Hello, and good day to you. This is Tracy Harrison from The School of Applied Functional Medicine, and I’m coming to you for our monthly deep dive for practitioners. Today's topic is, Beyond the Science: Practitioner Pitfalls and Best Practices. Here at the School of Applied Functional Medicine, one of our key differences in the education that we offer to our practitioners is the word applied. In fact, the vast majority of practitioners who come to us for advanced technical and clinical training, already have quite a bit of knowledge in functional medicine. They may be truly savvy, many of them actually already have other certifications and credentials in the world of functional medicine, but what they're looking for is that additional layer of devil in the detail know-how beyond the science, especially beyond the published research, and then also, that practical application of the tools.

Because, at the end of the day, it's not enough to know better, right? I mean, I'm a scientist by training and by passion, I love knowledge. The geek in me and the geek in you could get together and party and just look at functional lab work results all day, and read medical studies, and talk about the pluses and minuses of the study design, and the P values, and whether or not they proved what they were really looking for, and all these things. But at the end of the day, I know that the reason you're here, the reason you are on the progressive edge of healthcare is not just because you love the science, not because you deeply enjoy the knowledge. At the end of the day, each of us is participating from the lens of a certain modality, and our unique life experience and temperament and passions. We have a calling. We want to help people.

It's not enough to just know things, right? People's lives are not changed by your knowledge, people's lives are changed by the way in which we empower them. Because, at the end of the day, more lab data, more research, more knowledge, if that doesn't actually get translated into helping someone to get well, and most importantly, to stay well, then what’s the value of what we're doing? Right? So, here at SAFM, we are passionate about not just the rigorous knowledge, but the devil in the detail know-how, and then building lots of rich practical confidence and competence in complex case practice, through dozens and dozens of case studies.

Today, I want to step a little bit away from the science and talk about some of the key practitioner pitfalls, mud puddles, we like to call them, and also best practices with regard to the actual therapeutic encounter. Not so much the knowledge, not so much what we do, but how do we do it? How do we deliver that care? Now, I want to dive right in, because, I find this is knowledge that very few medical and
healthcare educational outlets period are offering, much less, those that are focused on advanced
training and continuing education.

The first thing I want to talk about is the things that comprise the most common pitfalls or mud puddles
in the world of being a practitioner. We as practitioners who are trying to use the functional medicine
lens, regardless of your modality, we are more focused on trying to not just band-aid symptoms or treat
symptoms or the outward expression of disease. Rapid relief is important for sure, it can really help to
galvanize a patient's belief in their ability to heal, which I'll talk more about in just a second, but it helps
for them to galvanize their belief in you as a practitioner. But ultimately, we're trying to transcend that
rapid relief, whether it's a supplement, or a dietary change, that rapid relief is only the beginning of the
work.

And while it seems like maybe a short-sighted thing that you maybe naturally transcend in the work that
you do, the first thing I want to start with is there are still way too many practitioners out there
identifying with, "Oh, I'm a functional medicine practitioner." They, by and large, are looking at the
notion of replacing drugs with supplements, right? "We do lots of expensive testing, and medications
can have unintended downstream consequences. So, let's reduce toxicity, let's reduce those negative
effects with long term use, and replace drugs with supplements." Okay, there's probably value in that
for sure, but that is not the comprehensive practice of any kind of healthcare through the functional
medicine lens. Right? That is just the beginning.

But I will offer the challenge that it's just the short-sighted as the allopathic lens that says, "Oh, you have
these symptoms, I've given you this diagnosis, here are the things that you can use to artificially
suppress what your body naturally wants to do so that you get relief, or so that we stop something
dysfunctional or potentially highly debilitating or even fatal, that the body is doing." This doesn't mean
that drugs aren't wonderful blessings and can be highly appropriate in certain situations, especially
life-threatening, or what I call body part threatening circumstances. But that is not the comprehensive
practice of healthcare. It's just the beginning. And we have to be very cautious that in our practice of
functional medicine, that we don't lead people to believe that all they can expect is more band-aiding or
suppression of symptoms, just maybe with a more natural alternative.

