

**Shrink Rap Radio #100, July 17, 2007, Anniversary Show**  
**David Van Nuys, Ph.D., aka “Dr. Dave” with Jerry Trumbule, M.A.,**  
**ABD**

(Transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Susan Argyelan)

**Dr. Dave:** Okay, well, here we are, everybody, for show #100, the long-awaited #100. And I have Jerry Trumbule here with me from Denver, Colorado. Hi, Jerry.

**Trumbule:** Hey, Dr. Dave. How are you doing?

**Dr. Dave:** I am doing great, and I’m really glad to have you on here and wanted to have you on here because you have played such an important role in the development of the show, kind of behind the scenes for the most part. Probably most people are not aware, really, of the extent to which I have relied on you for feedback at each of the choice points that I’ve confronted. So, it was really important to me to have you be here for this retrospective, looking back over two years.

**Trumbule:** Yes, it’s my pleasure to join you, and it’s true, I have been the “chief nit-picker...”

**Dr. Dave:** (laughs) Right.

**Trumbule:** But no, seriously, I’ve really enjoyed listening to your shows. It’s certainly broadened my appreciation for areas of psychology that I probably never would’ve even taken note of before.

**Dr. Dave:** Yeah, well, that’s great. And, the nits that you brought up often were, you know, it’s been good feedback. And, sometimes, maybe I needed to get over a little emotional attachment or (laughs) initial emotional reaction, but upon further reflection, I thought, well, you know, he’s got a good point there.

**Trumbule:** Well...

**Dr. Dave:** And so...yeah, go ahead.

**Trumbule:** No, I was just going to say, in an area like podcasting, where I have absolutely no expertise, I was more or less responding just to my own reaction to certain things that you were doing. And, I was glad that you were able to use some of them...

**Dr. Dave:** Yeah, yeah. It was good to get that perspective of kind of a naïve listener, if you will.

**Trumbule:** Oh, thanks. (laughs)

**Dr. Dave:** (laughs) Well, that's what you're saying, the "new to podcasting" part of it.

**Trumbule:** Yeah, exactly.

**Dr. Dave:** That would be the only area in which you were possibly just a little bit naïve.

**Trumbule:** Oh, you're using "naïve" in the experimental psychology sense there.

**Dr. Dave:** Yes.

**Trumbule:** Right?

**Dr. Dave:** Yes. (laughs)

**Trumbule:** Okay. (laughs) But no, I think it's been quite a journey. And, the substance of your interviews has been fantastic. Like I say, the breadth of the various people that you've interviewed I thought was really eye-opening in a lot of cases. I would listen to a show, and then I would have to launch into my own investigation, Googling this and that, trying to find out more.

**Dr. Dave:** Well, that's great.

**Trumbule:** So, it's really served a good purpose there.

**Dr. Dave:** Yeah, thank you. Well, let's look back; let's travel into yesteryear (laughs) and look back at some of those choice points and changes. For example, the format has really evolved from when I first started in terms of length. Originally, you know, everybody in podcasting was saying – and of course, podcasting was, and still is, very young – and everybody was saying, "Well, the ideal length for a show is 20 minutes, since that's the length of the average commute." So, I was originally shooting for something like a 20-minute show. But as time has gone on, people were asking for more depth, and I was adding additional elements, like reading e-mails and playing some music and so on. So, it evolved to now running right around an hour and sometimes over an hour.

**Trumbule:** Well, I personally listen to your podcasts while I'm sitting at my computer. I don't own an iPod or an mp3 player. Actually, I don't commute; I live and work in the same building. So, for me, commuting means going upstairs.

**Dr. Dave:** Yeah. (laughs) Lucky you!

**Trumbule:** I – yeah! (laughs) I understand that a lot of listeners download the show onto their iPod and then use it while they're walking or jogging or commuting, so there may be some consideration there, but for me, the most important part was

gaining a better understanding of the topic of the interview. And, I often found myself wishing that you had gone longer, rather than shorter; but on the other hand, I can understand that a lot of people don't have the time to listen to a two-hour show.

**Dr. Dave:** Right.

**Trumbule:** But, I think you ended up with a pretty good mix. I mean, the interview part is generally 30-40 minutes long...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...and one thing I really liked was your consideration of the interview after it was over, adding some depth to the subject matter by your own research. And, I really like that – your reaction to the interview.

