

[Resiliency Radio with Dr. Jill: Special Edition #5 Making of Doctor/Patient with Dr. Rusk](#)

Dr. Jill 00:00

Welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in functional and integrative medicine. I'm your host, Dr. Jill, and in each episode, we delve deep into the heart of healing and personal transformation. Join us as we connect with renowned experts, thought leaders, and innovators who are at the forefront of medical research and practice, empowering you with knowledge and inspiration and aiding you in your optimal healing journey.

Dr. Jill 00:26

Hey, guys, it's out! If you haven't seen it yet, our documentary, which has been years in the process of making, is out now at DoctorPatientMovie.com. You can rent it, watch it, and share it with friends. I would love to hear, if you've already seen it, how it's impacting and inspiring you in your healing journey.

Dr. Jill 00:45

Today, we have a special episode. We've been doing these special episodes about the making of the movie. A behind-the-scenes glimpse into some of the characters, themes, and things that come up in the movie. Today, I am beyond honored to have my special guest, Dr. Ilene Naomi Rusk, who is not only a brilliant neuropsychologist—I'll give you a brief bio—but also a dear, dear and precious friend.

Dr. Jill 01:11

Dr. Rusk is the Co-Director of the Healthy Brain Program in Colorado and coordinator of the rehab and trauma treatment programs. She's also a neuropsychologist in Ontario, Canada, and has a PhD from the University of Birmingham in England in psychology and neuropsychopharmacology. She has authored numerous papers in the areas of psychology, neuropsychology, neuropharmacology, and neuroscience [in areas as] diverse as cerebral palsy in children, Parkinson's, Alzheimer's, and so many more. As you can see, she is truly an expert. There's so much more to her bio, but I want to get down to the topic.

Dr. Jill 01:45

And today—we just talked before coming on here—we're going to give you a glimpse into having coffee with Dr. Carnahan and Dr. Rusk and how we talk when we're out hiking on the trails about life, trauma, and real things that are impacting you if you're suffering from chronic and complex illness. In order to set the tone for this, first of all, welcome, Dr. Rusk. Thanks so much for joining me today!

Dr. Rusk 02:11

I'm delighted—thrilled! I'm so happy that today's the day that the movie is out there and exposed. Everyone's going to have a big thrill when they see it. It's deep. It's beautiful. It's aesthetically beautiful. It's creative and it's a gorgeous story of resilience. I'm happy to be here. Beyond [happy]!

Dr. Jill 02:31

Thank you. Some of the things we're going to talk about are the fear of [things] like: "Here I am. I'm putting my story out there." And I'm excited too. It's a long time in coming. But there is also an exposure. I think some patients go through that as well, whether they get brave enough to tell their story, share, or even deal with a new diagnosis. Let's watch this clip and then we can start to dive into the discussion about some of these themes.

02:58

Dr. Jill: I can't believe I'm back at Loyola. Walking up to this place today was so surreal. Everything just came flooding back. The very first time I came here was for an interview. And I think I didn't really believe I could be a doctor. And I remember seeing that strict school of medicine and the surrealness—this was probably my first interview, I don't remember any other interviews before that—and thinking about: "Wow, could I really come here? Could I really learn medicine? Do I really have what it takes?" And today, coming back here, all of that feeling came flooding back.

03:59

There have been certain things in my life I've been able to just kind of block out and forget. And there were some beautiful, beautiful experiences here. But there's a lot of hard stuff... here, too. It's so emotional to be here. And it's this beautiful combination of absolute joy and pride and gratitude and sadness for that girl who had to be brave, had to show up day after day, had

to be tough, had to take care of her family, finished medical school, and never really let anyone know how much it hurt and how much she was afraid. I don't think I ever said that I was afraid of dying, ever. But the truth is, I was at times. I don't think I ever really let myself feel that fear. I just pushed it away and went on to performing 'the dancing bear,' we called it. I was really good at being a dancing bear and performing and not letting anyone know how terrified I was.

