



Your Functional Medicine Expert®
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[149: Dr. Jill interviews Dr. Frank Lipman on How to Be Well: 6 Keys to a Happy and Healthy Life](#)

Dr. Jill 0:12

Well, hello everybody. Welcome to another episode of Dr. Jill Live! As you know, you can find me on YouTube, iTunes, or anywhere you watch or listen to your podcasts. Please do stop by, leave a review, or subscribe on YouTube so you can stay ahead of any upcoming episodes. Today I have a wonderful, respected colleague and a repeat guest. If you missed our episode, we have another episode, 101, on the podcast. You can go listen to that. But today, I'm just super excited to come back and talk to Dr. Frank Lipman, who's here with me from the East Coast. You're in New York City. Is that correct, Dr. Lipman?

Dr. Frank Lipman 0:50

Actually, I'm in Westchester at the moment, but yes, my practice is in New York City.

Dr. Jill 0:55

Excellent. So let me introduce you, and then we will dive right in. Dr. Lipman is recognized as a pioneer of integrative and functional medicine, or what he calls "good medicine," a much better term. Dr. Frank Lipman is the founder of the Eleven Eleven Wellness Center and Chief Medical Officer at The Well, both in New York City. As a physician for 40 years, his mission has been to provide his patients with access to every tool possible to optimize their health. He uses genetic testing, comprehensive blood testing, biomarkers, information from wearables, where indicated, and his vast clinical experience to create personalized plans for his patients to fill their best, maximize their performance, and help them age well.

Dr. Jill 1:32

He's also a New York Times bestselling author, having written several books on health, including *The New Rules of Aging Well*, *How to Be Well*, *The New Health Rules*, and *Better Sleep, Better You*. He is chock-full of information. I was just asking him before we got on here: Which book of the many, many books could we talk about? He said any of them. So we're going to just flow naturally with the conversation.

Dr. Jill 1:53

I love to start with [one's] story. For those who didn't hear your first episode, tell us just a little bit about how you got into medicine and how you got into the more holistic-minded type of medicine.

Dr. Frank Lipman 2:03

I grew up in South Africa, and I was born in 1954. So I grew up in the 60s and 70s in South Africa. I went to medical school because that's what the smart kids did. That's what my brother did. I came from a medical family. I didn't really think about it; it was just one of those things. I did well at school. I went to medical school. It wasn't something I thought about. It was only at medical school that I started hating it and realizing that maybe this wasn't the right thing. I didn't do very well at medical school; I was too much of a party boy and didn't really take much interest in it. I started getting interested in medicine towards the end, when I started doing more clinical work.

Dr. Frank Lipman 3:04

In South Africa, during apartheid, there were white hospitals and black hospitals. Everything was separated, and I was always intrigued by black culture. I happened to work a lot at the black hospitals, and I was exposed to traditional healers, sangomas. So I started enjoying medicine when it started becoming clinical and I was doing rotations in hospitals and seeing sick people get better. Then I was lucky to be exposed to these non-traditional healers. But soon after I finished my training, I started becoming aware—not disillusioned, but very aware—that my training was limited. In American medicine, we are trained in crisis care and acute medicine. So it was wonderful when I was in the hospital and we were treating acute heart attacks, asthma, acute infections, and heart disease.

Dr. Frank Lipman 4:08

Then, when I left the hospital, I worked either in the bush—actually, the bush was also good for acute care—or in a private practice, and I wasn't able to help patients. People were coming in. They were tired, they couldn't poop, and they had headaches, and I didn't really have any tools to treat them. So I started getting a little bit disillusioned. And I was lucky enough to not only be exposed to the sangomas, who I sometimes saw would help people we couldn't help, but there happened to be an acupuncturist in Johannesburg and some homeopaths. I was working at a private practice, a general practice, which was taking care of the sort of hipsters in the artsy community of Johannesburg. They were coming in, and they were saying: "Well, I went to the homeopath, and I got better." "I went to the acupuncturist, and I got better." I started realizing that the patients we weren't helping with Western medicine or that I couldn't help with Western medicine were actually getting help with these alternatives.