**Dr. Dave:** Well, that was one of the key points of feedback that you gave me early on that led to, that both led to it getting a little bit longer and also to a somewhat different format than I had initially started with, which was initially, it was just going to be kind of the interview and maybe a word or two from me, and that would be it. But you gave me feedback early on, saying, “Hey, you know, I think people want to hear what you have to say, and they want to know your take on it.” And, I think they're, my guess is they're going to warm up to you as a person, as a personality. And so, I kind of took that to heart, and I really, I kind of had to push myself. And, I still have to push myself, because sometimes, you know, I've got these voices inside saying, oh, well, what do I know? (laughs) What do I have to say? You know...

**Trumbule:** Yeah, right.

**Dr. Dave:** And, you helped me push beyond that, and I think you were right.

**Trumbule:** Well, and even the anecdotes that you would add, the...

**Dr. Dave:** My dramatized stories from...?

**Trumbule:** Yeah, your own stories added a lot, from my perspective. Maybe it's because we're already friends, but I think it added something for the average listener in terms of who *you* are. Some of the stories, for example, of the stage hypnotist – I mean, I thought that was really funny! It kind of...

**Dr. Dave:** (laughs)

**Trumbule:** You know, people might've been having thoughts about that, and you had a story to tell them how you had gone through that.

**Dr. Dave:** (laughs) Right! I might've given them second thoughts, if they had any such ambitions to go onstage.

**Trumbule:** Right, right.

**Dr. Dave:** And then I went through the period of wanting to be a podsafe-music disc jockey, and the feedback that I got from listeners was pretty mixed.

**Trumbule:** Mm-hmm...

**Dr. Dave:** Some people seemed to like it, but I was certainly hearing from some people saying, "Hey, your tastes are very different than mine, and that's not why I listen." So, I pretty much dropped that part of it out, which has also made it easier to produce the shows in shorter time, because I was actually putting a fair amount of thought and exploration into choosing the music. That was why I was enjoying it as much as I was, was that I would come up with titles or lyrics that I thought really matched the content of the interview for that show. So, I was feeling very proud of myself for finding these great match-ups, but evidently not all my listeners were as "smitten" by that as I was. (laughs)

**Trumbule:** Yeah, no, I understood that, what you were doing there, but I have to admit that in most cases, once the music started up, I would give it a little taste and then I would go on to something else...

**Dr. Dave:** Sure.

**Trumbule:** ...and not listen to the full song. But, I do like the way you're using the current music – a little break here and there.

**Dr. Dave:** Mm-hmm...

**Trumbule:** And, I think the current music is really appropriate for your show; I think it really matches.

**Dr. Dave:** Oh, that's good. Yes, I did go through two music changes. I started out using piano jazz by my former piano teacher, Steve Rubardt, and I really liked that. But then I felt it was time for a change, and listener Nir in New York City and a friend of his created the music that I'm using now...

**Trumbule:** Oh, I didn't know that.

**Dr. Dave:** ...and I'm really thankful for that.

**Trumbule:** That's, I think it's really appropriate. It's kind of laid-back, and it gives a little, just a punctuation, I guess I would say, to the verbal part of the show.

**Dr. Dave:** Yeah, and I'm using a different, some different music by those same two guys on my Wise Counsel podcast.

**Trumbule:** In fact, that's another thing I've been picking up on. When you first announced that additional podcast, I thought, "Oh, well...that's good for Dr. Dave but I don't really, didn't think I really wanted to listen to much of that." But lately, I've been going over there and listening to those shows because I perceive that there's a major difference. The shows that you do over at Mental Help – is that what you call it?

**Dr. Dave:** Yes, Mentalhelp.net.

**Trumbule:** Yeah. Those, I think there'll be a good audience for those shows, because they seem to be more specific as to particular psychological conditions that people might want to know about.

**Dr. Dave:** Yeah, that series is really oriented towards mental-health consumers; people who are in therapy or thinking about getting into therapy, have family members in therapy or counseling. And so the shows there tend to be with therapists on topics about either psychotherapy or psychopathology – that is, the things that can go wrong with us – as well as, I've interviewed a number of people who are involved in research on psychotherapy and who have done research-validated or what's called "manualized" approaches to therapy.

**Trumbule:** Mm. Mm-hmm. Yeah, I think it's a great addition to what you're doing, and I was also very impressed with the video, whatever you call them. Videopodcasts or...

