize often enough, everybody else beside us.

What I often say now is when I didn't realize, to me, When I saw my parents sacrifice everything for my brother and myself, it's like the true immigrant story coming over to the US, Dennis, don't speak the language, a hundred dollars in their pocket, two suitcases, and then having children.

And then obviously your life changes with kids and becomes more kid-centric. Yeah. When I heard that quote long ago, I recognized that that was a problem because I was following behavior that my parents were trying to do the best they could and they sacrificed their lives so that we could have a better one.

And when we lose, when were selfless, we loose our sense of self. I live by the Derek Sivers mindset that when I make certain decisions, it's a hell yeah or it is a Hell no.

And while I don't feel like I need to explain myself with family, sometimes you do. And I won't show up for certain things because I just sometimes draw a line in the sand of, you know, this is how I want to live my life.

It's with respect for everybody. There's no reason to provide any disrespect. I treat others with the same level of respect as anyone else. But the component is I have to put my oxygen mask first.

That I never understood in terms of children and now I do and That's the behavior and I want to model. It's not one of selfishness or narcissism or anything other than, listen, if I am not in my own true self, If I don't have that spiritual guide, I will not be the best version of myself and anyone else will see that.

Right. But that's, not the behavioral that I wanted to models. So I appreciate that in terms of pain. page coming, obviously you make connections with PTSD.

We discussed the nutrition, the movement, asleep. What about chronic pain patients? How are you connecting specific dots? When you're some of those tactics, when you said the CBTI or the EMDR, some these other tools that you are using, do you find that people are just getting out of chronic.

Pain or how does pain play into this whole mental health issue here? Yeah. Pain is one of those things that it can be a beast. And it's interesting. There's a lot of data that shows that people who have chronic pain typically also will have sleep difficulties, which makes sense.

You know, if they have low back pain, maybe they can't fall asleep faster. So you can just treat the sleep. you got to figure out what to do with the pain as well.

Similar with trauma, the way that I explain chronic plane for patients is that The brain, especially chronic pain, so pain that's happened longer than three months, the brain has a way of the smoke detector metaphor of kind of amplifying the noise of physical pain.

And so, a story that I think about, I had a patient who, they described their pain on a scale of one to ten, and they said it was like an eight. But then they went on vacation.

They went to a very tropical destination. they had a great time. And I asked them, when they came back, I was like, well, what was your pain on a scale of one to 10 while you were on the vacation?

They said it was a five or a four for most days. I thought that was interesting. Usually it's an eight. But when you're on vacations, you are relaxing and chilling out and eating some good food, it is a 5 or 4.

Sleep, Insomnia, and Nighttime Routines

And there's something to be said that whenever we're anxious, depressed, we are experiencing trauma, or sleep-driven, that will amplify pain. It'll amplify physical pain, it's not to say that pain is all in your head.

I think sometimes people will feel like someone is being dismissive of their pain but there are physical receptors that are occurring as it relates to pain But we know that the brain again also has a tendency to amplify that noise.

So when it comes to chronic pain, we kind of deal with it in a very similar way as it relates to people's thoughts, people intrusive thoughts and their emotions, their feelings about their pain.

There's some really cool techniques, something called biofeedback or neurofeed back. That's been popular recently when you look at certain athletes who are using certain types of technology.

to help them concentrate better or to perform better. And it shows you the wide landscape of what the mind can do in that if I tell you to go on vacation, your pain can go from an A to a six.

What happens if we can take that level of control and teach you some principles to do that right now? In other words, you don't have to on a vacation to have pain relief.

You can sit right in your chair and get pain relieved by what we could do with the visualization techniques, mindfulness techniques breathing techniques and so a lot of these things are kind of reoccurring in terms of what helps people with sleep or anxiety or depression but we're now just kind being a little bit more intentional as it relates to the pain and I always come from a collaborative approach I'm like you know if you need to go see a physical therapist if we need if need go to see chiropractor or acupuncture Typically, people who can find two or three things that are helping them manage their pain, as long as they're being apt, that's the most important part.

I think so often I see people give up. They try one thing and it doesn't work, and then they try next thing, it and doesn' work. And then, they give and their pains doesn''t go away.

It just gets worse. And so we want to see active participation for people to try and manage their pain. And I think typically it is, it, is a pain management.

It's not to say that the pain will go to a zero, but if you can manage it you, can probably live life a fulfilling way in that when you go on vacation, you're enjoying your time and maybe you are not thinking about your pain as much.

Yeah. I love my patients to get out of pain completely and with modern tools, if, whether it's peptides or exosomes or stem cells. fascial work, how trauma is storing the fascia and manipulating the fascia instantly release pain is remarkable.

So I always send you to patients that come to see me. Pain is a choice. I have people walking in on crutches. Obviously this is, uh, a little bit less trauma induced pain.