Dr. Jill 05:58

Whoa. Oh, goodness. Watching that, I have to tell you, this is a scene that came last back into the movie. I called it the 'ugly cry scene.' It took me a lot to be able to say, "Okay, I'm okay with that in the movie." As you can see, that scene was not rehearsed. There was no script. It was me walking into the medical school, and everything came rushing back. I felt everything, and I felt everything that I hadn't felt as a 20-something [year old] who had to keep things together.

Dr. Jill 06:31

Let's talk about that. From your perspective—you've seen this, and you've had clients dealing with chronic illness—I'd love to hear your thoughts. There are so many thoughts that are going through my head about: How do we get through really difficult circumstances and maybe suppress that? But then, how do we come back and feel it along with the fears? I'd love some comments on what you see in that scene as far as the universality of human suffering.

Dr. Rusk 06:58

Yes, really. The deal you and I made off camera was [to] minimize the cognitive mind piece about it and talk about our hearts, our feelings, and [our] experiences. I just want to say that, if we just go back to that, my somatic, interoceptive, and emotional experience when I saw that was the same. I've seen this a number of times, but it's like new. And I think what you're saying is that even seeing it again, Jill, it was new for you too.

Dr. Jill 07:34

Yes, it always is. It's still hard to see that.

Dr. Rusk 07:38

It's still hard. I feel like you said so many things in those few words. Again, I want

the viewers to know that this isn't rehearsed. This is your impulse and intuition coming with mine. When I was noticing you... Can I just share?

Dr. Jill 07:54

Please. Please be very, very free here. We even said a little prayer before and said, "We want to come from our hearts," because I know the listener. We both have great knowledge, and you can share that so eloquently and so can I. But today, if you're listening, we want to come in the heart space. And if you're listening, I want this to resonate with you, wherever you are, to maybe give you a little piece of hope. So yes, go on to say what you were thinking when you saw the feeling.

Dr. Rusk 08:21

I want to support your invitation to invite whoever's listening to this, whether you've had a healing crisis or whether you're on a healing journey right now that's chronic—I know many of our shared patients and listeners have experienced suffering and pain in themselves, in a loved one, or there's fear around it or embedded in it—paying attention to that where you might find a glimmer and a glow within our conversation today. That's my public wish and prayer.

Dr. Rusk 08:58

Getting back to the experience of seeing you approach the doors and then walk into the auditorium: Watching you talk about it was interesting because it was the first time I noticed your eye movements, and I'm really into eye movements. I just gave a talk on the vagus nerve. I was so interested [in the fact] that when you talked about the past, your eye movement went up to the left. Then, when you were in the present moment, talking to the person you were talking to, you were right here. I just want to speak about how, so often, we can have both at the same time. We could have a flood of memories that we're not even aware of, where there's this whole past back here, but still be in the present moment.

Dr. Rusk 09:45

Just noticing that, it's pretty cool that we're always being influenced by these implicit unconscious things that you got—and you used this word twice—flooded by. You were flooded by this whole holm, a whole vista of memories that you were like: "Oh my God, I can't believe they came so fast!" But just notice that your eye gaze was up to the left. It's good to notice that. When we're looking for a memory

or we're feeling something, especially in some trauma healing techniques that you know of, our eyes kind of move to a certain point. I noticed that in you, which was very cool, because I hadn't noticed that before.

Dr. Rusk 10:25

And you had some flashbacks. Clearly, I say with a very present heart with you: You had a trauma you never knew was trauma. I say to you sometimes: "This is huge trauma! This is shock trauma!" This is: "I thought I was going to medical school, and then I was the youngest person to get diagnosed with a life-threatening cancer. How do I do both? Oh, I think I'll compartmentalize."

Dr. Jill 11:02

Right, right.

Dr. Rusk 11:04

I don't need to talk so much, but that's what we do with stress and trauma—we compartmentalize. We think: "Okay, this is safe back there" or "That's safe back there." And then [there are] these implicit memories that show up in our tears, our collapse, or our depression or they're flooding. They're like: "Oh my God, they were always there!" And you've got all these cues. I imagine you opening the door and looking into this huge auditorium, like, "Oh my God!" I'm emotional as I imagine you doing it. Both are true: "I almost died, and I was just starting medical school."