**Dr. Dave:** Video series on YouTube that I have?

**Trumbule:** Yeah, the Zodiac series. I thought that was pretty interesting, and I really, I think I've looked at them all. How many do you have so far?

**Dr. Dave:** Fourteen, at this point.

**Trumbule:** Well, I may have some catching-up to do.

**Dr. Dave:** (laughs)

**Trumbule:** They got better as time went on, and they did capture my attention, as far as that whole Zodiac question was concerned. I had already read your book, but I'm not really into that murder-mystery kind of thing. But, I thought it was quite interesting, and I thought you got a pretty good response. I don't know how your numbers are looking over there, but I've put up a lot of stuff on YouTube, and I know if you get 1,000 hits, you're doing pretty well, actually.

**Dr. Dave:** Yeah, I haven't looked recently. The earlier ones have the most hits. It kind of tapers off, and I guess it takes some time for people to get to the later episodes. So, I probably need to take a look. It was getting pretty close to 1,000 on the first one...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and it might be up there by now. Yeah, I was... I didn't know how well that would go over. It's basically a talking head – my talking head – so I didn't, I certainly wasn't sure how well that would go over. But, I wanted to capture the momentum of the movie that was about to come out on the Zodiac...

**Trumbule:** Yes.

**Dr. Dave:** ...and it's a major Hollywood film, which turns out my co-author was a consultant on that film and has a film credit there.

**Trumbule:** Cool!

**Dr. Dave:** And, I was hoping to use my YouTube series to drive listeners to Shrink Rap Radio. And, I've heard from at least one person who's come to Shrink Rap Radio that way. I suspect there maybe are a few more that I'm not aware of – maybe a lot more. Well, getting back to some of the developmental stages of the show, one was that you encouraged me to get going. You kind of gave me a kick in the seat of the pants as I was kind of (laughs) fruffering (?) around about equipment and getting my website just right, and so on. So, really, I could have, theoretically, I should have started this podcast about three months earlier than I did. It took me that long to kind of learn the technology and pull it all together. And, I know at some point you said, "You know, David, (laughs) you could just keep working on trying to perfectionistically get the trick down, you know, indefinitely. You just need to get a show out there!"

**Trumbule:** Right, right...

**Dr. Dave:** And so that did help me to get going, and if I had... And now, I kind of wish, oh, I wish I'd gotten out there three months sooner. It would've really put me in that first wave of podcasting pioneers.

**Trumbule:** Well, maybe from your perspective. But, I think in general, you are part of the first wave. But, yeah, you're right. It's kind of like you're getting ready to take a road trip, and you spend days and days polishing and shining your car.

**Dr. Dave:** (laughs) Yeah, right!

**Trumbule:** But, before you ever hit the road... I used to teach film, and I would always run across students who would get distracted by the equipment and start thinking

that they had to buy an expensive camera before they could start shooting the film. And actually, that's not true. You can always rent any camera you want and get started on the content itself. That's the important thing you have to keep telling yourself. You want the best quality that you can produce...

**Dr. Dave:** Right.

**Trumbule:** ...but the listener is not going to be going, like, "Oh, well, that's only 80% of the quality that I think he should have, so I'm not gonna listen." The listener's always caught up in the content, and if the quality is – even if it's mediocre, as long as it doesn't interfere with the content, it's not going to be fastened in on the actual consumer of the product. So, I think your shows, they have improved with respect to sound quality. There's no question about that. But you are somewhat of a "gearhead..."

**Dr. Dave:** (laughs)

**Trumbule:** ...and I'm sure you don't want to admit how many microphones you've bought and...(laughs)

**Dr. Dave:** (laughs)

**Trumbule:** ...how many digital recorders you've bought.

**Dr. Dave:** Oh, I'm happy to admit it! You know, being the gearhead, the ham-radio operator, boy scientist that I am (laughs) ...

**Trumbule:** (laughs) Right.

**Dr. Dave:** I, this microphone that people are listening to me on right now, I believe, is number 5...

**Trumbule:** (laughs)

**Dr. Dave:** ...and I think this is the first time that people have heard this mic. The mic I was using up 'til now was perfectly fine, but I heard, I read a discussion on a podcaster bulletin board where somebody was talking about the Electrovoice RE-20 having an NPR-type sound...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...a National Public Radio. I thought, "Oh, yeah! That's the sound I want!" So, I went out and I (laughs) bought another rather expensive microphone. 'Cause there's no way to try them out, you know? There's not a store I can go to, to try them out. So, the only way I could try it out was actually buy one.