This is part of the reason, by the way, that functional medicine has a branding problem. We see this all
the time. I've seen it in my own practice with hundreds of different people challenging, they have some
sort of cynical or skeptical questions right upfront, because they may have had an exposure to functional
medicine. And they're largely convinced that functional medicine is going to very expensive practitioners
who don't take insurance, who are going to require me to do thousands of dollars worth of testing. Now,
you, like me, may have a whole bunch of but, but, but, but, right? Sure, your time is valuable, and testing
is valuable. And there's all sorts of really wonderful functional testing that can help us to get better
insight into what is at play.

But, if you want to grow a business, and especially if we want to grow an industry, and a movement, and
a transformation of healthcare, we've got to listen to the feedback of the people we're trying to serve.
And if people see this very limited view or perspective of what functional medicine is about, it makes perfect sense that they would be potentially turned off into pursuing the finally getting resolution of their disease processes by partnering with someone who is going to look at their suffering, at their struggling, at their dis-ease in a completely different lens. And so, I want to dig more deeply into some of these topics and give you some alternatives for consideration.

But, going back to the single largest negative choices that I have seen have a negative impact on your patient or your client's ability to heal, is this - we do not honor, respect, and lead with the value of the therapeutic encounter. Conventional medical education tends to focus on this notion of therapeutic distance, right? Creating an emotional type of dynamic that allows you to stay entrenched in the science, in the facts, in the data, right? But there's some fascinating research that has been done in particular over the past 10 years, that is helping us to see that the actual quality of the therapeutic encounter has not a small but a dramatic impact on whether or not a patient actually experiences relief, and in particular, whether or not they actually get resolution of their disease processes.

Now, if you have studied the placebo effect at all, this is not a surprise for you. But even if you just studied relationships, right, if you've studied the science of empowerment and of motivation, and what types of choices would actually lead someone to make personal lifestyle change in pursuit of being healthier, you know that the educator, the inspirational speaker, and yes, you, as a healthcare practitioner, have a dramatic impact on the downstream action, resolution and healing of the particular person that you're serving. And so, before we get into the details at all of how you do that, it's very important that you understand that data makes it very clear that you don't get to disappear from the therapeutic engagement.

Your mood matters. Your level of rest matters, right? The level of time that you have spent taking care of yourself, so that you are positive, and vibrant, and healthy, and well rested, and not overcome with stress, these actually matter because it affects the way in which you show up. Because, perhaps surprisingly, perhaps not, depending on where you're coming from, the factor that, all of the studies that I have reviewed, and we have an awesome course at SAFM called The Mind-Body Connection and the Placebo Effect, we created this course a couple of years ago and it was fascinating to pull it together. Because, the scientist in me, yeah, I understood what the placebo effect was about, and I extrapolated like, "All right, the placebo effect, it's that annoying thing in pharmaceutical drug trials that pharmaceutical drug research is always trying to transcend, right?"

But at what point does it become fascinating for us that it's really challenging, it's actually incredibly challenging to get a known scientific remedy to be more effective than somebody's belief that sailing will help, that water will help, that a sugar pill will help, or, that you, as a practitioner, will help. Regardless of what you recommend, your very presence will help. That is something that all of us as practitioners have got to start buying into, and believing, and using in designing our particular brand, and our therapeutic encounter, and the way in which we show up and do this work. Does anyone want to take a guess at the particular criteria, at the particular aspect of the therapeutic encounter that patients are actually aware of, in many cases, but perhaps also unaware of as making the most difference, and whether or not they get the maximum healing ability from your interaction with them?
Because, I find it's the thing that, not only does it not typically show up in healthcare or medical engagements, but it's actually something that is actively discouraged by typical medical education. It's empathy. It's empathy, right? And we know that one of the most powerful key aspects of empathy is eye contact, listening. And for those of us who like to talk, like myself, we need to remember that listening involves shutting up. There's no such thing as continuing to talk or type and still relaying that you might be listening. That's not going to happen, right? We've got to stop the practice of walking into a room, briefly making contact, and immediately sitting down and typing, and not asking people how they feel, how they feel!

We ask them what the problem is, right? And the assertion, unless you ask otherwise, is that they're going to go right into the body parts that hurt. Right? When they talk about how they feel, they're going to give you things like pain, or spasm, or tightness, right? Things that are uncomfortable, things that are evidence of dis-ease. But how powerful would it be, even if you're writing down some of the symptoms, how powerful would it be, if, after you've gotten the symptoms, you stop, you put your pen down or you stop looking at your computer, and you look them right in the eyes and you say, "I'm really sorry that you're struggling with that. I have to imagine that is not a fun experience at all. Why don't you tell me how it feels to be struggling with these things?" And then, get quiet. Stop talking. Stop talking. Right?