Dr. Jill 11:43

Yes. You're describing it so well. Like you said, in that experience of filming, I had no idea that flood would come and that they'd capture it on camera. In the first few drafts of the film, I was like: "No, don't show that part!" But of course, that's the humanity [of it]. Of course we need to show that part!—because we're all human. And that's probably the part, more than any other, that resonates with people who have suffered. The humanity and the suffering are the points where we connect with others because that's the reality of our lives, versus "I have it all together" or "I've overcome cancer." Those aren't the stories that resonate. The stories that resonate are [ones like]: "I suffered. I did overcome, but it was still hard." And I'm telling that story, and in the telling, it's like me reliving.

Dr. Jill 12:30

I love that you said compartmentalization because I think there's this piece where we always say: "Oh, this is trauma, trauma, trauma. It's all bad!" The truth is, that got me through medical school. I'd love for you to talk about: How do we cope with those things? What I did was like: "Okay, cancer. I've got to be tough, I've got to be strong, and I've got to overcome." Somehow that allowed me to get through medical school, raising three stepchildren, cancer, chemo, and all that.

Dr. Jill 12:54

But now—I'm 40-something [but] I was 25 [at the time]—I can look back with the compassion of an older wiser woman and say: "Oh, sweetheart, I can't believe what you went through!" Let's talk a little bit about that. How can we go back to our younger selves that have experienced pain and trauma and either reparent, relove, or give compassion?

Dr. Jill 13:16

It's almost like the timeline becomes continuous of our current self and our old self. You taught me this. How do we go back and give that love and compassion to those parts of ourselves that did experience trauma? Yes, we can have a therapist or we can do somatic therapies. But sometimes it's as simple as giving that compassion to ourselves, right? Talk a little bit about that. How do we do that? How might we frame that?

Dr. Rusk 13:39

Wow! You talked about two beautiful things. I just want to tease them apart and speak to them both. Boy, what do we do when we compartmentalize? Why do we do it? How do we do it? And then the second piece is—and you know it because of our relational attunement—that the quality of acceptance, compassion, and understanding are the medicine, I think. Those invite the opening of the door for: "What was really there?" And we can go slowly.

Dr. Rusk 14:25

But first, I want to speak to—and both of those are important—our healthy, robust, inbred, endogenous stress response system. It's ridiculous! Nobody talks about it. It's great! It's eustress that we engage, captivate, and say: "I'm going to get through this." "I'm still going to work even though..." "I'm still going to smile even though..." "I'm going to be resilient even though I'm feeling a little rough," or "I'm really

suffering." Or, "I still need to be a caregiver even though I'm suffering." Bless that quality in all of us. That's adaptive, loving, and positive stress until it doesn't become positive. Adaptive stress until it collapses. Adaptive stress until we collapse. It's like, "Okay, but there's nothing left now." You didn't really have a choice when you opened the doors of that auditorium.

Dr. Jill 15:32

Right. "Who's there?"

Dr. Rusk 15:36

You may have cried while you were there, but it's those tears you didn't cry—you probably have more of them to cry. More compassion for how disconnected you were from the fear of death. So that's to bring love, softness, and understanding that this was a very adaptive superpower. You still have it. I see it every day. You still have it. So I want to see it as a superpower, not a deficit, because everyone does it.

Dr. Jill 16:15

I love that reframing because that's the key. We do sometimes dissociate and sometimes we compartmentalize, but those things in real time can be adaptive, especially if we're willing to work with them later. I feel it's like a stuck flow. You probably have better terminology for that. But if later on it becomes something that's affecting you, then [it's about] working with that. But at the time, it can be a good survival mechanism.

Dr. Rusk 16:43

That's right. And the fear of death.

Dr. Jill 16:45

Yes. Talk a little about that. You have a deep expertise and experience in dealing with this. I think we talked about it before, but that came out of my mouth and I hadn't planned to say it. I don't know if I ever, in my entire life, said out loud that I was afraid to die. So to me, it was almost a shock to hear it. But it's true, of course. As people deal with chronic illness, everyone has to have that little piece in their mind saying: "Well, what if you die from this?" How have you experienced that with clients or patients? It seems like such a big thing and something we don't talk about enough.