**Trumbule:** Right.

**Dr. Dave:** And so, I compared the two – the Heil PR-40 that I had that supposedly Adam Curry uses. And you know what? I could barely tell the difference between the two! (laughs)

**Trumbule:** (laughs) Yeah.

**Dr. Dave:** But, I decided to keep this Electrovoice , and now I'm trying to sell the Heil. So, I (inaudible) five microphones; I've gone through at least three digital recorders; then the sort of field microphones – I think I'm on my fourth or fifth microphone for doing field interviews...

**Trumbule:** Mm-hmm...

**Dr. Dave:** The one that I use... that I think you mentioned you listened to my interviews at the Dream Conference...

**Trumbule:** Yes, in fact, I was very impressed with the sound quality as well as the content on that one because as a video producer, I'm often... Actually, it turns out even with video, sound is probably the most important thing. The picture can be somewhat fuzzy, but if you can't understand the sound, you don't get the content. So, I'm familiar with the problems. I have a wireless mic that I use, but what I decided after my most recent shoot, was that I was going to have my assistant wear the wireless mic so that they could get closer than I wanted to be with the camera.

**Dr. Dave:** Hmm...interesting.

**Trumbule:** And, yeah, that... But, I was impressed with your ability to move the mic between you and the person you were interviewing. It sounds like a simple thing when you see a reporter out on the street, doing that, but I've seen people actually get out of sync when they're doing that. So, they're pointing the mic at the person when they themselves are talking and then putting it up in front of their mouth when the other person is talking.

**Dr. Dave:** (laughs)

**Trumbule:** So, it's kind of easy to get messed up on that, and I thought you did a good job. In fact, I like that interview format, man-on-the-street type thing, and it really worked with the Dream Conference. For example, the person that you interviewed on lucid dreaming, I thought, "Yeah! I want to follow up on that!" So I did afterwards, and I went to his website. Made sure I'd bookmarked it so I could get back to it later.

**Dr. Dave:** Yeah. Robert Waggoner (ph), I believe was his name.

**Trumbule:** Mm-hmm, mm-hmm...

**Dr. Dave:** And yeah, I'm glad that that mic worked out so well. That was actually my first experience using that mic, the Shure SM-58, and also my first experience of interviewing, doing the man-in-the-street type interview, and moving a single mic back and forth that way. So, I'm glad it worked out as well as it did, and I am probably going to be going to the American Psychological Association Convention at the end of this month, in San Francisco...

**Trumbule:** Hmm!

**Dr. Dave:** ...to do that. It's a little intimidating. I have to tell you, I got the, I did get permission to attend as press, which saves me a ton of money...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...so I don't have to pay to get in. But, I got their conference..."brochure" is the wrong word. Conference *book*. It's about as thick as a phone book.

**Trumbule:** (laughs) Oh, no!

**Dr. Dave:** Yeah! (laughs) So far, I haven't even had the heart to open it up and look in it, and figure out how I'm going to decide what presentations to try to go to, and so on. And, then it turns out that Division 32, the Division of Humanistic Psychology, is having their own conference two days earlier.

**Trumbule:** Oh, wow.

**Dr. Dave:** Also in San Francisco, so that's the group that I traditionally would hang out with, and I have to decide, well, do I want to go to both? and so on. So, there's some decisions there. But, getting back to Shrink Rap Radio, another big choice point for me that you helped me with, was when I was agonizing over the decision about whether to sign up with Podshow or not, because –

**Trumbule:** Yes, I remember that. That was a big step.

**Dr. Dave:** It was, because they were just getting into the game, and they were kind of the first large sort of company to come in. They had gotten a bunch of venture capital money – I think last I heard, it was about \$25 million of venture capital – to create a network of podcasts, and I was one of the first people who was offered an invitation to come in...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and I saw it as an opportunity to get P.R. so that I would be able to attract the listeners to the podcast. So, that was the thing that was very compelling to me,

to want to get in on. But the tradeoff, of course, was that I would be to carry a little bit of advertising, which people hear at the front of the show, and also that they were locking me into a three-year contract. And, I really was quite ambivalent about that, as you know, and we kind of went back and forth on the pros and cons.