We'll use peptides and some other tools, some soft tissue work and people walk out without pain, I, have a testimonial of a, of stroke patient who's She came to me, this was remarkable.

Very colorful individual. Pain level, 178 out of 10. Yeah. I go, that's like emergency pain. Uh, and, we did, you know, uh, some peptides with her and she was shocked.

The pain completely won. She had debilitating sleep issues. Wow. On all PM from years just to sleep. We, again, peptide, CBD, natural nutrients. And she had her first restful night of sleep, completely slept.

What we're able to reverse now with our modern tools is absolutely remarkable. And that's why I say pain is a choice. Looking at sleep, here's two tips too.

One is, I always ask patients, because when I started, 50% of patients came with gut issues and the other 50 with sleep issues. Because again, there is no biological synthesis in the body that works in isolation.

Bodies under stress, that obviously the root of that. So when you talked about stress. And going on vacation, obviously there's a reduction of cortisol and so now our circadian biology begins to optimize our immunology, inflammation where the body can begin to heal and repair.

I always ask my patients is, do you sleep better outside of your home, vacation or otherwise? a question because it

stops them to think. It's like, wow.

And I would probably say somewhere between 60 to 80% say, yeah, actually, I do sleep better outside of my home. So now we ask, okay, what is the environment that you've built that's not conducive to healing or to sleep hygiene?

Another one is that time you set up your alarm clock. Exactly. They go, you know, 5 a.m., 6 a, m. Some of these top execs that I have 4 a and they get at 9, 10 o'clock and, they all have autoimmunity.

is they're not healing, but I, I reframed their paradigm. I go, no, what time are you setting your alarm clock to get to bed? So instead of the morning, and you mentioned, which was brilliant is, um, you know, sleep hygiene and just getting access to, to blue light early in the.

SCN you kind of received your circadian biology is absolutely critical. But what timer are, are are getting to that instead? What time were you waking up?

And you'll find that the people with the biggest sleep, hygiene issues, sleeps, not a priority, it's an afterthought and not the problem. Just like the eating, just like, the movement.

We are no longer living intentionally. These are afterthoughts, but what we do prioritize is our careers or our finances, right? Or vacations. Yeah. We have to take a vacation because exactly our lifestyle is inconclusive and you never watch this.

That is when I was younger, people going to these all-inclusives and just vegetating on the beach. I'll say, that makes no sense to me. Like I don't know how to unplug.

Okay. No, I, That to, me is in a holiday that to be productive. And now I realize like, man, look forward to that. But we're living again, not in congruent with our evolutionary biology.

Looking at, so PTSD, trauma, restoring those sleep patterns, obviously critical. What about? Yeah. any sort of myths that you've had to dispel within your patient population.

They come in thinking, you know, doing this and they're really trying, but again, this notion of self-sabotage and the horse with the blinders, we just don't realize that what we're doing isn't serving us.

And so I think one of the things that I kind of talked about it with chronic pain is that there's this passive component in that people want to feel better.

They want to get better, but they may not be willing to put in the work. And putting in work doesn't mean, you know, that it's just like you're just dragging your body.

Putting in to work could be seeing a specialist, right? Putting into work, could it be going to therapy, putting the word could being trying to figure out how to move your buddy.

But there is an active component to your health. There's a consciousness, there's paradigm that shifts in that you realize that, like, we have to think about our health, So that like first in order to think about all these other activities and unfortunately, we go to all of these activities like things like your career and so forth.

The body becomes an afterthought and then we got 10 years and we can't get out of bed because we are chronically stressed or chronical depressed. And so there are certain things where from a priority perspective, If we can fill our cup first, I love the oxygen mask metaphor in that, what are we doing for ourselves to fill out cups so that we give to other people, so we could give our work, our purpose, the things we really want to do And our life looks more like an outflow rather than us trying to grasp straws to fill ourselves back up.

Chronic Pain, Veterans, and Integrated Care

And so I think that myth of, oh, this will just be a passive process, I don't have to think about it, and I'll have the work on it. I'm like, no, This is this is gonna, there's gonna be work.

But if you're you get out what you put in. So if your willing to put into work, whether it's therapy or going to treatment and things like that, You probably will see some, some sort of benefit.

Let's look at a specific subset of the population because this is super relevant. Veterans. So we appreciate your service. The consequence often sadly can be dire.

How are you looking at relapse prevention? What factors kind of matter most for long-term recovery? The veteran population is an incredibly vulnerable population.

I mean, there's so many different factors that come into play. Of course, you have veterans who serve our country who come back and whether it's dealing with PTSD or relating back to a civilian lifestyle and things like that, I've had veteran patients who talk about this unstillness of what they've seen and those traumatic memories kind of just living in their head constantly.