Dr. Frank Lipman 5:08

So I started questioning and realized that there must be other ways. Then my wife and I emigrated to the United States in 1984 because we didn't want to live under apartheid. I got a job in internal medicine in the South Bronx because that was a shortage area. American doctors didn't want to work there, so they sponsored me for a green card because it's a pretty rough area. In 1984, the South Bronx was full of heroin and crack addicts. So I happened to get into Lincoln Hospital. They sponsored me for a green card. And very soon, a couple of weeks after I started, I once again became disillusioned because, in American medicine, no one talked to people. It was all about tests—blood tests, x-rays, and EKGs—and then you needed to read up on what was going on and present it to the professors. So it wasn't what I thought I wanted to do in medicine.

Dr. Frank Lipman 6:07

There happened to be an acupuncture clinic doing acupuncture detox for heroin and crack addicts in the South Bronx, actually attached to the hospital. So I went to check it out, and, long story short, I fell in love with acupuncture. I started spending time during my residency doing internal medicine and going to the acupuncture clinic. Once again, it was just pretty obvious: Western medicine was great at acute care and crisis care, and then I was going to the acupuncture clinic, and they were helping the patients that we couldn't help, who were tired and had headaches and back pain. So I realized in 1984–1985 that the future of medicine would be some combination of Western medicine for crisis care and Chinese medicine for treating chronic patients.

Dr. Frank Lipman 6:56

That was the beginning of a journey that I went on, studying meditation, acupuncture, nutrition, herbs, and you name it. That was—I don't know how many—30–40 years ago. That's how I evolved. It just happened. I didn't think about it.

Dr. Jill 07:18

I find that so fascinating. Like you said, it's not like you had this intended plan of an exact pathway. But you clearly had a couple of keys, which we know with not only genius but also moving things forward. I am a generation or so behind you, but I feel so passionate about that—changing the way we do medicine—because there are some wonderful things about our Western system or our conventional system, like you said, for heart attack, stroke, or car accident. But we don't do the best with autoimmune diseases or chronic complex illnesses like obesity, this epidemic of chronic fatigue, and all these things. So I really, really enjoyed that. The quality I was going to mention is curiosity. It sounds like in your story you were curious: What else is out there? Could there be something else? Then you ran into acupuncture, and it really changed your framework. First of all, I'm curious to know

your thoughts and the differences when you went from South Africa to the US. Was it still pretty similar in the paradigms of medicine?

Dr. Lipman 08:21

The actual paradigm was similar. We got trained in Western medicine and brainwashed to think that this was the only way. The difference, which is a big difference, was that we didn't have all the money to do all the testing that was done in America. So you really had to take a good history and do a good examination. And that's not something that American doctors got taught, or it's not something I got taught in the hospital in America. It got drummed into us that everything is in the history. I think that was a big plus for me because, to this day, it's always in the history. I spend a lot of time taking a good history because you always pick something up in the history. So I think that was a difference. It was more clinical. It was more about a relationship. The relationship was very important, but less so in America.

Dr. Frank Lipman 9:12

So I think that was a part of medicine that I liked—the relationship and getting to know someone. That's not really—it may have changed a bit now—that important in those days in Western medicine. It's probably still not. That was a part of medicine I really liked—the relationship, getting to know someone. So that was the difference, but the paradigm per se was the same.

Dr. Jill 09:40

I really liked that we're talking about this because I went to medical school in the early 2000s, and I actually saw the same thing where most of my colleagues were looking at apps [while] talking to the patient. But really, even on rounds, you'd spend maybe five minutes with a patient, and rarely was there a physical exam unless there was an acute finding. So it's interesting to hear you, even way back then, say this about our medicine, because I think it's only gotten worse. I don't know if you're hearing stories, but I hear patients that go to the ER nowadays, and I'm just shocked. I mean, they didn't examine you, or they missed a pulmonary embolism. It's just that our culture really lacks touch. The pandemic only made it worse because everybody got afraid to be close and touch and everything. I'm really a little bit nervous about the future of medicine. The physical exam skills are not there. Like you said, when you sit with someone and listen carefully, often all the clues are in the history. But you have to have that relationship, that patience, and the time. A seven-minute visit isn't going to get you those outcomes.

Dr. Lipman 10:44

Yes, and what's sad is that with the wearables, for instance, and a lot of the testing I do—and I'm all for them, I'm wearing my CGM and my sleep wearable—I think it's gotten even worse. There's less touch and less talking to people because we're just looking at data. I think we're missing a lot with that. And I'm not against it; believe me, I'm obsessed with all this stuff. I love what's going on with my CGM. I love looking at my sleep data. I love all this information, but if you lose that relationship, if you lose that human aspect of medicine, I think you're losing a big part. I do think that's happening, and that is unfortunate.

