

Fear Me Out Podcast

Episode 69

Hosted by Clinical Psychologist - Dana P. Saperstein PhD.

Guest Speaker

Dr. Zev Nathan - Competent Therapists

Dr. Dana 00:00

On this episode of the Fairview elk podcast, I'd like to welcome Dr. Zev Nathan, a psychiatrist that I met about 20 years ago here in Santa Barbara. He and I have worked together with many people over the course of years and I respect him admire him greatly. Zev is an incredibly kind, really sweet man, extremely bright, and very personable. And in my experience in working with him, he's helped so many people get to a place where they can feel a lot better and function much better in the course of their lives. So I'd like to welcome Dr. Nathan on the podcast and I hope you enjoy what he has to say. There are two basic motivating forces, fear and love. When we're afraid we pull back from life. When we're in love, we open up to all that life has to offer with passion, excitement, and acceptance.

Fear Me Out 01:06

Coming to you from our studio in Santa Barbara, California. This is the fear me out podcast. We're not your typical Self Help Program. Our show takes a deep dive into those psychological issues that affect us on a daily basis. We hope to shift your perspective and have you experiencing emotions differently. Now Dr. Dana Saperstein.

Dr. Dana 01:26

I'm continuing my series here on mental health professionals that I admire and respect and Zeb is certainly at the top of the list. What I'd like to do is ask you to talk a little bit about yourself, describe who you are, where you come from, and I'll ask you a bunch of questions along the way.

Dr Zev Nathan 01:40

Okay, so I was actually born in Galesburg, Illinois, although I moved this, I was moved to Cincinnati, Ohio when I was about one. Okay, so I grew up in Cincinnati. Very different than Santa Barbara and what I would say the the unusual, several unusual things about my childhood one is I was born with a cleft lip and cleft palate. So I require multiple surgeries as a child and speech therapy lessons that sort of went through all the way through to my teenage years and into my adulthood. Okay. I was also raised conservative Jewish, which would orthodox Day School, really sixth grade? Yes. And I guess the third interesting thing was that I grew up in a very, very integrated community in Cincinnati, which are very difficult to find integrated black and white. That's what we had in Cincinnati. Okay. And in fact, when there were riots in Cincinnati, in the early 60s, you know, the National Guard rolled down our street. You know, it was a whole different world that I grew up in, very different than the world I live in right now. And very different, geographically, very different socio economically and all those different

ways. So, I grew up, where basically, I always tell people we had we sheets for curtains, we use sheets for tablecloths that we use sheets for sheets, I understand the point of real curtains, and Todd was probably like 45 years old. She's keeping all these beautiful colors and patterns. And that's what our sheets were made. It was our curtains were made out of, and our tablecloths. So anyway, I live a very different life now.

Dr. Dana 03:13

And we're in this social economic spectrum was your family.

Dr Zev Nathan 03:17

Well, my dad was a research scientist. And so he worked at the University of Cincinnati and did research on transplantation. My mom stayed home and raised us, but had not finished college, went back to college while I was in school, finished college, and graduate school around the time, my little brother and sister finished school, and was a dietitian, worked as a dietitian, mainly for the WIC program, which is Women, Infants and Children program. Okay,

Dr. Dana 03:44

and how many siblings?

Dr Zev Nathan 03:46

I have three younger siblings. Okay, so these are the old guy, the oldest, and wisest

Dr. Dana 03:51

and the well, of course, of course, right. So, what was it like being brought up in that kind of an environment? You know, it

Dr Zev Nathan 03:59

was, I lived a very, you know, there's this great song in the musical Wicked about leaving the unexamined life. And I think I led a very unexamined life as a child. You know, I basically did what I was supposed to do. And I went to, you know, I didn't have a lot of major bumps along the way, I would say, the two were going from the Orthodox Day School, where half the day was spent on basically Jewish and Hebrew subjects and half today was on English subjects. And for seventh to 12th grade, I went to a magnet basically what would be called a magnet, high school, junior high school, one school, that was all college prep, basically. And so I went where you had to test to get in. So I went from a school where basically, there was not much focus on English studies, to where it was very intense, and it took me that was a massive adjustment to like, all of a sudden, I didn't understand where these people had learned all this stuff before that I had never heard that before. So obviously that was one day bump. The other I think would be struggling with being gay and it's time when being gay was not looked upon positively. I was I did not come out until I was after college till after college, but I sort of was struggling with it internally. So I'd say those were the two main challenges in growing up. But otherwise, you know, sort of like, I also had this thing where like, I went from a school where there were 10 kids in my class to score there are 500 kids in my class. And I sort of struggled with how to make friends, Billy and I worked on that for several years, and a very sort of organized person with trying to achieve what I want to achieve. And social stuff did not necessarily come easily to me. And I worked on making

bread. And I consciously worked on that. And that took a few years also, but by ninth and 10th grade, I was doing pretty well in that regard. But the first couple years were rough. I would say those were the adjustment parts.

Dr. Dana 05:46

And what about the trauma of having the surgeries as a young child? And

Dr Zev Nathan 05:50

you know, I didn't think about that much really? Interestingly, no, I did not. I was self conscious about how I look. And I grew a mustache as soon as I could easily covered the scars on my upper lip. Okay. But, you know, I think that because I can remember one instance, in my whole childhood and young adulthood, where I got teased for the way I looked or the way I sounded just one time, this one time that I can remember where I grew up there, I went to the same school for kindergarten through sixth grade. Basically, we moved to blocks when I was about five. And I left my parents house for another like probably like 50 years. Wow. Yes, it was like, a lot of stability in that part of my life. And then when I went to, I just wasn't that was not, I feel like, in certain ways, maybe I wasn't paying attention. But you know, it's like, I grew up in this place where like, I did not get teased where it was, it was it wasn't, it wasn't an I remember one instance, in my whole young life, I would say much more frequently, since I was a child, Ellison psychiatrists, children would comment upon my appearance, or the fact that I have a partial, like my front teeth, or my front upper teeth, or a partial, they would come in and what was that weird thing in my mouth that they would comment on something? And that really, I always felt like that completely desensitized, me because like, little kids will say anything that pops in their head, when you see little kids all day long, and those things are popping in their head like, yeah, okay, you know, whatever. So, I would say, but I was very sensitive to how I looked. Not the not that I felt I was teased, but I was very aware of it for many years. Yeah.