Oh, my gosh, we have so much knowledge, we have so much know-how, we have so many ideas and so many things that work and it's almost like we can't stop ourselves. It's like verbal diarrhea, we're talking about, "You could try this, and you could try that, and you could try something else," and we have the hardest time not talking and being quiet. And do you know why I think that is? First of all, we don't understand the importance of empathy. And I completely get that so many healthcare encounters are crazy short, they're way too short, right? But even if all you have is 12 minutes, you can still create a powerful transformatively moment of empathy. Even if it's only 120 seconds, you can develop the skill, you can become truly expert at palpably pausing, creating eye contact, smiling, displaying emotion, dropping that scientific exterior, right?

Oh, my God, that's crap. No one is inspired by someone who's trying to keep professional distance. They may be frightened of you. The fear that you talk about, may motivate them to do something because they're scared. But people don't stay well because they're scared. People may do something to not die because they're scared. But are they going to fully get well, much less, stay well because they're scared? Oh, my God, no. That's why people keep going right back to the same old dysfunctional lifestyle habits they were doing all along, and it's the revolving door of disease. So, they keep coming back with some problem, every three months, every six months, every nine months. Is that really why we're practicing, because we want people to experience the revolving door of disease? I don't think so. I don't think that's why we're here. I don't think that's what our calling is.

But we can create the impetus, the specific palpable pausing to make eye contact, to express empathy and compassion for their suffering, to ask them to tell us how they feel, and wait until they tell us. Wait, wait. There are many practitioners at SAFM that would tell you that sometimes they're so caught off guard by the question, which is a heart-wrenching thing that you've never asked them before, or no
one's ever asked them before. And they will pause, and they maybe hopefully will allow themselves, allow their body to be filled with the emotion of just how much this sucks. And they may cry. They may choke up, they may get angry. And one of the most healing things we can do is allow them to feel seen and heard. There's therapeutic power in that.

It's not a nice to have, it's not, "Oh, well, I don't want to be a touchy-feely kind of practitioner." Or, "I don't feel rested enough or grounded enough in my own life, to allow that emotional contact." Well, my goodness, what a powerful opportunity for self-care for you, so that you feel more comfortable doing that. But there is healing power in that. And one of the primary reasons why we tend to lead with talking, writing, talking, writing, talking, writing, writing, question for clarity. Talking, writing, talking, writing, one more question, talking, writing, hold on, type some more, right? They don't feel seen, they certainly don't feel heard, other than what you might be documenting with regard to their presentation.

But one of the reasons why we don't shut up and listen, is because conventional medical education never teaches the practitioner that some of the most powerful case insight is going to come from the patient's own intuition. Please write that down. Those of you who've been practicing through the functional medicine lens for a long time, could probably, like me, tell stories all day long, about how when we finally got quiet, and we finally asked a really poignant question, without supposing that we knew the answer, without talking on top of someone, without rushing them, without trying to put words in their mouth. And we asked, "What intuitively do you think is the real root cause reason or two, why this keeps happening?" And then get quiet. Don't say, "Is it this or is it that?" Don't put ideas in their mind, just get quiet.

And they may shrug their shoulders and they may say, "I don't know." Or, "I feel like we tried so much, I don't know." Then there's a very powerful return question, "Yeah, but if you did know, what is it?" Because, in my experience, my patients are really smart, really self-aware, intuitively astute people. And I know, from years and years in practice and thousands of thousands of patients, that the people that I partner with to help them find their best wellness, usually know deep down inside, one or two things that are really key for why they got sick in the first place, or for what's holding them back from getting well.