Dr. Rusk 17:26

Thank you. It feels like the basis for why I do what I do. I feel like my fear of death started [because] I thought I'd get a neurologic illness. I thought I'd have a neuropsychiatric illness. No one would understand me. I'd fall apart. My terror and my fear of these bizarre neurologic and psychological illnesses drove my studies. I ended up knowing more than the neurologists I was seeing when I was 16. I had my own anxiety disorder and OCD as a kid. I was somatically preoccupied. That was an anxiety disorder embedded in that, after a lot of years of self-study. And I continue to self-study. I didn't know that I was getting so many somatic cues of fear and terror. I was afraid of dying. So that fear of my own dying led me to study. And then I became passionate and I became obsessed. But it's true that my fear of death became my passion to study.

Dr. Rusk 18:37

I really relate to this whole conversation, even though we've never talked about this before. I'm talking about it because death came to me in different ways. I'd be there and I'd see someone who had just attempted suicide in a car when I was 20. Then I helped someone from drowning when I was in Northern Ontario. And it just kept coming to me—that dying was near me. I realized: "God, dying is near me all the time. I better come to grips with this fear of mine."

And this isn't about me; this is about...

Dr. Jill 19:15

No, this is really important.

Dr. Rusk 19:17

I want to invite this conversation—that is yours and mine and everyone else who's listening—[about] how the fear of death shows up in so many ways in our patients. They may not say it. "Maybe I'm just afraid, but I'm not sure why." But if you do enough digging... I'm very close to someone who had very severe OCD. Every single behavior was to avoid dying. So many of the current chronic illnesses and psychological and psychiatric challenges that people have are around the fear of dying.

Dr. Rusk 20:03

I'm not an expert. I just like giving lectures on dying. I used to start a lecture by saying, "I'm not an expert." A Zen master once said, "I'm not an expert on dying because I haven't died yet."

Dr. Jill 20:16

Yes. [laughs] We were on a hike not too long ago and there was a tragedy down the road. And I witnessed you multiple times, where I'm like: "Wow! There is something precious in crises that happen and you're there." And what's so beautiful is that—as people, I'm sure, are experiencing now—you have this incredible capacity to transcend and to see things from a very transcendent view, I guess I could say. So you bring comfort.

Dr. Jill 20:48

I've heard this from many other people, including myself: Your ability to show unconditional love and create a space for people to be felt, seen, and heard is phenomenal. It's no wonder that you've often found yourself in those places, because those are places where people in crisis need to be seen and felt. Above all your degrees and many experiences, one thing that you bring to this world is showing people what it feels like to be seen and heard. You do that so well!

Dr. Rusk 21:22

I want to really thank you because I'm very, very grateful to you. I think that everything that you just said to me—you may not know this about yourself, but I know that people come to you in great states of distress, confusion, fearing death, and maybe not having the words for it. But I know the landscape that you create for people because of what you've been through is spacious.

Dr. Rusk 21:48

I think it's because—I know this for a fact—you've actually looked into your own fear of death. The reason this is so important is because you come with equanimity to your patients and your community. Maybe we are all yearning for that unconsciously because there's this collective fear, denial, or something around death and dying. But because of the work you've done in this very poignant piece that you're pointing out in the film, I think you offer a comfort. And that's why this film is so precious and important in general.

Dr. Rusk 22:28

With this topic of death and dying and leaning into it, I started death cafes in Boulder County. You probably don't even know that. It's a coffee shop experience in which you talk about death and dying.

Dr. Jill 22:43

Wow! You go right to the heart of...

Dr. Rusk 22:48

You just have coffee and talk about dying. I remember learning a lot about different countries and how they hold dying—[with] honor and respect. The presence of dying in their everyday lives lets them be happier as people. So I feel like that's really important to talk about—that we very gently lean into our own conceptions and fears and start the conversation around dying.