Dr. Dana 07:28

And how old are you and you realize that your gave it sort of felt that it was

Dr Zev Nathan 07:32

I worked, I started worrying about when I was probably 12 or 13. But in those days, there's sort of this philosophy that it can be a temporary, transitory thing and go away. I kept hoping it would just go away, but it never went away. Yeah.

Dr. Dana 07:46

You know, it's interesting. You and I are the same age and I grew up in a fairly Jewish also neighborhood. Also. I was in like a middle class Los Angeles neighborhood that was filled with violence of Jewish kids being other Jewish kids all the time.

Dr Zev Nathan 08:01

No violence. There was no, I was so astounding to me. It was amazing to me when I grew up in, I went to school that was 25%, black, 25%, Jewish and 50%. Other that was my high school demographics, right. And I live in a neighborhood that was very integrated. I remember zero episodes of violence, ever, not even anybody hitting anybody in my entire life. And I moved to Santa Barbara, people talking about

how do you fight today's they're like, What are you talking about? That was so foreign to me, like, like, not once? Did I ever see anybody hit anybody? I don't know. It's like, a time or a place or whatever it was, but there was a daddy,

Dr. Dana 08:40

I'm assuming left Cincinnati area when you went to college?

Dr Zev Nathan 08:44

I did. Where did you go? I went to Harvard College.

Dr. Dana 08:47

And was it what was it like for you as a, as a transition from living in a place, you know, in Ohio to

Dr Zev Nathan 08:54

Boston, Cambridge? Well, one thing I would say is, first of all, I had, there were four of us from my high school that went, I already went with three friends. So okay, so that I think easy transition. I mean, it was interesting, because every time I had done a new thing, when I started high school, I started college when I started medical school, not when I started graduate school, but those three times I remember starting these programs, and the Oh my God, these people go to school already. They already go take these classes, because we're How do they know all this? And I had this adjustment period where I would like figured out what to do to how to study. And I think when I went to college, it was the same day. I remember I went to my, we had this whole group that we study for an introductory psychology class because I was a psychology major when I first got to college, but I hated psychology major, and I had a very checkered career paths, path and resetting for the first exam for this psychology class. And I remember laughing hysterically because I felt like I mean, it failed a test. How did people know so much? I did find it was like it was that same experience of like, I'm completely overwhelmed. Like they must have taken this class already. How can I do all this? But I did that, and I made one. I mean, I had a wonderful time in college. I met wonderful people. I was very involved in sort of volunteer programming there. And I ran a bunch of volunteer programs. I was on the board of the volunteer overall organization. And that was a big focus of what I did. A lot of my friends are from that.

Dr. Dana 10:20

And what kind of volunteering were you guys doing?

Dr Zev Nathan 10:22

I mainly did. I read two programs, I ran a Big Brother Big Sister program, and I ran a sort of tutoring educational program for volunteers. And generally, we did that in the Cambridge area. So I had a big brother, I had a little brother for four years. He was a little kid. And and I did tutoring and ran I ran those programs. In the end,

Dr. Dana 10:42

was being of service a big part of your family's philosophy, or is that just something that you individually developed yourself?

Dr Zev Nathan 10:48

I would say very much a part of my family. You know, like, we always grew up, like, you know, my parents didn't have a lot of money. But they would always contribute to things financially and contributed their time to things. I think that was part of it. That is true of my siblings as well. Now I'd say, I have a brother close to be an agent. Basically, he retired. He just does volunteer work all day long every day.

Dr. Dana 11:11

So you got us so you guys were brought up to

Dr Zev Nathan 11:14

to consider other debt was the family. You get back?

Dr. Dana 11:17

Do you think that that's part of the Jewish heritage?

Dr Zev Nathan 11:21

Well, I think for some Jewish people, yeah. Not for all but I think that is part of the general ethic if you absorb that ethic. Yeah.

Dr. Dana 11:30

So when you graduated from Harvard, what type of degree did you get?

Dr Zev Nathan 11:35

I majored in social studies, which is basically a social theory major. Okay, I graduated from college, I wanted to be an elementary school teacher and I went to this program at Northwestern. They were supposed to train you to be a teacher in 15 months. But the product was sort of collapsing while I was there. And after a quarter semester, whenever I went back to Cincinnati, and I went through a couple other careers very briefly, I wanted to go into public administration, then I wanted to go to law school. And then my next door neighbor, my parents thinks their neighbor was the chairman of the Psychology Department in Cincinnati. I used to go to graduate school as a counselor, even though I hated it. When I was in college, why I was, I mean, I liked working with kids. So that was the common theme. I always felt that like, I was always circling what I wanted to do. And I was getting closer and closer. Like I liked working with kids. And so I tried psychology again. But I didn't like it not so much. Not so much either. The second time. Okay, so then I was living in a, I had always known two things with absolute certainty when I was 18 years old. One is I was never going to live in Southern California. I've lived there now for over 35 years. And I was never going to go to medical school. In fact, I knew that with certainty that I was never gonna go to medical school, that I never worried about my grades in college, I thought, shoot, I'm going to Harvard, I'm sure you get to school somewhere if I like graduate school, but for medical school, I would need good grades. I got good grades. But I never worried about Des Moines, because I don't care about my grades anymore. I'm done worrying about grades. So I went at living in this group house with these medical students. And I was in grad school psychology. And at the University of Cincinnati, I felt it was not. There were two things when it was not intellectually challenging. And I had a really hard time sitting still. Okay, and so and I always thought I wouldn't go to

medical school because I thought medical school would ruin me as a human being. In fact, my dissertation was on medical students. I thought, You know what, I think what they're doing is kind of interesting, and they're really nice people maybe wouldn't ruin me. Okay, I decided to apply to medical school. You can see there's a there's a thing here about just the backstories my mother always wanted me to be a roofer. So she didn't want me to do any of these.

Dr. Dana 13:41

Wait a second, a roofer like,

Dr Zev Nathan 13:43

like a rougher like, you know, put roofs on houses that he wanted me to do. Honestly, she was very disappointed. He didn't want me to go to Harvard either. So I got to University of Michigan. Wow, I visited I came back. He said I don't want to go there. My mother said go visit it again. I go visit. That's what you want me to do good years to be here and be a referrer because she felt you're providing a service that people need. You can make a good living, and it's practical.