"So, I would love to know what you think that is. And it's okay, if it sounds weird or strange, trust me, I've heard it all, it's okay, right? Sometimes the true root causes are strange or unusual things. When you think about your history and your story and how you got to where you are today, what is it? What is it that you think is one of the key roots of why you're suffering?" And then keep looking them in the eye, smile lightly, breathe, and stop talking. And in my clinical experience, 90% of the time, they're going to tell you. And whether it's clear immediately or not, write it down, because there will be truth in what they're sharing. Because odds are, they've known for a long time, but they've been to all sorts of allopathic or conventional or short-sighted or way too truncated sessions, and no one has asked them that.
Or, they may have shared it, and practitioners rolled their eyes. I am disgusted at the number of people who have said, "No, they laughed at me. They chuckled at me. They rolled their eyes. They told me, 'Well, that's highly unlikely,' or, 'I've never heard of that.'" Oh, my gosh, how does that feel? How much courage, first of all, does it take for a human being to sit in a therapeutic encounter with a practitioner, a medical or a healthcare practitioner, who are highly lauded authoritative figures in our culture? How much courage does it take to say what you really think, especially when it sounds like you’re a whack job? And then we poo poo it, we roll our eyes, we suppress it, we chuckle, we treat them like a child, we run right over it on our way to the prescription pad. That’s ridiculous.

But this, my friends, is happening way, way, way, way, way, way, way, way, way more than I think any of us would like to acknowledge. And this, whether you want to excuse it or not, or justify it or not, the reality is, if our calling is about helping people to get well and stay well, nothing about that set of choices is going to help people to get well or stay well. People are not stupid, especially in this day and age where people do research, right? They go to webinars, they read blog articles, they go to podcasts, they go to summits. And as much as there are jokes about people assuming that they’re the medical authority because they went to a summit, sure, I appreciate that.

But going to the opposite extreme and assuming that they don’t know what they’re talking about, simply because what they mentioned is not in some peer-reviewed medical study, that’s ridiculous. We know, through the functional medicine lens, that, so often, those roots of disease, those initial triggers, those initial root causes are the kinds of things that until you ask the right question, you’re not going to know. It doesn’t matter if your intake form has five pages or 50 pages, you may not ask the right question. And at SAFM, we joke all the time about the things that a patient is never going to tell you unless you ask. And it can be biochemical things like, they’re missing a gallbladder. But they were told that gallbladder was an optional part of the body, and so, it never occurred for them to tell you that, because they just didn’t think it matters, right?

They’re, for sure, not going to tell you that they were an abused child, unless you create rapport, and empathy, and space. And then, gently ask a question that would naturally lead them into a safe space to share that with you. And then, biochemically, my goodness, the whole notion of childhood trauma, and how that predisposes the HPATG axis, how that trains the amygdala, how that sets up a conditioning response for the entire rest of their lives? This is a critical aspect of biochemical truth. And so, this is a place where we’ve got to support one another in honoring the therapeutic encounter, owning how we show up. Not using our lives as an excuse for why we can’t show up doing the best possible job of setting up a healing-promoting therapeutic encounter.

So, yes, my friends, your self-care matters. You’re eating whole natural foods, you’re getting enough sleep. Your eating hygiene, your sleep hygiene, your relationships, your mindfulness, your meditation, your yoga, all of those things have a direct impact on whether or not what you show up and do in your practice every day, regardless of the modality, whether it has the maximum scientific and biochemical impact. You’ve got to own this truth and start giving yourself that, so that when you show up, you can do so with an easeful body, with your shoulders being back, breathing evenly, with a smile, with eye contact, and you can hold that eye contact through silence.
Because, those of you out there who are trained in coaching, whether you're a nurse practitioner or a health coach, or a therapist or anybody else. Coaching with the lowercase C, right? Coaching is an art that all of us as practitioners, through the functional medicine lens, need to be very skilled at, right? Whether that's your primary modality or whether you have certifications or licenses in it or not, we need to learn about coaching. Because, silence, silence conveys compassion and empathy, allows people to be seen, creates a platform for them to be heard, and allows space for truth. And sometimes a true root cause of disease is a person who has never said their truth.

On the practitioner forum, there are very sacred moments when a practitioner comes and shares, just sharing something wonderful with their awesome practitioner family at SAFM, like, "Hey, folks, I got something really powerful to tell you today. This is the first time that I've sat in a Zoom call and had someone share that they had an abortion when they were 17. And nobody knows. Not a soul knows." That is a sacred moment. Do you think for one moment that that's not a healing moment? That that's not an opening for true sustainable healing? All sorts of truths come out. The amount of crap, of grief, of suffering, of blame, of shame, that people have stuffed down into their physiology, that their nervous system, their HPATG axis are trying to accommodate. That has massive downstream biochemical implications.