Dr. Jill 11:42

One other thought on that front is that with acupuncture, you're obviously in close contact; you're using needles, exams, and your skill. How much do you think healing takes place just because of the human connection?

Dr. Lipman 11:47

Ninety Percent. Eight Percent. I mean, I don't do acupuncture anymore since the pandemic. I have been an acupuncturist. I'm getting old and lazy, Jill. But I did acupuncture for at least 40 years. I loved it because it's very intimate. That's something that you don't get so easily if you're not touching and doing that type of thing. But to answer your question, most of the time, 80% of the time, I could tell when someone is going to get better, wherever I put the needles in. You can always tell. When you really connect with someone, they're going to get better, whatever you do and wherever you put the needle. So yes, I do think it's all about the connection, the relationship. And sure, I think acupuncture is wonderful, but it's not the acupuncture; it's who's giving you the acupuncture and how you connect with them.

Dr. Jill 12:46

The energy. Gosh, I love that we're talking about this. Like you said, that relationship and trust, right? So many patients will come and say, "Oh, I told my doctor I didn't feel well. They did these labs. They said, 'You're fine.'" And you kind of lose that connection and that trust. That trust is the foundation for the patient to start making the change. So that relationship is key.

Dr. Lipman 13:03

Absolutely. I hate defining it as masculine or feminine. But the patriarchal system, or whatever the word you want to use, I do think, unfortunately—once again, feminine, masculine, I hate those terms—that masculine way of seeing things, for lack of another term, is limited. We really need to soften or be more aware of these other aspects of health because when it comes to aging, as we're all getting older, I think part of the aspects of

aging that are probably more important than all the aspects that I believe in are being kind to yourself and to others, having gratitude—the whole emotional or non-tangible aspects of health are as important, if not more important, than the ones that we can measure. It's starting to become a little bit more accepted, but that's part of that old-school patriarchal, medical way of thinking.

Dr. Jill (pre-recording) 14:16

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine in finding resilience.

Dr. Jill 15:12

I actually love that you're talking about it and kind of using those terms because I've talked a lot about the science and the faith or the belief in something greater and the masculine and feminine. And I talk about my training. Like I said, in the early 2000s, it was very driven, masculine, academic. So the nature of the energy—which isn't bad; there's a lot of success that comes from that pathway—is analytically driven. But what I had to do was have this intuitive spirit where I could listen, understand, and have a knowing that could be backed by the science. The combination of pulling those together is where the magic happens. I had to actually relearn after medical school that I could trust my intuition, my gut feeling because there's actually power [there]. Once we have experience behind us, that intuition is really, really strong, and it's usually very accurate, sometimes more accurate than our analytical mind.

Dr. Lipman 16:02

Yes, and I'm not against the analytical part and [using] the left side [of the brain]. I'm very analytical.

Dr. Jill 16:05

Right, right.

Dr. Lipman 16:06

It's not an either-or.

Dr. Jill 16:09

It's both ends, exactly. Good. I love this discussion. Now, one little side note, and then we're going to talk about some keys to a happy and healthy life and all the different books you've written that talk about some of these easy ways where people can access that. But I just recently read an article—I think it was written a while back—about your daughter and how she kind of went into this field and talks about her dad as a holistic leader.

Dr. Jill 16:28

First of all, I just want to acknowledge that I think you are one of the leaders and pioneers because you were talking about this way of doing medicine and changing way before... There's been a kind of tidal wave. Now, my generation and the next generation of doctors are looking for more of an integrated holistic model, but I think you've been a real leader in this because you were talking about this, doing this, and doing things differently well before I ever came along or anyone else. So I just want to acknowledge that because you have been a real leader in the field. Did you feel a lot of pushback in the beginning?—because I'm sure, back in the 80s and 90s, it was even harder than it is now to do what you're doing.

Dr. Lipman 17:03

Yes. The lucky thing is, I came from South Africa and grew up during apartheid. So I knew the system was rotten. You grow up during apartheid, and you know everyone around you is living this way, and you know the system is rotten. For me, the medical system was just another system that I didn't really believe in, so it wasn't very difficult for me to rebel. I mean, that's just part of my personality.