Dr. Jill 23:23

I think that might be why cancer in particular—there are many diagnoses—tends to have that idea that, "Oh, I could die from this." And that's not different from any other illness. However, for some reason, cancer has that emotion tied to it. I think because of that, there are a lot of people who've gone through cancer and touched the face of "What would it look like?" and then came back and said, "I'm going to be okay no matter what." When you can do that, you can almost lend people your faith or belief that something else is possible. I love to try to do that, whether it's through the film or the clinic. And I know you do as well.

Dr. Jill 23:59

Let's shift just a little bit from death and dying and these difficult conversations to more of the trauma of experiencing... What I see in my practice—and I'm sure you do too, and I'd love to have you comment on it—are people who are diagnosed with a mold-related illness, Lyme disease, or complex chronic post-viral syndromes. They're very, very ill. They fluctuate [from] day to day. They might have a good day, [then] a bad day. So it's very unpredictable. It's very hard to describe their illness to their friends and family. So they either isolate because they can't express [it] to [someone]—they can't go out and date because they can't explain it to a potential partner—or they tend to feel misunderstood.

Dr. Jill 24:40

Do you want to talk a little about how you would give encouragement to those people who are suffering from complex chronic illness and feeling this up and down—[having] difficulty explaining it to people, feeling misunderstood, feeling unseen—and they're still suffering? I feel like that's at the core of so many of our patients. Cancer is easy. I always say cancer was way easier than mold-related illness. Cancer has a name; people know what that is. I lost all my hair so it was obvious. Mold-related illness was so different because I was just as sick, maybe more sick, and it didn't have a name. I looked okay on the outside. How would you talk to patients or clients about this experience of being unseen or not understood?

Dr. Rusk 25:21

It's so huge because I'm thinking of the complex chronic illnesses that you're talking about. And thank God you have this incredible... I'm sorry for the suffering, distress, and incredible impact on your life, but you've turned it all around to offer this glimmer of faith and hope to people. You lived through the chronic illness so you're the best person to talk about it. So thanks. I just want to say a shout-out to all of that.

Dr. Rusk 25:56

There are so many pieces to the chronic illness puzzle. There's data and there's feeling. Many people who come to me have the experience just as you described: "I'm not understood, but worse than that, I'm not believed." Worse than not being understood is not being believed. There's a lot of medical dismissal and gaslighting. It brings us back to why we dissociate to begin with: Because something is so distressing, it's the best way to adapt to the current situation.

Dr. Rusk 26:38

I think that our strong and tender bodies and nervous systems don't really know what to do with this chronic [overwhelm]: "This doesn't make sense." "I don't believe you." "You're crazy." Instead, saying: "This is really something. I don't know what it is. It's really something. We're going to link arms and together we're going to figure it out." And I know you do that.

Dr. Jill 27:05

Yes. And you too. That's why it's so needed. It's interesting too because after we did

the premiere of the film in Denver, one of the things we did not expect with feedback from those who came—a lot of people came, spouses and some patients of mine, and we had a wonderful group—[was that] at least three different people said: "Wow, I had no idea what my partner," "my spouse," or "my best friend was going through. When I watched this, I started to see what they might be experiencing and it really changed the way I view their illness." Two of them specifically said: "I was about to divorce." "I was about to separate because I was done with this."

Dr. Jill 27:45

One of the things we talked about in the movie was my own divorce and that trauma. But if I look back at experiencing that, there was a piece of the separation that came from misunderstanding an illness, just like we're talking about. So, I think it's powerful. What I would love to see is if someone who is suffering watches the movie and then shares it with their friends or family who may not understand what they're going through and it brings this circle.

Dr. Jill 28:12

Are there any other ways you can think of? If someone is experiencing a complex chronic illness—and they feel misunderstood by the medical system and by their friends and family—are there any ways in which they can share or get someone alongside them who really does understand?

Dr. Rusk 28:29

It's such a good question. There are—at least maybe I'm plugged into and my patients are plugged into—so many online communities now where there are conversations.

Dr. Jill 28:41

That's a great idea!