Dr. Dana 14:08

But what about the sort of Jewish thing that you got to like accede to the top of the white

Dr Zev Nathan 14:13

mother was my parents are very much very much not like that. If anything, I would say we are more down. You know, we're debt, right? We were sort of advised to be more downwardly mobile than upwardly mobile, we were downwardly mobile, a group of people. And when I graduated fellowship, I think the lowest paying job I could find. I mean, like it was never about the money. Really. It was never No, it was never about that. In fact, right now, I have this really fancy house that I have. And my mother, my mother was so disgusted. She like she said, you need to sell this house to give the money to people who need it. Oh, I said when I died, I get no money. Don't worry about it. But you know, she's that's my mother. That's that was my family's attitude about that. That was really interesting. very atypical, but we grew up there. atypically I think yeah, I would say. So anyway, so I decided to get it. So I was living in his house, and I decided we go to medical school, but I wasn't going to try very hard, okay to go, but in those days, I had taken about one and a half science classes in college, but you need these premake requisites, right? prerequisites. But I had taken Advanced Placement, chemistry, physics, and calculus, and I use those as my pre med requirements. Oh, even though I had failed part of the physics AP tests, but I did. Anyway, I use them to apply I got into medical school, and I decided to go and I ultimately finished my PhD also, and

Dr. Dana 15:38

in psychology, psychology. So I mean, there are many paths you can take as a physician, what made you decide to go into psychiatry?

Dr Zev Nathan 15:45

Well, I didn't I decided to go into pediatrics. Oh, I started pediatrics at Harbor UCLA in LA. That's why I came out. So my partner before my current husband always wanted to live in LA. I never wanted to live in LA so yeah,

Dr. Dana 15:58
California.

Dr Zev Nathan 16:01

But I thought, you know, I can live anywhere for three years. That's a pediatric residency is three years I'll be in the hospital all day anyway. Right. So why? Why my dream was my fantasy was I was going to be a pediatrician who did like behavioral pediatrics, usually by PhD in psychology. Okay, that's where that's where I was headed. Okay. And I started pediatrics. An internship was, I think, the most depressed a year of my entire life. I think it was because I, what I really love are people stories, that's my favorite. That's my thing. I became what I did, okay. And when you're a pediatrician, it's all just like, well, baby care. Right. You know, that was the production. I think now, it might be a little different because we have more nurse practitioners and physician's assistants, and you become more specialized. But in those days, primary care pediatrics was a big carrot. And so people come in, the kids come in, check their hips, you know, you give them their shots, right? Yeah. And then

Dr. Dana 17:01

it felt kind of boring to it. Was that interesting to me? Okay. So how did that change then?

Dr Zev Nathan 17:07

So that I applied to it to psychiatry. I know I hated psychology, initially, and I didn't like psychology grad school, either. But clearly, I couldn't stay away from it. So I applied to transfer into psychiatry, and I knew I would do child psychiatry, if I did psychiatry.

Dr. Dana 17:22

Did you do that at UCLA? UCLA, also? And how long was that training for you? So

Dr Zev Nathan 17:27

I did for two years of general psychiatry than two years as child psychiatry or child psychiatrists or general psychiatrists first, okay, get the you can't be charged psychiatrists without PHR or psychiatrist

Dr. Dana 17:38

and then did you go into practice? Then in Los Angeles,

Dr Zev Nathan 17:42

then I became a training director and trained people to be child psychiatrists and psychiatrists. Oh, so I did that while I was at LA. And I did consultation liaison, psychiatry, providing services to medically ill kids, and I did ADHD clinics. And I think sort of getting back to like the cleft palate cleft lip, I think a lot of that had to do with, I think medicine, pediatrics, custody sleeves, and psychiatry, related to the fact that I'd had these medical issues as a child. Okay. So it sort of all made sense.

Dr. Dana 18:12

And as part of your training, where did you where they did they require you to do through therapy, your own therapy, like they do in psychology programs are not so much,

Dr Zev Nathan 18:21

they did not require that. And they did not require that my psychology program, either really PhD programs. No, it was an academic PhD program, you know, back in the 80s. You know, like you were publishing, you weren't like going into the Republic, it wasn't a

Dr. Dana 18:37

clinical program. It

Dr Zev Nathan 18:38

was a clinical psych program. Really, it was the clinical psych program at housing university program. And so there are only eight students. So you did like these internships. So you did practical work, and you did research work, you did research and practical, that's what you learned. But that was a PhD in Clinical Psychology. Okay, did you ever thought like Sid part it was a, it was a PhD, where they're basically trying to train you to be an academic.

Dr. Dana 19:03

Okay. In all of the work that you're doing, did you ever feel compelled to do your own your own self discovery?

Dr Zev Nathan 19:11

I did. Why did therapy I started therapy for the first time. When I was in medical school, it seems to be

Dr. Dana 19:18

okay. Was there a specific reason or or?

Dr Zev Nathan 19:21

I can't remember that. I guess it had to do it sort of like being gay dealing with being gay that I was not out to my parents initially. Okay. It had to do with coming out to people and that kind of thing.

Dr. Dana 19:32

Okay. And when AIDS came into the picture, how did you how did you live with all of that? It was such a

Dr Zev Nathan 19:39

I was very lucky. Okay, first of all, I lived in Cincinnati and secondly, I not a very adventurous in person. And so basically, it succeeded how half year relationship with the first guy I went out with, who is also another Jewish guy like Jewish guys, Jewish guy and that lasted for six and a half years. So like basically I had been augments relationship or Okay, till we really understood what AIDS was, you know, because that started, like so many I started going out with him in like 1979. Okay, basically an ace was that big. It's a daddy, really ever. It's certainly not then. Okay. And so by then I moved to California with him. And I did write groups for people with AIDS when everybody was dying and depressing and I had to stop there. They're all like my age. They're all they're all like me and they're all dying. Yeah. And I'm very, I could not do palliative care. I get way too

Dr. Dana 20:32

emotional and cry. Oh, sure. Well, it's so tragically, is really sad.

Dr Zev Nathan 20:36

They're all like, basically my debit my demographic. Yeah. Well, that's what I was wondering how so? So basically, because I lived as it's at the beginning of it, I really didn't have any friends who died of AIDS. I had a gay cousin whose partner died of AIDS, but I didn't really have any. I had a lot of people I worked with who died of AIDS, but I did not have any friends your database that I had that were friends of mine before. Oh, okay. today.

Dr. Dana 21:00

Okay. So when did you then start working? sort of as a clinical psychiatrist?