Dr. Lipman 17:30

But the other easy thing for me was that it was so obvious. When you're seeing something work and you're seeing something not work, it wasn't even that I had to; it was just so obvious that I couldn't mess up on it. And yes, there was pushback, but I didn't really care. Maybe because I was a foreigner; I don't know. But the first time I realized there was pushback, they had asked me to be chief medical resident at Lincoln Hospital in my final year, partly because I came from South Africa and I used to take good histories and examine people, and they wanted me to teach the upcoming doctors the same way. So I said, "Yes, I'd be a chief medical resident if you let me do three months in psychiatry as my

rotating residency." The acupuncture clinic happened to be part of the psychiatry department. So they didn't really know that I was spending all this time in the acupuncture clinic.

Dr. Lipman 18:34

I was seeing these great results at the acupuncture clinic. Being the chief medical resident, when I did my grand round talks, I would do them on acupuncture. I thought it was a no-brainer. People liked me; they respected me and opened up their minds. I mean, I wasn't doing anything crazy. I was even speaking about acupuncture from a Western perspective; it's getting a message into the nervous system. First of all, most people either left the talk. I was the chief medical resident, so they normally wouldn't do that. Then afterward, the few professors that really cared about me came up to me in a really nice way. They were [like]: "Frank, what are you doing? You're going to be ostracized, are you crazy?" Yada, yada. You know.

Dr. Lipman 19:25

So yes, there was not pushback, but they were trying to say, "Are you crazy?" Then I just did my own thing, so I don't really care. So there probably was pushback, but it made no difference to me. I was so clear about the future of medicine. The same as I'm so clear now that I'm just going to do what I think is right.

Dr. Jill 19:42

Well, I just have the deepest admiration because, again, even in my generation, there was a lot of pushback. I started an integrative medical club and brought acupuncturists, massage therapists, and mind-body therapists into the medical school, and people thought I was crazy. You know what happens, though. And I'm sure you've seen this. Now my colleagues and medical school classmates will call me every once in a while [and say], "Hey, I have my husband, who knows this disorder." And it's like, "Do you have any...?" Because they know that there's a limit. Everyone who's ever been trained in medicine finds at some point that there's a limitation. But it's just like anything, right? That's usually the opening point for them to say: "Maybe there's something else. Could there be something else to help?" But I just have to say that I'm amazed at your persistence and ability to go against the flow because you really made inroads. So, I'm proud of that. Acupuncture—what kinds of things did you see in your career that it was best suited for? I know you could treat anyone and probably have great success, but what types of conditions worked best for that type of therapy?

Dr. Lipman 20:48

Right. I found acupuncture, if I look at it in the big picture, generally much better for releasing or letting go of things as opposed to building up. Usually, when someone's depleted or you want to build them up, you need nutrition and herbs. But when someone's got pain and tension, acupuncture can be fantastic. It's often incredibly helpful for hormonal balance, whether it's menopause or other hormonal problems. It really can be helpful. It was amazing for the side effects of chemotherapy. It was helpful for the weirdest things. The problem I have with acupuncture is that you need to go to someone a lot. You know what I mean? It's not like a once-off; you can't go to someone and see them a couple of months later. You really need frequent treatments, usually. It's very rare that you can do something in one or two treatments, which was nice in the beginning because you got to know someone. So it was wonderful for a doctor-patient relationship. But now, as I've evolved or grown older, I like the idea of educating people and teaching them how to take care of themselves so that they don't need you. As an acupuncturist, they tend to need you. That was the part that never really appealed to me. Although I did like seeing people often. You get to know people, and you get very close to them. I hope that answered your question.

Dr. Jill 22:28

That's perfect. So the topic of our talk was some of the keys to a happy and healthy life. You've written many books and have all these wonderful [tips]. I love how you just put it in a very clear, easy [way]. I mean, we can take supplements and do expensive things, but the things that you bring out in your books are simple and accessible to everyone. I love that. The one we're talking about now, *How to Be Well: The Six Keys to a Happy and Healthy Life*, talks about: 'Eat,' 'sleep,' 'move,' 'protect,' 'unwind,' and 'connect.' Do you want to talk about each of those just briefly as far as a roadmap?