Dr. Rusk 28:43

There are so many online communities. I think there's a wider conversation around inflammatory conditions and long-term infectious [diseases]. It feels like it's eking its way into mainstream medicine and maybe people now know about chronic fatigue syndrome (ME) and how that relates to chronic environmental sensitivities. The more we talk about it, the better it is. But I feel like informing and reassuring

ourselves that these indeed are experiences of fatigue, listlessness, joint pain, headache, and cognitive fog.

Dr. Rusk 29:33

Unfortunately, we know more about it because of COVID. COVID has this long tail that we're all still in, as it affects the brain and nervous system. Sometimes it's hard to tease apart. But what I want to say is that chronic illnesses very often have their roots in nervous system dysregulation. My favorite pet topic is: Get to know your nervous system. How do we do that? We first start with a willingness and awareness that our autonomic nervous system and the health of our vagus nerve all contribute to it. So get to know your nervous system.

Dr. Rusk 30:20

There are simple practices that people can do and study. You can study polyvagal theory and the autonomic nervous system. You can also check in with yourself and go slowly. Trust yourself. Trust your own intuitive sense: "This is real, and I believe it." And find, if you can, one trusted person to land with and say: "You know what? I believe you. I trust you. I believe you." But it does start with honestly trusting yourself and getting a sense of your own connection with yourself, [which] I would say is really important.

Dr. Rusk 31:04

The link between chronic illnesses and trauma... I'm going to put trauma and a dysregulated nervous system in the same sentence because trauma leads to shifts in neurologic structure and function. Systemically, in our whole bodies, we react differently. We feel differently. We respond differently. I think working on relationships and our relational health is good for our nervous system. But it's also good to engage with someone who doesn't gaslight us. Those are some of my thoughts around how to not feel alone when you have a chronic, complex illness, [which] is really what you're asking about.

Dr. Jill 31:50

Yes. I think those are so powerful. I love the practical stuff too. And I love how you brought in the fact that it's not just that we get dysregulated from trauma and have to deal with that, but maybe the root cause of some of our complex chronic illnesses is unresolved trauma. You touched on that. I know that on your website,

IleneNaomiRusk.com—I'll put a plug in here—there are lots and lots of resources for those kinds of vagal work. And you are an expert in all things. In fact, you just got off teaching some of this stuff on another platform. There are so many ways you can engage if you're listening.

Dr. Jill 32:26

It's not just that you have trauma—you have to resolve that from the medical illness—it's this other thing that you're saying: "What if the unresolved trauma is actually contributing?" So then we go and start to deal with that. And I love that you brought that in because I really think it's a core. As I've done complex chronic illness over decades, what I've seen is the supplements, the lifestyle, the diet—all that's wonderful. But there's another layer here that you're talking about. If you don't address it and if you don't feel safe in your body, then you're not going to heal.

Dr. Jill 32:54

One of the interesting things is that when we said, "What is this movie going to be about?" it went into multiple variations. But at the end, the producer, director, and I said: "BLT—this is what it's about." The B is: Believe—believe in yourself. The L is: Love yourself—that unconditional self-regard and self-compassion. The T is: Trust your intuition, which is what you're saying.

Dr. Jill 33:18

What I realized in the journey before and then filming the movie [is that] you can't really love and show yourself compassion until you trust your body to give you signals that are real and that you can trust that feedback that you're getting. I realized in the journey that you have to first trust your intuition before you can have that self-compassion. And those things—you're the expert on this—are the ways in which we de-escalate that dysregulation of the nervous system and change our physiology.

Dr. Rusk 33:49

I would like to say something. That's great. It's completely brilliant. I love the BLT. I love it! It's what we had just been talking about [inaudible]. But either I heard someone say something yesterday or I read it. It was like: "You have to love yourself before anyone else can love you." It was something like that. And I want to speak to that because, actually, I don't believe it just goes that way. I really feel like it's the

relational love. Maybe you can receive love from someone else that you don't have for yourself. And then there's maybe a smaller entryway for someone else's love to enter you, but maybe it will eke its way in. I just want to say that you don't have to come to a place of self-knowledge, self-awareness, self-enlightenment, and self-love. If you allow another [person] to also offer you that, then that's another way in.