This is applied functional medicine, you have got to make space for this in your therapeutic encounter. So, empathy is huge, right? Sharing your emotion, right? It's not about telling your story. Please do not tell your story and run roughshod over someone else's story. You know what? They don't care about your story. If your story is really interesting or sounds better than theirs, they won't tell their story. Stop telling your story, just show empathy. Just show empathy. "My heart hurts for years that you've been struggling so much." It'll only be sincere if you make eye contact. But speak your truth, make space. And stop telling yourself you can't do that because you only have 12 minutes. That's crazy talk. Because I have had powerful encounters with people who establish that in two minutes.

It's not about the amount of time. Sure, if you have more time, can you do more? Absolutely. But we've got to stop saying, "In the conventional model, I cannot do any of the right things. So, I'm going to have to leave conventional medicine to go do this work." Not true. Stop saying that. Stop saying that. There's tons of examples of committed, devoted practitioners transforming their conventional allopathic practice with applied functional medicine, using the available time. I appreciate immensely that it's challenging. But saying it's challenging, and saying it's impossible are two totally different things. You do what you can. You do what you can in the time you have available. And I would argue that you should know and trust that the impact may be massive, massive.

So, please stop using that excuse. Because, here's the thing, my friends, there are all sorts of different successful viable business models for doing this work. And, again, our practitioners come from 60 different countries and 20 different modalities and dozens of different business models. We don't teach about a business model at SAFM, because there's a jillion choices, right? There's not one right choice. It's about all of us using this knowledge and this know-how, through whatever lens we are practicing. But we're not going to transform the global practice of healthcare, if we believe that the only way to do it is
to jump ship, to leave whatever job security, whatever retirement plan, whatever professional collegiality and connections and familiarity you have, you can do that, there's lots of people doing that. Functional medicine got started by people who were willing and able and committed to doing that, that's great. But we're going to transform healthcare by supporting a massive diversity of different types of business models, and slowly infiltrating and integrating functional medicine knowledge and know-how

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and art, into the practice of conventional medicine.

I want to talk for a moment about the placebo effect. Because, my friends, this is something that I'm happy to admit, 10 years ago, when I would hear about the placebo effect, I would think, "That's just fake it till you make it. I have the faith, I have the hope that I'm going to get better. And so, I'm going to be a Pollyanna and put a happy face on it, and I'm going to be able to ignore my sentence and this kind of thing." And I just got to be honest about this because I think a lot of practitioners think about the placebo effect as being this loosey-goosey, fake it, fool yourself type of approach. But when you actually dive into the science of the placebo effect, this is really fascinating science. And I really want us, as a collective scientific community, to stop hating the placebo effect in pharmaceutical research because it's that pesky thing you have to transcend in order to prove that your drug is valuable. It's almost like an annoyance. Oh, my gosh, we've got to start harnessing that sucker. Because, if you can harness a person's own innate ability to facilitate healing, simply based on the impetus, the expectation to heal, that, in the vast majority of clinical studies, is 25, 30, 40, wait for it, 60% of the impact. Why in the world wouldn't we lead with that?

Why would we not start by activating every single solitary patient's own placebo effect? I think the first key part of that is, you can't expect them to believe, if you don't believe. It's not authentic, and it looks like you're lying. And they're going to be able to tell. Even if they can't put words on it, they know when deep down you're thinking, "Hmm, wow, this is not going to get better. I mean, maybe there's a miracle, but I just don't think this is going to get better." They know, stop it. Don't give recommendations that you don't truly deeply down inside you believe are going to have a palpable sustainable effect on their healing, and then share that confidence. So, to follow on with what I said before, after you establish empathy, you hear the whole case, right? And hopefully, if you're following some of the pearls we talk about in our semester programs, you've done a solid preparation before you have an intake. The most powerful opportunity to set up a placebo effect is during your intake session. But if you don't get their intake paperwork, and their symptom checklist, and their prior labs before your intake, and spend some time in advance of your intake session clearly seeing a little bit of what's going on, it's going to be really difficult for you to activate a placebo effect during your session. One, because you're going to be too busy taking notes. Two, you won't have enough time to think on the fly to really have authentic confidence about how you might help them.