Dr. Lipman 23:00

Sure. Once again, it's probably because I came from South Africa, I was brought up differently, life is different, and you're not doing expensive tests. So really, my whole philosophy has been, "What are the ordinary things we do on a daily basis that can help us?" My philosophy has always been that it's the ordinary things that we do on a daily basis that have an extraordinary effect on our health. I noticed that when I worked in the bush, and I've noticed that over the years. People who are kind, people who have gratitude, what we talked about, people who are able to forgive—all these human aspects are just as important as what supplements you take. So I've always maintained that the more you can do by yourself or teach people simple things to do by themselves, the healthier they're going to be.

Dr. Lipman 24:09

So all my books are about: How do I simplify this information? So when we talk about 'eat,' there is no one right diet. My philosophy on food and diet has evolved so often. We won't even go there. So how stupid I've been in the past, being attached to dogma. What I'll say about diet is that there is no one right diet. Different people do well on different diets. I was a vegetarian or a pescatarian, and I became pre-diabetic. I then went on a paleo diet and ate a lot of saturated fat, and I tested my genes, and I was APOE3/4, and I realized saturated fats weren't right for me.

Dr. Lipman 25:03

So I evolved, and my philosophy involved [me] to a large extent. But the underlying philosophy has stayed the same; there is no one right diet for everyone. Some people do really well on a vegetarian diet, a Mediterranean diet, a paleo diet, or a keto diet. So everyone is different. I think that genetic testing, to a large extent, can help, and how you respond to diets can help. So 'eat' [portion of my book] has always been practical information. I mean, it's so basic now. Sugar is the devil; [use] as little sugar as possible or anything that turns into sugar. Try to eat as cleanly as possible. I'm not against animal protein, but if you are going to eat animal protein, try to eat clean animal protein, not the factory farm stuff that's injected with hormones and chemicals, et cetera. Your audience knows about [what to] eat to a large extent. That's pretty simple.

Dr. Lipman 26:04

Unfortunately, a lot of people don't know. I was dogmatic for years. Saturated fat is right for some people and wrong for others. The idea that saturated fat is not a problem for everyone is bullshit. I believe that, and I'm suffering the consequences of that. So I'm not saying it's a problem for everyone, but for some people, it is. Similarly, whether it's animal protein or a vegan diet, it's definitely not right for a lot of people. But you've got to find your way. So that's all I would say about eating; there is no one right diet.

Dr. Lipman 26:43

'Sleep.' I wrote a book on sleep because one of my patients happened to be the founder of Casper, and they asked me to be on their board of directors. So I started exploring sleep, and I realized, "Why aren't we talking enough about sleep?" I wasn't either. So I got into sleep because of that. [On the topic of] sleep, we can go on and on. Sleep is when your body recovers and rejuvenates. Everyone needs to sleep. You don't have to pay for sleep. Sleep is such a great healing tool. We don't take it seriously enough. And then relax. I'm a type A personality. I tend to be hyper as well. It's taken me years and years and years to learn how to actually calm down my nervous system and meditate.

Dr. Lipman 27:45

To a large extent, many people are running on empty and are too stimulated—it's just the culture we're in—and we don't get taught how to just chill out and learn tools to actually control that without having to go to the beach or go to the forest, which I think is all great. But actually learning to manipulate your own body is an unbelievable tool that we should all be taught at school, but we're not.

Dr. Lipman 28:22

Part of the book is [about] teaching people breathing exercises, different types of meditation, and realizing that you don't have to sit on a cushion chanting alms to meditate. You can knit, and you can wash the dishes. Learning to be present is what it's all about. I talk about that and try to take the aspect of fear [out]. When you mentioned the word 'meditation,' they [say], "I can't meditate." Well, there are lots of little things you can do that will get you into that type of space. I think there's more to meditation, but I try to demystify meditation.

Dr. Lipman 29:06

And then 'protect.' 'Protect' is what you talk about all the time. I think that's not understood in Western medicine. You know, we're exposed to so many chemicals and toxins. A lot of people can metabolize them and deal with them, but when they overwhelm your system, that could be a genetic thing, a gut thing, or that you're just exposed to many things. Yes, we do have a detoxification system, but when it's overwhelmed, you need to support it. So, 'protect' is talking about that mechanism and simplifying it for people. 'Move'—exercise is probably the best—

Dr. Jill 29:55

I actually love that you use that word because I've been talking about Dan Buettner's work and have done a couple of events where I spoke with him on different stages. He's the Blue Zones guy. What I love is that he talks about centenarians, which are people who live over the largest percentages in the world in certain areas—people who live over 100. They move. They don't exercise; they don't go to the gym. They just do their day-to-day thing. They walk to their chores, and they move. Especially for menopausal women like myself, many of us used to do very high cortisol [activities], like high-intensity [workouts] or go to the gym. And that is not always the best thing. For me, I saw such a profound change in my body when I went to just moving, walking, and being with friends. I don't work out anymore.