Dr. Rusk 34:53

This social-emotional-relational state of positivity and engagement can be so healing. Like you're saying, it's not just about being with yourself and yourself. It's also about creating—I think that's what you and I have developed over the last ten or so years—this offering of unconditional appreciation and acceptance. Maybe you don't feel it yourself, but you're able to get this mirror and these mirror neurons going.

Dr. Rusk 35:31

I have the sweetest little study I just read about. I know this isn't a scientific talk. But in the talk I just gave, there was a picture of a baby with an EEG cap on—reading brainwaves—and another with an EEG cap on from a study done in Cambridge maybe five years ago. They showed that when the mother looks at the baby with kind regard and speaks in a lovely voice that's soothing and beautiful, their brainwaves synchronize. It's like imagining what happens when we have this relational attunement to our nervous system, even if [inaudible]. It's an invitation to listeners to begin to build meaningful, connected, interested, and curious relationships and allow in the love that's there for you.

Dr. Jill 36:29

That's so brilliant and so important! I think it's very relevant to our world now with artificial intelligence and with us all on screens. Esther Perel said recently: "AI is artificial intimacy." I love that term. She's kind of switching the AI into this. And the truth is, so many of us think that we're connected. She also said: "We have a thousand friends, but we have no one to take our dog out, to go get groceries for us, or to go to the post office." And the truth about what you're talking about is: Like you and me in a clinic with a patient or a friend having coffee or a loved one, gazing into the eyes and being present with another human is such a powerful healing that happens there.

Dr. Jill 37:18

Here we are on Zoom—we have to do this to record—but we would get much more powerful healing if we were sitting in front of one another, having coffee, and looking into each other's eyes. So if you're out there, this might be one of the things that you can go and do differently. How do you engage in the world in a real way—whether it's with your pet, your best friend, your loved one, your child, or your parents—and truly see these people in person, not just on the screen or through a text? Would you like to comment on that? I think our world is so geared towards screens and we're not getting the same physiological encouragement to our systems as we are in person.

Dr. Rusk 37:56

Right now, I'm looking right at your eyes. Do you feel like you're looking right at my eyes?

Dr. Jill 38:00

I do.

Dr. Rusk 38:01

It's really special. I bet if you put an EEG cap on you and me right now, we'd be getting the same results as the Cambridge study because we're very, very connected. This kind of connection is different than screening through your thousand friends on social media. This kind of connection is caring and engaged. We're noticing the tone of each other's voices and what each other sounds like, bouncing back and forth. This kind of connection is beautiful. But artificial intelligence—artificial intimacy—is not to be trusted. And it's very, very concerning. I call it 'slow medicine.' 'Slow medicine' is the medicine of healing our nervous systems with each other, slowing everything down. I just took a breath.

Dr. Jill 38:57

Yes, me too. Being with you is always healing to my nervous system because there's an ease, relaxation, and slowness in a really healthy way, like being present. You do that with me, with all of your clients, and with so many people. Your voice is healing! You are! What a pleasure!

Dr. Jill 39:20

If you could think of one last bit of advice, think about the patient who is getting ready to walk out the door and is still a little discouraged, or someone listening who's been through a lot and they're like: "But what about me? I'm still sick. I still suffer every day. I'm still in a moldy home." Any bits of wisdom you could give to the person who feels like there's no hope?

Dr. Rusk 39:42

It's such a very good question. I'm even saying this because there's so much that comes to me. First of all, take a moment to attend. Instead of bypassing, overriding, or expecting there to be this negative imprint that's the same as it was yesterday in the last moldy home, give [yourself] a moment of possibility and stretch yourself. I've found that with many of my patients, leaning into the fear of it all rather than the mold itself—the same thing with Lyme and co-infections—both can exist at once.

Dr. Rusk 40:19

I really learned this from my honored work with Ukrainians and Ukrainian refugees. I was terrified to work with people who were in the midst of war. How do you do peri-traumatic healing with people? How do you do that? One of the important things that I learned and now use in my own life is that two things can be true at once. I know it sounds very simple, but it's like, "This and..." So, "Yes, I'm terrified of mold and I'm terrified to walk into that building, and I'm still okay." I have two feet. I have one foot that's stepping into this "I'm going to die" realm.