Dr Zev Nathan 21:07

Well, so when I moved to Santa Barbara, well, I had a small private practice in LA. Okay. So I ran this program, and I read critics and I did services for the county of LA, and university, UCLA, and I had a small private practice also. So I did maybe eight hours a week in private practice. So I was in LA. And then when I moved up to Santa Barbara, I did four days a week in private practice that I also did some training for the family practice residents of Ventura. Oh, okay. I did some work at calm. The Child Abuse Treatment Program zero. They did some training at calm, and some of the family practice residence cuz I liked teaching. And I was I didn't really want to give that up.

Dr. Dana 21:47

What and what brought you to Santa Barbara, then, Neil?

Dr Zev Nathan 21:50

Oh, my current husband. So I've been waiting for like 26 years.

Dr. Dana 21:53

Where did you meet him?

Dr Zev Nathan 21:54

I met him on a blind date. Really? Yes. We were set up by a straight friend of mine from college of medical school. And I always thought this is the funniest part. Because I think straight guys, it's so like, so I said to Steve, that's his name. I said, So you showed me a picture of me. So he knows what it looked like before this blind date, right? He said, Yeah. I said, Well, you have a picture of me. I said, No. He said, he said, so what does he look? He says, I don't know. Looks like a Guy. Guy. Seriously, I mean, are you talking about a woman likes lately? Anyway, I thought he's very hands on. So anyway, that was 26 years ago.

Dr. Dana 22:29

And so when you met each other, obviously, you fell in love and right. And he was living here at

Dr Zev Nathan 22:35

the time. So we did a wide distance relationship for two years. Okay, 90 miles, you never Yeah, not a huge, huge thing. But I had I had kids, I had four kids at that point. You had four children. I have five kids now. I have five kids.

Dr. Dana 22:50

I knew that you did. But I couldn't. I didn't know the story of how many of them there are and when they came into your life?

Dr Zev Nathan 22:55

Well, I have four kids from birth and white kid I acquired after I met Neil, who was already older, but I have four. I have three biological children, and two adopted children.

Dr. Dana 23:06

And the biological children who who was the mom, and how did this? Did you mind me asking these? No,

Dr Zev Nathan 23:11

no, no, they are. So I have a son, who's 32 and twin daughters who are 20 H. Okay. And I had them with what was a lesbian couple at the time. Oh, although one of the women is now with a man. They're not a couple anymore. Whether it was with a man. And so that's how those three came. I have an adopted daughter who's 29 You I adopted with my partner before Neil. And now I have a son, who is 42 that came into my life as a teenager after I met Neil.

Dr. Dana 23:46

And I did that.

Dr Zev Nathan 23:49

Because Neil knew his mother, and he'd sort of been drifting along living with an uncle in Santa Cruz. And this is very near late. So Neil invited told me he was coming for three days. He took gave the income for two weeks, and he basically stayed for the rest of his life. Oh, that's sort of what happened. And, and lucky for me, he's provided me with two grandchildren. So like, I am not complaining.

Dr. Dana 24:12

Yeah. So you have a lot of children and I have five children. Yes, they do. And so you move them from Los Angeles. No, I

Dr Zev Nathan 24:18

only move the one. So of the five children only three ever lived in Santa Barbara, the three oldest the two youngest never lived here. And she stayed lived at La with theorem and their mother's mother's the mothers broke up to me at what point they broke up. But I know that the Son came to live with us. Okay, but the daughters stayed at LA.

Dr. Dana 24:42

And, um, are you close with your with your kids at this point?

Dr Zev Nathan 24:47

I'm very close to the three oldest and not as close to two. Yeah, you should never live with me.

Dr. Dana 24:51

Oh, okay. Okay. And what was it like to raise, you know, raise children under these circumstances. So

Dr Zev Nathan 24:59

I always So funny. So we moved to Santa Barbara. And we live in Montecito, which is a very, very the whitest place I have ever lived in

Dr. Dana 25:08

my life. It's true, right? So

Dr Zev Nathan 25:11

I want her to go to this private school because it was more diversity in the private school than it was in our public school. So it was very funny because like, so they do this little pre tests, you know, for these little five year old four year old kids. And so I'm out waiting in the lobby while they're doing this test. And I hear I hear the, the tester whenever she was the interviewer s, Violet, some questions about like, her mother and her siblings, which she couldn't really answer credit. She's like four years old. So she says she has these sisters and a brother, where do they live? I don't really know. And he's question about her mother. It was just sort of funny. Like they clearly the woman had not read the chart. Before she started. I do give the school credit because I basically commented to them about this after this event, where she did wind it right. It's quite I did do a big in service for the teachers and stuff. You're the first openly gay family they had. I know, they've had others since then. But you know, when we had children, so let's see my son was born in 1990. So that's whatever. Yeah, 9090 that Sunday. So I knew all the gay fathers in LA who had fought who were fathering children from birth, were not good marriages with a lot of gay men had children in heterosexual marriages. But then there were like, maybe four. So you knew all the other people? I mean, now there's that was a different world. Yes. But you know, back then, you know, like people, people call us and taught us about how to do it. What did we do and all this other stuff? You know, it was it was like, but you know, we really had pretty good experiences the whole time.

Dr. Dana 26:46

Sounds like it. And I think that that

Dr Zev Nathan 26:49

made kids up here grew up in a it's a bubble. Yes, it is unreal bubble. This is not real life.

Dr. Dana 26:55

And they go to public school or private, a mixture of

Dr Zev Nathan 26:57

schools, some privates of any different kids with different places, but private and public. Both.

Dr. Dana 27:03

Yeah. You came up here and started a private practice. And did you was in from the beginning specializing in working with kids?

Dr Zev Nathan 27:12

Well, I started out with, well, in the beginning, I would see anybody want to come? Right. Right, because I was just like starting, but it filled up very quickly. So then it rapidly became a practice, right? Generally, I like to challenge the people who had failed other things. Like other other other therapists, or other psychiatrists, because I did there, I had a therapy slash pharmacology practice. And so I would say that a lot of people I saw benefited most from having a single provider model as opposed to a split provider model, because I can manage everything and keep it sort of keep an eye on everything. So I would say, I stopped seeing very young children, pretty young children pretty early on, because like, I always felt like I didn't have time to see people, I was so full, I'd rather see the people that I felt I could do something for that could be solved easily by somebody just writing a prescription for whatever they needed. Or who could, you know, it was more people who had failed other things. So that my practice got older, older until finally, you know, you get your practice so that when people have been there a long time, you see almost nobody who's a child anymore. I have a giant closet filled with toys that I never got to use. Okay. But my grandchildren loved,