**Trumbule:** Yeah, I... The big thing, from my point of view, was getting a, being able to dip your cup into the stream. When you have a website – I learned this the hard way; probably a lot of listeners did – you put a lot of work into your website, and you put it up, and then you discover that no one is coming to your website. (laughs)

**Dr. Dave:** Yeah.

**Trumbule:** And, it's really nice, but nobody's even looking at it.

**Dr. Dave:** Right.

**Trumbule:** And then, you start to agonize over ways to make it better. You find that there are companies you can sign up with who will guarantee that you will be listed in so many different search engines, and so on. But, the part about the contract, you know, it seemed to promise that it would get you some of that mainstream attention because Adam Curry is the “podfather,” I guess. And yet, it was kind of restrictive. But, I think in retrospect, it was a great idea, don't you agree?

**Dr. Dave:** I do agree; I think it's worked out well. You know, I get free hosting, for one thing...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and that certainly has been good. And, as the network has grown, I would say I haven't gotten as much P.R. as I would hope for, because they have so many other podcasters that they are promoting and trying to stay on top of. But, at the same time, they've been very good to me, and they have not exercised the contract in restrictive ways. There've been some things that I wanted to do that I said, “Hey, I'm thinking about doing such-and-such” that a very strict interpretation of the contract, they could've said, “No, no, you can't do that. We own the content.”

**Trumbule:** Mm-hmm...

**Dr. Dave:** But, in fact, they've been quite liberal. I think they're good guys, and so I have no regret about that. Now, the other thing that has evolved and that you were very helpful with was the evolution of the website, because, you know, I spend a lot of time developing iteration 1 of the Shrink Rap Radio website...

**Trumbule:** Yeah.

**Dr. Dave:** ...and I created it myself, and that's one of the things that slowed me up because I knew how to create a basic website, but the thing that was throwing me for a loop was having this sort of dynamic, "rollover" type menu. (laughs)

**Trumbule:** Mm-hmm, mm-hmm.

**Dr. Dave:** And, that slowed me way down, trying to figure out how to create that. And so, you know...and I was getting good feedback from listeners about the look and feel of the website, but you and other people started to point out as the number of shows grew, that there needed to be a way to search through the episodes...

**Trumbule:** Right.

**Dr. Dave:** ...and maybe to categorize episodes by topics.

**Trumbule:** Right. Mm-hmm...

**Dr. Dave:** And, there was no good way to do that using the basic html format that I had set up. And, then along came listener Jonathan Denwood (ph), who offered to recast the website for me and did a beautiful job of coming up with a color scheme and laying it out in a different way that made it look more uniform and more professional. And he had mentioned "blog" along the way, but I was interpreting "blog" to mean that I would need to keep some kind of daily journal. And, I already felt I had my hands full just doing the podcast and didn't want to have to keep a written journal. And with some time... I guess there was a bit of miscommunication between us on that point, and it wasn't until later – in talking about *your* blog, which, by the way, I want you to give a plug on before we're done here –

**Trumbule:** Sure.

**Dr. Dave:** ...that I saw that on your blog, in fact, you were able to categorize your blog entries.

**Trumbule:** Yeah.

**Dr. Dave:** And, as I was discussing that with you, you said, "Oh, yeah, my blog software just makes that kind of automatic." And, I went, "Ohhh...now I get it!" (laughs) "Now I get it!" So, now my website is totally recast using the blog technology, and I think the website is just 100% improved because there are categories, and it's very searchable now.

**Trumbule:** I agree. In fact, what I like about it is, it's more involving. It's – I guess the term would be "sticky" –

**Dr. Dave:** Mm-hmm...

**Trumbule:** And, it gives people a chance to comment without the investment of having to actually e-mail you or give you a phone call or an mp3 or something like that, which is a little bit much to expect from a casual listener. But, this way they can...you know, they find the site, they listen to the show, and then it's so easy to just add a comment. In fact, right before this show, I was looking at the fact that you were starting to pick up some more comments, and I thought, yeah, that's why you wanted to do it that way; that's good.

**Dr. Dave:** Yeah, well, you might recall I was a little reluctant to turn on the comment feature. I think I was worried both about spam and about, that people would stop e-mailing, because there were nice, wonderful, long e-mails which I was enjoying. It doesn't seem to have put a ding in the e-mailing, and there is some spam – an increasing amount of spam – but fortunately, the software is such that I approve all the comments before they go up. So, I just delete the spam and keep the real comments.