And you're not going to be able to look them in the eye and say, "I spent some good focused time preparing for our session today, going through your history, your labs, your symptoms, and you've been able to share some additional data with me today about your particular challenges, and here's what I want you to know. I am confident that we can work together, and that you can get better. I am
confident I can help you. I am confident that we can team together to investigate and explore and get to
the root causes of why you're suffering. And I'd like to partner with you. Are you excited to partner with
me in creating a new future for yourself? It only works if you look them in the eye while you’re doing it.
It works over the phone, too, by the way, because there is an honesty, an openness that can happen
over the phone, assuming you're not shuffling papers and being distracted by other things.

But, this is a really powerful opportunity. How can you ask them to believe, if you're not believing
yourself, but then you don't tell them you believe? Don't assume that they know you believe that. They
don't know that at all. And in fact, if you're giving off any type of physical vibe or they have some kind of
crap history from prior healthcare interventions that make them believe otherwise, they really may not
understand. They may not assume at all that you believe. They may take a facial expression or
something else that makes them think, "Oh, crap, you're distracted. You don't believe me either.
Damnit, this is just going to be a waste of time again. Okay." Or worse, you say things like, "Well, I'm not
really sure what's going on. Most people who have this problem end up having to take a drug." Or,
"Most people don't get well." Or, "Unfortunately, the prognosis is."

Oh, my God, stop saying that. There is a reality here of the glass half full and the glass half empty. Both
of them are true. What is the difference if you were to say to someone, "I'm really sorry to have to
deliver this diagnosis to you. And unfortunately, 50% of the people who receive this diagnosis don't
recover. And they do have to take medication for life, and some of the symptoms that you're
experiencing are likely to get worse. And so, this is really a shame. So, we're going to do the best we can
to help you, and I'll leave a script for you out at the counter." Oh, hey, folks, this is standard of care. But,
oh, my God, seriously, that's the best we have to offer? How much belief, how much placebo do you
think that's creating?

I've got news for you, it is creating something. It's not a placebo, it's a massive nocebo. And nocebos are
just as powerful as placebos, right? It's about a belief system. But you could also say, which is equally
true, "Based on everything that we've been through, the technical diagnosis for this dynamic that's
happening is this. But there's something really exciting about this and while I appreciate that this news
might be hard to swallow, there's something really exciting about this, that I also really want to make
sure you understand. A full half of people who struggle with this dynamic, actually get fully well, and
they stop suffering, and they regain their vitality, and their future life is completely different than the
suffering that they've had before. 50%. That's one in one 50% shot.

"And I don't see any reason whatsoever, in the conversation we've had and what I've learned about you
so far, I don't see any reason whatsoever why you can't be part of that 50%. And I am excited about
partnering with you to make sure you're a part of that 50%. All right? So, I'm in it. I'm committed, I have
some real strong knowledge and insights into what we might do to reverse this dynamic, and I'm really
excited to partner with you." You would think that we're talking about two completely different
scenarios, but, oh, my gosh, it's two sets of facts. Right? It's two sets of facts. Both are accurate, both are
the truth. And I think and I want to challenge you, I totally get that most of you are going, "Oh, my God,
that first person is terrible." Right?
Well, first of all, that first scenario is happening way more often than any of us might like or enjoy acknowledging. But I also want to acknowledge that even all of us as well-intended practitioners, if we're honest with ourselves, probably most of the time we fall somewhere in between those extremes, right? And there's always an opportunity to stay inspired and empowered and supported, so that you, as much as possible, show up in a way that maximizes, not just lightly taps, but maximizes the placebo effect.

Placebo research is fascinating. We cover a whole bunch of scenarios in the course that we put together, but hypnosis dramatically speeds the healing of bones. 30% of hypertension patients who were on a placebo, who switched to a placebo, that looks exactly like the prior drug, same shape, same density as a capsule, they maintain, not for a couple of days, but for many months, the whole duration of the study, they maintain their optimal blood pressure level. Sham surgery sometimes works better than real surgery, especially if the study design goes to great lengths for the sham surgery to sound like real surgery, so that even though the person is put under anesthesia, their nervous system is taking in cues and clues that make them believe that they're getting a surgery.