Dr. Dana 28:32

I'm sure, yes. Well, when I met you, I know that your life was filled with a lot of adolescents. Because anytime that I worked with somebody in that age range, and they needed psychiatric intervention, you were the guy for sure. Was there a philosophy that you are sort of adhering to in the way that you look at people and you're looking at kids or teenagers or

Dr Zev Nathan 28:54

I think that? Well, one thing I always say the good thing about working with kids and adolescents, they get better a lot faster. I always tell people, parents a much better investment to get your kid help younger because it's much easier to fix. Yeah, because you can, you can. So part of my I guess there are two parts that I think about what is I think the more way first of all, the more information you gather, the better. I'm always skeptical about psychiatrists or therapists who don't take advantage of gathering information from prior practitioners or collateral. So like family members or other people, it's like, why are you reinventing the wheel? I mean, I do believe in talking to the adolescent first informed my own opinion before I get it colored by other people, right? Because I think that kids don't wait to feel like you already have a pre judged opinion of them. So I will always say like, I know very little about you because I don't have a very, very bad liar. I learned a long time ago, I have to really set this very carefully myself out of a line of questioning or thinking or communication, where I might have to either why we take can't do or not why we tell you don't want to do. I see where we're going. I just had to change the subject. But so I think one is my philosophy is get as much information as you can. And two is, I also feel like the joy of working with kids, adolescents is you get to be much more of yourself. Because, you know, like, I am not, although I brought that to my work with adults too. But I think that like, you can't be a blank slate. You have to be yourself and be real. Because why should they trust

you? You're I mean, like, most teenagers are not coming to you voluntarily. That is true, right? kids and teenagers are coming in because somebody is making them. Yeah, right. So like, the more human you are, oh, so there's that. And the other thing is, I always feel like, I like to start by asking them questions about things that they're really good at. Right. So I've had at least 12 people explain to me how hockey works. I never played hockey, I don't really know how hockey works. They don't pay that close attention. But yeah, but like, but so they're good at, right. So it's not like so tell me why you're here and what your problems are. It's more about like, let's, let's see who you are as a person. Right. So I think that's an important part of it, too. So be yourself collateral information. And I also think one thing I have found a lot of young people have been betrayed by therapists, and feel like they told people stuff a confidence. And that has been revealed to either their parents, or the police or other people that has really made them very paranoid and hostile towards mental health practitioners, I try to be really good about, like, I will, when I meet with parents, initially, I will invite adolescents to come they almost never come. But I try to, essentially, I will tell the parents at the initial thing that like, I will not tell them what their kids are telling me. And their kids are telling me they're doing drugs all day, I will not tell them. Right, right. So if they think their kids are doing drugs, drug tests, because I'm not going to tell them I really clear like, unless they are unless I'm worried they're gonna kill themselves or somebody else that they've been abused, I'm not going to tell them. And I say that in front of the kid. So the kid knows. Now, of course, it doesn't mean the kids are going to trust me right away. But I've always adhered to that. Okay, so I think that being honest, and have a good boundary, not disturbed by your own personal life. But a good boundary is what I protect of theirs. Right? I think.

Dr. Dana 32:22

So. If adolescence, as an example, as your questions about yourself, personally, are you comfortable answering?

Dr Zev Nathan 32:29

Yes. Yeah. I mean, there are things that like, I'm sure there are things I won't answer. And I can't do anything right off the top my head, but like, super personal questions, I might not answer but that kids are not generally that interested in me. Honestly, I'm not dated per se guy. But I think that it's more, it's more letting them know you will answer things. Right. And I think if I really think it's not in their best interest, I might not answer it. But I mean, like it said, A Barbara, I've come home to my house. And so my kids had different last names, and I bought them my house and found patients of mine. They're there by Chuck's they have a different last name. Right. Right. So how would they know they wouldn't have no way of knowing? Right? And, and, you know, I've had patients live next door to me or behind me, you know, like, how much secrets could you have?

Dr. Dana 33:17

Well, in especially in places like Santa

Dr Zev Nathan 33:19

Barbara, right. I don't feel like there's a lot. I mean, there are times when I did tell people I was gay, because I talked about my kids, they'll assume that I'm a straight married man, I don't want them to sort of go down that road too far. So I'll just cut out to them then. And then there are some people, but these are more adults than kids who I won't come out to use it. We just like, it's not necessary. I think it would

be detrimental to them become interfere with their ability to I mean, the enemy probably worked through it. But like, why bother taking their time and money to work through an issue that I brought up? Right. So I won't, I won't do that.

Dr. Dana 33:53

When my kids were in high school, junior high, but mostly high school, I would see people that they knew and I would tell them, you know, I know where you are all the time because I have spies in play

Dr Zev Nathan 34:03

exactly. Like he got busted at a party once. And one of my patients texted me exactly. Seriously. And

Dr. Dana 34:11

my kids would say that's not fair. You have to tell me who they aren't. So I'm not allowed to tell you there are just know that I know where your friends are. They liked me enough to tell on you. It gave me such a great advantage when they were teenagers to know what they're up to.

Dr Zev Nathan 34:26

But here's the thing, I always felt like I knew way more than I wanted to know that's the problem. I rather live in denial, either. It's that no as much as I knew,

Dr. Dana 34:35

well, I always have the experience of my kids being rank amateurs compared to what I was like at their age because they were an amateur compared to what I was like, I was not the easiest teenager. I was very easy. Yeah. So it was great to have that advantage. It worked. It was you know, it was useful. So other things that you consider him Well, I actually do have a question. When someone comes to see me, and they feel like there's something really wrong with them, because of the symptoms that they have, oftentimes I try to help them understand that their symptoms are a way of communicating to me what maybe some of the underlying issues are, and that there may not necessarily be anything in culture wrong with them, even though their symptoms can be quite, you know, destructive. Is that a philosophy that you adhere to? In some ways? What I

Dr Zev Nathan 35:29

would say is no, this really answer your question, but what I would say is, in the old days, when I first was in practice that I would see sort of more random people come in sometimes I'd be like, I don't really think you have a problem. Okay, you know, so I think that, like, we have a society that I think, thinks that because we're about kids, or this case, but a society where we think everybody should be perfectly able to be fixed. Instead of that either, we're all human, and we all have stuff, right? You can just be quirky, it doesn't mean you have a problem, you can be different. It doesn't mean you have a problem, you can be different for your parents, it doesn't mean you have a problem. So I guess that's what I find is that like, I think, well, I always used to say to people, so I always said things that were they even my therapy patients, we have an assessment period. And I would say at the end of the assessment period, I will tell you what I think the problems are, and I will give you a some ideas about things we get should maybe could be done, okay, at that point. And you will have a diagnosis because you need it for insurance. But I don't really believe it diagnoses necessarily, there's just not that accurate. What I want

is for us to agree on what the problems are. And for you to hear what I think these are, they can be done to help you or your child. At that point, you could decide you want me to help you you want to see somebody else, I don't really care. Right. You know, if I think I'm not the right person, I'll tell you, I'm not the right person. There are things that I do not excel at, and I will send people to other people for that. And so I guess I always look at it like it's not, it's we're what are the issues that are problematic? More than what even more than what are the problems? What are the things that are causing distress and issues that could maybe be helped? And these are the ways to try to help them?