Dr. Lipman 30:43

I think that's important because I see New Yorkers overexercising. Exercise puts stress on the body. Now, I'm all for exercise, but if you overexercise, it's just another stress on the

body. And a lot of people get injured from overexercising. So yes, to me, it's more about moving your body.

Dr. Lipman 31:04

And talking about Daniel Buettner, I think that the last point or the last section of my book is about 'connect.' If you look at what he talks about, these people have a purpose in life, they have community, and they have meaning. To me, that is probably the most important thing. And as you get older, that becomes more and more important. I have a grandson, and I get more enjoyment from just hanging out with him and being present with him. I can do that all day. I love it. It burns me out. It's tiring because he has too much energy. But you get so much. There's so much you get from these types of relationships and things like that. I think once we get older, we realize they're more and more important. So I think Dan Buettner [wrote] an interesting book. I think there's a lot of wisdom there.

Dr. Jill 32:09

Yes, thanks for sharing. And again, this was maybe before you studied the centenarians. But your book is right alongside the data that he shows. So it's actually very, very science-based—the movement, the connection, the belief in a higher purpose. And I love the [topic of] 'sleep' [in your book]. That's my superpower. I always say that if all else fails, I can sleep well. What a great practical discussion!

Dr. Jill 32:32

Speaking of your grandson and future generations, what practical advice would you leave? I feel like our younger generations are really struggling with purpose, meaning, health, and so many [other] things. I think it's a harder life than it ever was, even for you and me. What tip for staying healthy and well would you leave for the younger generation?

Dr. Lipman 32:51

Right. Unfortunately, I have to agree. I think it's harder to be healthy in this day and age. I'm seeing so many young women in particular—but men too—with [what] you talked about: Autoimmune diseases. So I think our generation of doctors uses too many antibiotics. I think that's probably one of the biggest problems. They've screwed up this whole generation's microbiomes, and now we're left with so many autoimmune diseases. So, what can I say? I think you've just got to pay more attention than we did when we were younger to what you put into your body. I think the problem I'm seeing today, which we saw maybe 20 years ago but has gotten worse, is this ambition to get ahead and to achieve and not take these non-tangible aspects of our health that seriously. I think people need to pay attention to relationships, to family, and to being happy.

Dr. Lipman 34:16

What's interesting is that I'm seeing two sides. I'm seeing a lot of young people realize that they don't want to go into the finance world; they don't want to work their butts off. They are paying more attention to being happy and having a life that's more meaningful to them. It's almost two extremes. Then [there is] the other extreme: They want to make a lot of money and live in a big house. It's very difficult to convince people that as you get older, those things don't become as meaningful. When you're younger and you see your friends making a lot of money and doing things you think you want... There is social media, and you see people on Instagram and things doing [so many activities]. What do they call it, FOMO?

Dr. Jill 35:06

Yes, fear of missing out.

Dr. Lipman 35:12

It's hard. You've got to get grounded. It's hard for young people to get that those things aren't as important. But I do think it's up to us parents. I see how my daughter is bringing up her grandson—which is great—to really instill important values in these kids and not to get caught up in all the bullshit that most of us get caught up with. I think in America, it's harder. It's easier in other places. They're not as caught up with... You've just got to work harder at that. I don't know what the answer is. I'm trying to work out how to get a message across in a way that's not, "Yes, you're the old..." You don't want to sound like the grandfather or the father-like [figure].

Dr. Jill 36:04

Oh, but I get it. And I think everything you said is true. Dr. Lipman, thank you for being such a trailblazer in our field and leading the way for people like me to follow.

Dr. Lipman 36:15

And thank you for taking the baton and taking it to a whole other level. It's great, what you're doing. I love what you're doing. I think it's fantastic. So thank you for everything that you do.

Dr. Jill 35:31

You are so welcome. And thanks again for taking the precious time out of your day today to spend with us. I appreciate it.

Dr. Lipman 36:37

Thanks, Jill. It's always great to speak to you.

Dr. Jill 36:40

To you too, bye-bye.

Dr. Lipman 36:41

Bye.