Dr. Rusk 40:59

Getting back to this full-circle conversation about dying, I think that that's really what it is with these pervasive... Lyme and mold have a way of taking over in a physiologic sense but also in a psychological or psychospiritual sense if you really want to get woo-woo about it. These things take over [so much] that you can't necessarily touch them. You feel like they're everywhere. They're pervasive. [it's about] knowing that that's true, admitting that there's such deep fear that this will never go away or "I will die," leaning into that with the compassion that we're talking about, like the very soft touch, or asking someone else too, saying, "I'm terrified that I'm going to die." [It's about] knowing also that you have this endogenous, built-in positive neuroplasticity system that wants you to be okay and

live and that has the capacity to expand and extend you. Oh my God, both are true! So [it's about] tapping into both while honoring both, not dishonoring the fear but still accepting, "I have many parts."

Dr. Rusk 42:17

I did learn most of this, I have to admit, in my work with a very beloved family member who had extreme OCD that caused him to not be able to leave the house. Maybe that's similar for some of our patients who are so stuck in a small [inaudible], a small house, a bedroom, or a location. You can only go into one room in a house. So, [it's] the idea of: "What will happen if I play gorgeous music, call my best friend, and say, 'I'm going to step out of this room?' I'm going to use a resource—an ally—and I want to expand, extend, and stretch. And that's because I'm building my resilience." So, that's my long, simple answer: Both things can be true. "There's a part of me that's really healthy right now"—whether that's [because] I can speak, I can walk, or I can feel hope, maybe a little part—"and also, I'm really sick and afraid to die." [It's about] gently having those two parts meet each other and being like, 'Okay.'

Dr. Jill 43:19

Yes. They can both exist. I love that! Even in my own journey with mold, I'm still stepping out and going to hotels, knowing that I'm probably going to encounter mold. If I do, I'll be okay. I love giving that gift to patients by saying: "You know what? I do this all the time. I sometimes crash, and I know, 'What resources do I have to fix or be okay with this?'" And then know that it's a roller coaster. So I love that you're giving people the permission to not feel well and be afraid, but also know somewhere deep inside: "Wait, I can overcome this." It's that courage to step forward where they—

Dr. Rusk 43:57

That's what the movie is all about!

Dr. Jill 43:59

Yes, yes. Thank you.

Dr. Rusk 44:03

Before we leave, I want to let people know that it can be really slow. It could just be

incremental little pieces. But it has to be with a lot of resources—a lot of gentle, loving, and supportive resources.

Dr. Jill 44:21

Let me just say publicly that you are my dearest friend. I know that you've experienced so much of this journey with me. There's so much of the journey where I would not be where I am today without a friend like you to help regulate my nervous system and help talk through issues. You are a professional. You're a brilliant neuropsychologist. But in this way, you are a friend, and in that friendship, you have helped to heal me. So thank you from the bottom of my heart for being a part of my journey in such a profound way!

Dr. Rusk 44:52

Thank you, Dr. Jill. Jill, beloved, I'm so grateful to you. I'm so grateful to you. I'm so grateful to you. I'm so grateful for what you've opened up in so many people and what this friendship and collegial relationship have done for me and my patients. I know that this message is going to be heard far and wide so that people don't feel alone and that it's possible.

Dr. Jill 45:22

Thank you, thank you. And thank you for coming on and sharing your heart. Like I said, you have so much knowledge to share. I said: "Will you please just come and share your heart with me?" I hope that people feel that and [that they] saw our amazing lip gloss, because we always compare what coat of lip gloss [we have on]. We're wearing the same color today! [laughter] So it's a great lip gloss!

Dr. Rusk 45:44

To fun!

Dr. Jill 45:45

[laughs] To fun! Aw, bless you, my friend.

Dr. Rusk 45:50

Beautiful! And I'm so joyful that today is the day that this movie is being launched. So it's very exciting that we got to meet today!

Dr. Jill 46:00

It is. Thank you so much!