Dr. Dana 37:13

Okay. Okay. So it's an open minded approach, right?

Dr Zev Nathan 37:16

I try to be so one of the reasons why

Dr. Dana 37:20

I've shied away from working with preteens is because General in my general experience, the parents are the problem, not the kid. But here's

Dr Zev Nathan 37:28

the joy of it, is if you get the parents on board, you can really fix that kid pretty fast. Well, that's probably true, right? So the way I look at it is, Thank God, I could access all those people.

Dr. Dana 37:42

So what do you deal with? I mean, like, how do you handle the parents that are resistant to accepting that it may be their relationship that's called gave up

Dr Zev Nathan 37:49

yesterday? Somebody called me for consulting advice. Well, what I'd say is this, first of all, I can count on one hand, the number of parents who I think are not, we're not in my whole career. I know they are in my head, who were not doing the best they could. So I always hate from the perspective that the parents were doing the best they could except these three instances where they were not. Okay. Well, now should you think of for most of those instances, all I can say is, I would try to fire them. And what's interesting is when you try to fire people like that they do not like being fired, even though they're not doing anything you tell them to do. And they will say you essays about why you shouldn't fire them. Like, you're not listening to me. So anyway, what's why we take them back, but be genuine, I would say is it the parents really won't listen, I will tell them. And just what I've done before, I will gather all the other people working with that kid, right? Because usually, it's more than just me. Yeah. And I will see are we all on the same page, if we're all on the same page, I'll say, look, these, we think you need to try at least one of these things, wherever these things are. If you freeze it any of these things in a month, or at some period of time, we're all going to fire you.

Dr. Dana 38:58

So it will be a group firing or C group. But because I don't think it's

Dr Zev Nathan 39:01

fair to like leave the other people high and dry, okay. And if they're not doing what I tell them to do, they're not doing anybody else tells them to eat.

Dr. Dana 39:08

I love this approach. It's fantastic, though. It's

Dr Zev Nathan 39:11

very effective techniques for getting people to ditch. I have a really good one. I always tell people, I get you to do anything you really want to do, but you have to really want to do it. And I have this. It's now it was something that we did with my friend, a friend of mine to finish my dissertation. For we were working on a dissertation, I had exactly 15 months to write my dissertation, because I was taking the time off for medical school. And we were we met every week. And if you didn't meet your goal for the week, you had to set a certain amount of money your organization you hate it. Oh, right. And every week you didn't do it. You had to send twice as much. Come on. Yes. And and people have developed this. It's a model that people use. And I will tell you this, it's been studied not by me. It is about 90% effective.

Dr. Dana 39:57

Wow, that you have to send money to Oregon. As I hate that you hate

Dr Zev Nathan 40:01

it, it doubles every time and checks it each time. So you have two checks you have the first two checks are ready \$10, you have the 10 to \$20 check, what I found was that most people don't really want to do what they say they want to do. Because I say I could get you to do whatever you want. If you really want to do I'd say this is what we're gonna do. I would say a good 80% of people who say they want to do something, they don't really want to do it. If you really want to do it. You wish you knew you could do it. You give me the checks, not that complicated. And you would do it and people do it.

Dr. Dana 40:33

And how many checks have you had sent to?

Dr Zev Nathan 40:37

I had sent checks? I would say nobody's really sent more than four checks at most. Okay, usually within 40 checks. They either get it? Yes. Or they decided what to do it fine. It's not my life, you do it don't do it is your life. You said you want to do it. Right? I can't guarantee quality of production, but you've guaranteed production.

Dr. Dana 40:59

Right? Right. Okay, that makes sense. And I've made clever tricks

Dr Zev Nathan 41:03

like that. Most of which my daughter said, I couldn't tell other parents because she didn't want them to learn about them. They would say, Oh, why was Dad does this, right? You know, I did things like that.

Like it because I would tell her friends parents that they would be like it tried to institute mostly were not as effective as I was instituting these behavioral programs.

Dr. Dana 41:23

That is very interesting. How do you then distinguish between someone who would need medication and someone whose issues are not necessarily brain chemistry related? Because that's a question I'm asked a lot from people

Dr Zev Nathan 41:36

see what I would say, Well, so what I always say to people, when I would do evaluations, I always put medications at the end. So if I'm going to make a list of recommendations, I'm going to make a list of everything. And then medications at the end. So a lot of it depends on what except for certain situations where like, you know, they're really psychotic or something. So I would say there's certain instances in which medications are by far, the preferred treatment, like if you're psychotic, or you have your manic, you know, your bipolar, manic or you're so depressed, that you can't get out of bed in the morning. And the short of that it goes with it, I think about complementary alternative medicine stuff, because I did some of that. It really goes with like, what your attitude is about medicine, what your experience has been with medicine, what your family members experience with that medicine, how willing you are to invest time and energy in the non medication options. Right, right. Yeah. So so it's not a simple answer. Because it because like, you come in and say, I don't believe in medicine, but you know, I don't want to go to therapy three times a week, or I don't want to do you know, CBT or whatever it is that you might be recommended for your situation. All right, okay. Well, I don't know what to tell you that he gives like, there's no magic wand in my office. Some

Dr. Dana 42:50

people believe though that medication is the magic wand. Well, and

Dr Zev Nathan 42:54

as always tried to say that there is no psychiatric condition for which medication is the magic wand. Okay. So you will see there is zero. At least they like it they get it can be magic wand ask perhaps. But there is nothing that I would say that's the only thing you have to do. Now, the problem is, some people don't have the financial resources or the community resources to do other stuff. So so that's another part of it, right? Like what, what is your time highlight to do other stuff? What's your economic resources? What's your insurance, like? Not everybody has the luxury that like you or I might have, I know that I certainly had the luxury to do. Not everything but many things, in addition to or instead of medications. So all those variables had to go into account. But in general, what I would do for like, most things, depression, anxiety, OCD, eating disorders, a lot of that kind of stuff, you know, I would put medication at the end. Or the other thing I would do this is to add medications to you, I would give certain things a period of trial, I'd say like, well, like you, you live with this level of anxiety you the result of a depression, why don't we try you try therapy for or CBT or whatever kind of specialized therapy we now have amazing, you know, non medication options to try that for three months. We have, we have a lot. I mean, even for non medication, non therapy options, we have, you know, transcranial magnetic stimulation, we have psychedelics, which I was studying, we have ketamine, we have a lot of things that we can use to try to, but we have a lot of things that are sort of regular medications. Right, right.