And then they, of course, heal faster, and get better, and have less pain, because they didn't actually have a total manipulation or restoration of the joints, so, they don't have as much inflammation. But six months later or a year later, sham surgery is just as effective or better than real surgery. Okay, so let's stop for a moment and honor what is happening. The reason we have such an effective survival mechanism as human beings is because our brain has the ability to anticipate what's going to happen and protect us from it. There's a reason we have an amygdala, right? But, I think most of you are aware, from your prior education, that, in anticipation of an event that's been experienced before, or an event where we have an expectation about the outcome, the brain starts responding before the event. And this is not some hocus-pocus, fake it till you make it kind of dynamic. We secrete endorphins, and neuropeptides, and neurotransmitters; and GABA glutamate balance changes, and substance P synthesis changes, and receptor behavior changes, dopamine shifts. There are very real biochemical dynamics happening, because people have the expectation that they are getting better. What is it like for people to get a lab result that's slightly better than the one they had before? And do you make the point of saying, "Oh, my gosh, supercool, it's moving in the right direction"? Or, do you say, "Ah, it's not statistically significant, so, we can't really go off of that. We don't really know whether what we're doing is helping yet or not"?

Oh, my God, stop saying that. Why would you say that? Why would you not take the opportunity to say to someone something encouraging? "This is moving in the right direction. This is supercool. This is encouraging to me. I hope this is encouraging to you, too." There's nothing wrong with saying that. Why would you not want to encourage people? Why would you not want to fuel their positive expectation moving forward? These are things that we've got to start doing. Another thing I want to talk about is the difference between a diagnosis and the dynamics. So many of you, if you've been to Facebook Lives before, or if you're a student with us, you know I'm really passionate about this topic. Because, I not
only suspect, I've seen play out, the amount of harm that can be done by delivering a diagnosis to someone that is frightening.

Because, what do people do? Well, first of all, they have an aggressive nervous system reaction. They probably go into a sympathetic dominant nervous system mode, pretty much nothing about that is going to help their healing whatsoever, and I can teach you about that if you want to know. But, downstream from the amygdala surge, the adrenaline surge that happens from that, nothing good happens, growth hormone is suppressed. So, for sure, healing is not improved, but there's changes, and muscle contractions, and neural transmissions, and hormone synthesis, and receptor behavior. There are palpable changes, based on their reaction to what you have to say.

But here's the thing, I get that we have diagnoses in the modern conventional medical world and it's part of how the medical profession communicates to the insurance profession. But diagnoses give people really frightening things to go home and spend hours - frequently while drinking alcohol - to google about just how bad this could get. Just about how much worse could it get, just how bad could the symptoms be. Could they die? How soon could they die? How ugly will it get? What are all the other terrible things that could precipitate in the wake of this particular diagnosis? It is not, I think, up for discussion that this is doing harm for people. However, what I also know is that when you deliver the truth to people, and I'm all about the truth, I just think that there's a lot more effective, clinically effective, as well as just loving, oh my gosh, just loving and caring, but much more clinically effective way to deliver their truth, which is to teach them what is happening, to educate them about the dynamics that are happening in their body.

Because, here's the thing, you can't go home and google dynamics. I mean, you can, it's really complicated, and it's not going to bring up scary things. It's going to bring up your blog and my blog, because only functional and integrative and naturopathic and other root cause practitioners are talking about the dynamics. So, it's probably going to bring up something, if they do google, that would actually be helpful, or inspiring. So, if you teach them about the dynamics of what is at play, you create the opportunity that they can go, "Oh, so, is that why this happens, and then this? Because I've noticed this. Is that why that's happening?" You can go, "Yes, exactly. That's exactly what you're seeing."

And then you can say, "And the awesome thing is, this dynamic can be stopped. It can actually be reversed. There's plenty of scientific knowledge, plenty of research to demonstrate that this dynamic is at play in your type of suffering." Use that phrase, "Your type of suffering." That is personable, it's relatable, right? And being able to explain to them the dynamic of what is happening, being able to share that this is a dynamic that can be improved, or, in some cases, even reversed, and that there are lots of different choices and aspects of the dysfunction that you can partner with them to investigate and explore and improve, and maybe even reverse. That is also true.