I've had veterans who get started when it comes to loud noises, who don't like the sounds of helicopters or the sound of fireworks. Who when they go to restaurants, they have their back against the wall because they're looking at all of the exit signs just in case something might happen.

who go into social settings and they're constantly looking at people to see if there's any suspicious behaviors. And that type of lifestyle, when it comes to the body always sort of being activated, it leads to chronic stress and the fatigue and sleep challenges and pain.

From a relapse perspective, I think it definitely looks like from a holistic perspective in terms of everything that we've talked about. And oftentimes, when I worked in the VA settings, what is cool is that there tends to be a little bit more communication with medical providers in a VA setting versus maybe academic medical settings.

But it's not enough. I dream of a practice where it has either a chiropractor or a physical therapist and a psychologist and registered dietitian and nurse practitioner or medical doctor in that they're all literally working together.

What does it look like to go into a session where your psychologist or your medical provider are there with you in the session asking you questions back and forth.

We know that that probably won't happen from an insurance perspective because it's just you know, insurance kind of dictates a lot of that, but what does it look like to have that collaborative, integrative care?

And so from a relapse prevention perspective, I would say the more collaborative the, more integrated that we can get, the better comprehensive care that can give to vulnerable populations.

You're hired because our vision is the same. The only component that I'm missing is a clinical psychologist. So, well, that's how I find what terms can look at security, it's so relevant.

Right? Again, we're only scratching the surface with power of the mind and the power to heal or the powered to stay hurt or vulnerable, or again, stuck in a space that is not safe, which drives this self-sabotage or drive What has becoming plaguing all of us is chronic disease.

And so being able to shift the mind, the one tip that I didn't mention previously is whenever I felt as if I was failing or not enough. Or again, just not in my true space.

I would go outside, I will try to ground myself, bare feet on the earth, find a piece of grassy patch or better still the ocean, the sea, and the sand.

And I was just look up to the sky and smile. walk into our clinic, the first thing you see on the wall is attitude of gratitude. If you can adopt that mantra, I think obviously many of our patients, you know, some of which are very ill, it's our job to kind of understand what's going on to to unwind these underlying drivers, figure out what's the root of this trigger, why someone's stuck, et cetera.

But if you have this attitude of gratitude often enough, or again, spirituality, hope, understanding that the body wants to heal, we just have to often get out of the way.

We have reshape our environment to set us up for success. This has been a genuine pleasure. ideas or anything to kind of tie everything together for our patients?

You know I'll just say and thank you so much for these questions. It's awesome to be on the other side of like trying to you know put these into my thoughts and principles into words because they can often make sense to me but then when I say them out loud I'm like do these things make since?

But I would just for people who are listening whether it's patients or clinicians You know, I think there's a lot of things about the medical system that a medical healthcare system, that just doesn't help patients.

And it's driven from a money perspective or it is driven a siloed perspective. I, think when I talk to, you know clinicians like you. who are thinking outside of the box and are think holistically and collaboratively, I just think, wow, okay, there's hope in this field in terms of what you've seen in your own practice and the amazing healing practices that you have and what I've see on my own.

And so, for anyone that's kind of in that space of desperation or suffering, I think that the hope is that there is hope and that is there are strategies and there our clinical evidence-based methods that can help people.

We just have to take advantage of those things and try and use them as efficiently as possible. So overall, I really appreciate and thoroughly appreciate this conversation.

Thank you as well. Appreciate your valuable insight, your takeaways. I encourage everyone to to reach out to you, to be honest, and hopefully we'll be collaborating here in the near future.

Where can people find you learn more or kind of even a book of consult? Yeah. Yeah, so if you're interested, I have a YouTube channel called Phil's Guide to PsyD.

It is a channel just dedicated to mental health where I different types of clinicians on the podcast as well. If you are looking to book a consult with me or have other further questions, best place to reach me is probably drphilsarpon.com and probably the best places to support me.

Last question I end every podcast episode. If you could have one superpower, what would it be? That is a really great question. I feel like from a time perspective, not that I would want to change the past, but I'd be very interested if I had the superpower of time travel.

to be able to go to maybe to, go into the past and just watch and observe what actually happened in the. Or, uh, to able go onto the future, not change the feature, but just to observe.

Like, I feel like that would be a very interesting super power. What you just said is because there is no expectation in position. All you said it was observed.

And this is what I say to everybody is.

Closing Reflections and Where to Find Philip

When you're feeling something, take yourself out, look at yourself from a higher level, just observe. Any sort of emotion. I know you mentioned like depression living in the past, anxiety living the future.

The present is a gift and we often overlook that moment because we're trying to always plan ahead. Just stop and observe, how do you feel? Are you actually hungry or is it just 12 o'clock and you are going to eat?

You're tired, but you drinking caffeine instead of trying figure out how you can take a nap or why are you tired? What are you doing not self-serving?

So I was very, very elegant. I appreciate that. This has been, again, beautiful. So thank you so much for your time today, all the kind of tactics you provided.

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