But I also think what they used to do a lot of was was education of non Med, non psychiatrists, both mental health providers and pediatricians. If you have any doctor's fees, I think the way that you make a referral to a psychiatrist is really important, and that therapists not refer their clients to psychiatrists unless the therapist supports medication, right? If you don't believe because what I say to parents when they come in, if you did, and I say this to adults, but no Not quite as directly. It's particularly to a parent, if you don't believe if you don't support this with 90 If both parents or any primary parents that can be one, or three or whatever, but if evidential support it to at least 90 or 95%, there's no point even trying, because it's going to fail, I promise you, it will fail. Because you either not give it regularly. I always talk about the miracle of Hanukkah, right? So hydrogen lights are supposed to last for one day dice for eight days. So I used to run this clinic for ADHD where we train doctors to do this. And they would come in to they say, the parent says medicine is not working. And I would look at the chart, they say what we have here is the miracle of Hanukkah, running prescription for a month, and it lasted for three months. What a miracle. You know what, there's not working, they're not taking it exactly what they need, like. And so if the parents don't support it, and the kids going back and forth between two homes and one parent is not getting it reliably, it's not going to work, or the kids are going to complain about the side effects. Everyone's gonna have something not Well, most people have something. And if you believe it, you'll say, Yeah, I have a stomachache, but let's try it for a few more days, maybe the stomach ache will go away. Maybe well, you know, like, if they don't support it, I will I want you to prescribe it. I'll say like, you know, what, if I'm just doing the prescribing, I'll say, you know, if you decide you want, we'd have more conversations about it, if you decide you support it, you both support it. The kid does not necessarily have to support it, but the parents have to support it. Right.

Dr. Dana 46:22

So on a different subject, I can't remember exactly when it was maybe or so ago, you told me that you were giving up your work temporarily. Because you were not well, which broke my heart for two reasons. One, because I did not like the idea that you are well. And number two, you are my favorite guy to refer to in the whole world. And, you know, and you're sort of needing to pull away. Are you comfortable talking a bit about what you've been through on a personal level?

Dr Zev Nathan 46:49

Sure. So I was diagnosed with stage three lung cancer about three years ago, although I never smoked a no temple. He was three years or three years, it was May of 20 when they saw nodular biolog. Okay. And luckily, it wasn't any worse than it is. And I've been doing really well. What I would say so I I was doing actually really well with it because it's been confined to my luggage and it's not escaped by I had surgery and chemo and still doing chemo is not escaped my lung. And right now, it seems like I have a one centimeter tumor that might still be there. And that's it. That's always pretty good for three years. That's really be like cancer. Yeah. Unfortunately, about a year ago, I had a what was supposed to be a minor biopsy procedure done at Stanford where they do to their medical negligence, I wound up having a left sided cerebellar stroke, which makes it difficult for me to walk and right.

Dr. Dana 47:45

No, no, what was the the procedure was a lung

Dr Zev Nathan 47:50

biopsy, obviously. So so they were supposed to inflate my lung for like 10 seconds. Okay, hyperventilating me, and they inflate it for seven minutes at 10 times of normal pressure. Seven times is normal pressure, which cause Embo. I probably do it in my brain, which, and then they made me they made a mistake mistake after that. They refuse to do a physical exam for 48 hours. They treated me for a heart attack for 48 hours. Or they did I have a heart attack. I had a stroke. Even though my family was clamoring for them to do something. They basically said, wait another day. So I laid in the hospital for 48 hours. And then they came in? Oh, you had a stroke? Yeah, we were telling you that happy days. But nobody did a physical exam for 48 hours. So anyway, wow. So I had cancer and I've had a stroke. But I'm very fortunate because my kids are seems to be doing pretty well. And my stroke is a left sided cerebellar stroke, which means that it affects my ability to walk and type, but not my higher cognitive. That's good. Right. Right. So I can still have a conversation with you for sure.

Dr. Dana 48:52

I appreciate that. I mean, I again, I don't know if you noticed, but I've had a couple of strokes myself, and they were not pleasant experiences. Sure

Dr Zev Nathan 48:59

now and super. Not pleasant. No. But I guess the advantage of it is that it was so out of it for a few weeks that like I didn't wasn't fully aware of how unpleasant it was.

Dr. Dana 49:09

Yeah. Wow. I'm so sorry. Yeah. So right now your practices on hold rats, but maybe temporarily.

Dr Zev Nathan 49:17

Well, my I was studying right before the start. I was studying the use of psychedelics and psychotherapy, because I think that's the next cool thing. Yes. in mental health. And my old boss at Harbor UCLA, where I was before I moved here. It's a big extra at a high WASPA Oh, so I've been around this for like 25 years, this whole area. And I just finished a certificate training program, really at the California Institute of integral studies. And then I had a cert, I was gonna go do more training, but I had a stroke. But if my cancer remains relative, relatively quiescent, I'd say yeah, we do something with that because that's I don't want to ever have a practice again, but I have to close a practice, because psychedelics and psychotherapy as well. or episodic, you've come in you do it, you go back to data when you're done. Right, right. I don't want to be responsible, I got vacation, I want to go on vacation and not worry about you, right? Because I used to worry about people. Sure, right? So I want to be able to just go on vacation and not worry, I want to not assign people out, I want to just, I see you, and we're done with this treatment. And you might come back later, but you're somebody else's client, not mine.

Dr. Dana 50:22

And it's just I asked, are all different I would do.

Dr Zev Nathan 50:25

So the two, I wouldn't even do iOS, I would do the two things that we really studied were MDMA and psilocybin, because it is believed that MDMA and psilocybin will be the first to approved for medical use the United States. So I would like to do it, you know, legally, if possible.

Dr. Dana 50:42

Oh, of course, what do you think about the notion though, that for some people, MDMA has caused Parkinson's because of the dopamine receptor?