But it's really hard for people to go home and google a dynamic, like I said, without getting some good stuff. But it also sets them up to feel like, first of all, you trusted them to understand what the heck you were talking about. And it's one of the reasons why at SAFM, I teach classes using everyday basic
analogies that you can literally turn around and repeat to the people you serve. Because, when you use highfalutin language, and you’re medicalese and this type of thing, sure, you’re being accurate, I get it, we could all spar with the highfalutin language, but that’s not going to help someone to understand what is at play. Because, when people understand what is at play, they much more readily connect to the possibility of it improving. It actually fuels their placebo effect.

At the end of the day, with all of our knowledge and all our know-how and all our commitment, I believe that, regardless of your modality and your licensing, the most powerful services that you will provide to any patient, to help them not only get well, but stay well, are education, inspiration, and empowerment. Even once they get well, the only way they’re going to stay well is to sustain lifestyle change. And they’re only going to do that for so long because they're afraid. And when they stop being afraid, unless they have a real strong, innate belief in the necessity, the importance, the value of sustaining healthy lifestyle habits, they're going to go right back to the same old crap that everyone they know and love is doing.

Because, let's face it, being healthy in our culture, as my friend, Pilar, likes to say, requires being a healthy deviant. The only way to be healthy in a sick society is to be weird, to be different, to be a unicorn, to be a deviant, to be willing to make a different choice when everything in society wants you to keep doing the same status quo that's created the epidemics of lifestyle disease that we already have.

So people are not going to keep doing what you recommended to them, unless you educate them why it's important, in a way they can understand, unless you inspire them for what's possible in terms of improvement and stopping the dynamics, and possibly getting to a remission and a return to true vitality. They've got to be inspired. They're inspired to do a whole bunch of other things, right?

You've got to compete with that inspiration, there's only so many hours in the day, and then you've got to empower them, and empower them - telling them what to do is not empowering. They need tools. It's not a matter of telling people what to eat. If they can't find it, afford it, prepare it, and enjoy it, it ain't happening, my friends. They will do it as long as they are afraid, but then they're going to fall back to other choices. So, we've got to empower people with choices that are practical and compatible with their life. If people see the value, if they're educated and inspired, they're willing to go out of their way to a certain extent.

But if we have one size fits all recommendations, if we don't have someone in our practice or our referral network that's going to provide implementation support, with regular fairly frequent meetings and accountability and creative strategizing and partnership with the patient in order to come up with new solutions when what they've tried isn't working or isn't sustainable, they're not going to stay well. They're going to be a one-hit wonder in the wellness game. They’re going to be right back, revolving door disease. Which, also hearkens back to the number of people I've supported in my practice, who've gone to some really, really well-educated, some very famous functional medicine practitioners, they got the $5,000 to $10,000 worth of lab work, all very high quality, and they have a list. We call it the list. They got a list of the 27 things that they should do to get well, and 19 of them are supplements. And that's what they were dropped off at the curb with.

But I've got to tell you, friends, the number of times that we meet with these people, and how much of those very well-intended intelligent recommendations, how many of them have they actually done,
have they actually implemented? Maybe one or two, maybe none. I can’t tell you how many times people have shown up with really awesome high-quality lab results. They got a three-ring binder. Lots of awesome lab data, lots of clear-cut interconnectedness, really astute puzzle piecing from a practitioner, and the list. And because people didn’t have support, they didn’t have ongoing accountability, they didn’t have creative course correction, connection or support from the practice in some way. They didn’t have sort of a week by week, "How are we going to implement this type of plan?" It was too much, too fast, it was overwhelming.

So, they spent, what? $10,000. And what did they get out of it? You could say, nothing, but I would actually argue, it's worse. What they got is a lot of frustration and overwhelm, and maybe suspicion and cynicism. So, at the end of the day, our science, our knowledge, our passion, our commitment is only of value in our calling to the extent that we are actually helping people to get well and stay well.

I want to thank you today for coming and being with me, to share in some pearls that go beyond the science. Because, through the functional medicine lens, it's not just what we know, it's how we practice. It's how we share, how we communicate, how we engage, how we do this work that is just as important, in many cases, way more important than the what. So, I thank you so much for joining me today. Let me also say, thank you for doing this work. I'm so very grateful for the privilege of being part of your education. I thank you for the honor of taking an hour out of your day, to advance your learning, to advance your understanding, to be open to new ideas. I don't take that for granted, ever. And so, I thank you for that opportunity, and for showing up to do this work in the unique and wonderful way that you do. I'll see you next month. Have a great day, everyone. Bye-bye.