Dr Zev Nathan 50:49

I don't think there's really good evidence, you don't think that oh, no, I went in? The red is that like, you're using relatively small doses compared to what people do use? In other words, you're using pure medication, relatively pure medication that's been sort of vetted and right, studied, managed, and in relatively small doses, and you're not doing it a lot. Right. You know, in other words, it's like people do, go and use these drugs recreationally, all the time. So I feel that the, there's no good evidence that using these medications in these doses for these short period of time, is going to cause any problem. I mean, anything can happen. I had a stroke from a ridiculously simple procedure. So yes, there's a risk of anything, right. But I think that psychedelics will be for people who have failed other things, or who don't want to do other things. Or, you know, the nicest thing he does is if they work, well, ketamine isn't working. So is that really true psychedelic, but with psilocybin or MDMA that works? You're done. Right? You're not having to do it again.

Dr. Dana 51:56

Right. So and when you talk about, like psilocybin as an example, you're talking about micro dosing on a regular doses. So

Dr Zev Nathan 52:03

I think there's that great research yet on microdose, even in regular doses, and right ear regularly, they're just starting to study that. That's a tricky one, it is hard to sort of separate out placebo effect from the active microdose by actually microdose, you know, in like psych in psychedelic doses. So that's what's been studied.

Dr. Dana 52:25

So. So if your health cooperates, it's likely that you'll go back and start working with people to do that. Yeah, that sounds fun. I know. I think so. Yeah. And your husband, psychiatrist, also, as he retired, he's

Dr Zev Nathan 52:39

also retired. He's retired he had, he had medical problems before I did. So he's been retired, I want to say good. Eight years. Okay. But he's completely retired, he's never gone back to work.

Dr. Dana 52:49

Okay. So, again, really important question. When somebody's looking for a psychiatrist, what's the best way for them to find somebody that's capable and will not cause harm? The hard thing is there's a shortage of psychiatrists. I know that were right. Oh, it's crazy here inside novice

Dr Zev Nathan 53:09

to like everywhere. I think what I would say is a good psychiatry Well, first, I'll get a referral from somebody, you know, who felt it starts to be the light? Obviously, it's the best way. Right. But what I

would say what I would tell people who asked me is there are certain things that I would say I and again, it depends on what your financial economic insurance situation is like. But if the world where your oyster, right? Well, I would say is, I would want somebody who would ideally approach you with an open mind, who would do like I would say, to do a good evaluation of a new adult patient is an hour and a half, okay to do a good evaluation of a kid or teenager is three visits. Okay? That would be the model that I would want to look for. Okay. Again, that's assuming you could do anything. I would also say, I would want somebody who would contact previous practitioner, previous providers, right, and, and not try to reinvent the wheel. I would want somebody who would not jump to prescribing too fast. A lot unless you were, you know, you already came in sort of knowing what you need to you'd had it before you knew it worked. Or you were in a real crisis. I would want somebody who would be able to provide you with it. Psychiatrists was your first point of contact. I want somebody to provide you with a treatment plan that included these besides medications, because there's really nothing I can think of, unless you said, I work 80 hours a week. I have no you know, like, all I have is medical. I don't have any money. I just need to feel better because I can't get up in the morning. Go to work. Okay, fine. You know, it's a different situation. But if you had the luxury of time, and some other assets and money, time and money or insurance, I would want somebody to give me more than just here's a pill out. Here's As the it's really important, I run into this all the time, people are getting prescriptions, and I get calls about this all the time too. And they're said to come back. I like people I like to have, I like to leave people with the algorithm of not going to see them for a while. So I'll say, Look, do this for x period of time. If that doesn't work, do Y, increase this decrease that do whatever it is, particularly with stimulants, but with almost anything, I don't want people to be like stuck waiting for an appointment for three months from now and not feeling well. So I would want them to either what maybe both have an algorithm and also have more not have people say, well, let's see how it goes for six months and come back, right? Like, these are all like the red flags, I would see. But but so you're not going to know that without that. But you can see what their philosophy sure of how they practice it. If somebody said, Why do an evaluation for 40 minutes, and I'll see you in for half an hour and six, maybe like, Well, how could they know you in 45 minutes? I can't even give somebody an hour and a half? I know

Dr. Dana 55:56

that sounds really starting? Right? Well, especially with something as serious as medication. Right?

Dr Zev Nathan 56:01

Right. So that's like any other thing where I find people, and I had this happen recently, where a former patient, I was, like, you want to make sure they check everything else. If there's a psychiatrist, they take all the other medicines, your eye check for drug interactions, take for any medical condition. And if they don't, which sometimes they don't, right, that's another red flag, I always check people's drug interactions.

Dr. Dana 56:24

Okay. So basically, you have common sense. And you apply it to the

Dr Zev Nathan 56:28

well, you know, it's not like, you know, I mean, it's not rocket science ways. It is remembering to try to do those things. But yes, it's very common sense base is like, if you thought about it, is this what you'd want?

Dr. Dana 56:42

Yes. But I mean, as somebody who's experienced a lot of medical treatments, and a lot of different parts of my body, I don't currently encounter as much common sense as you might wish,

Dr Zev Nathan 56:51

what tell me about, I'll tell you my experiences like that. And I'm a doctor and my family members are all not all. I have a bunch of doctors, and it still didn't help me in the in the end, right.

Dr. Dana 57:01

So we're coming out toward the end of our visit, I'm wondering if there's anything else you've that I haven't asked you or that we haven't spoken about that you consider to be really important that will be of use to the, to the listeners of this podcast, your people are rumored psychologically minded and interested in their own self development and healing process?

Dr Zev Nathan 57:21

Well, the one thing I would add is, I always feel like you want to believe and I believe it's for my patients, like people say, How do you do this work is so different. So you don't here's the thing. Pretty much everybody gets better. Like you have to have a therapist, or a psychiatrist who believes you're gonna get better. Now, is it true that I had a few people who they get better? Yes. But it's such a small percentage. Like, if you're really committed, if you have some, you want to believe that, that your practitioner believes you're gonna get better. You want to feel that coming from that. So there's hope. There's hope, because that's like, that's a big part of it. I would add,

Dr. Dana 57:59

okay. Well, I really appreciate you giving me this time. And I think that people are really going to enjoy what you have to say. For sure. So Jeff, thanks very much.

Dr Zev Nathan 58:09

My pleasure. Thank you for having me. It was great.

Fear Me Out 58:12

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