**Trumbule:** Yeah, I've had an interesting experience on my own blogs with that, because at first, I just left it wide open so that people could make a comment without my moderation. And then, I started to pick up spam, as you point out. Some of the YouTube movies that I've put up, there is no possibility of moderation, so the comments just go up. And, just a couple of days ago, I got a commenter who was obviously a racist person, and I was somewhat dismayed, because I hate to see that kind of stuff on my... You know, his comments really had nothing to do with the movies that I had put up, or the videos, but there was no way for me to take them down, so I thought, "Well, it's just a reflection of the fact that there are racists in the listening or viewing audience. I guess everybody could probably expect that, so I don't think it's really a comment on my film, or my video; it's more a reflection of someone's racist ideas.

**Dr. Dave:** Actually, there is a way to take them down, because I got some obnoxious comments on my YouTube...

**Trumbule:** Oh, yeah?

**Dr. Dave:** ...that I did take down. Yeah.

**Trumbule:** Oh, yeah?

**Dr. Dave:** Yeah. So, we can talk about that later. (laughs)

**Trumbule:** Make a note, yeah! (laughs)

**Dr. Dave:** "Make note: Talk to Dr. Dave!" (laughs)

**Trumbule:** (laughs) "Take down bad comments!"

**Dr. Dave:** Right! I guess the other thing that in thinking about the show over the past two years I was reflecting on, the travels that I've taken during that period. And, if I haven't actually podcasted from other countries, which I've thought about doing, but didn't, but I've kind of commented about my travels. And there've been Switzerland and Italy, and two different workshops on shamanism in Utah, and an Esalen workshop with my friend, Ron Alexander, and workshops that I did with him in Hawaii, and Mallorca, and then most recently, the International Dream Conference.

**Trumbule:** Yeah, when you were taking those other trips, I did hope that you would actually do what you did with the Dream Conference. Maybe you weren't ready for it mentally, but one place you went, you did a whole series of slides. Where was that?

**Dr. Dave:** Oh, yeah...that I put up on the web. Yeah, I'm not sure which one that was. It might've been Ireland...

**Trumbule:** I think it was Ireland, and I was totally impressed by the photographs.

**Dr. Dave:** Oh, great!

**Trumbule:** I thought, wow! You did a great job of that. And so, what I wanted to suggest, if you do more interviews at locations, that you take along your still camera...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...and get a shot of the person that you're interviewing.

**Dr. Dave:** You know, I could have done that. I appreciate that suggestion. It occurred to me to take my camera, and you know, I guess I wasn't thinking about my Shrink Rap Radio listeners. I was thinking about the people at the Dream Conference, and that they would know who looked like what.

**Trumbule:** Mm-hmm, mm-hmm...

**Dr. Dave:** But, you're right. I could have taken photos, and then I could have put those on Flickr and put a link to the Flickr pictures. And then, you could see what Robert Waggoner on lucid dreaming looks like, and so on. Yeah, that would've been a good thing to do.

**Trumbule:** Yeah, once again, I guess my method of listening in front of my computer makes me want to have something to look at, you know? (laughs)

**Dr. Dave:** Yeah, yeah. And you know, a surprising number of people do listen on their computer. That always surprises me, 'cause I do all of my listening on an iPod. But, the percentage of people who listen to podcasts generally on their computer, versus an mp3 player, I think it might be as high as about 50%.

**Trumbule:** Really?

**Dr. Dave:** Yeah, I think that's what I heard.

**Trumbule:** That's interesting.

**Dr. Dave:** It shocked me. I really thought that people would be more inclined to listen on portable devices.

**Trumbule:** Well, the way I have it set up, when I start listening to an iPod, I don't actually sit in front of a computer. I'm sorry; when I start listening to one of your shows, I don't sit in front of the computer. I don't have an iPod. I turn it up a little bit and I have speakers in my living room as well as in my kitchen.

**Dr. Dave:** Oh.

**Trumbule:** So, I'm able to do some, you know, wash the dishes or something while I'm listening.

**Dr. Dave:** Yeah.

**Trumbule:** So, it makes a good listening experience for me. And, we talked about this before because if it were video, then I would have to sit in front of the computer to see what was going on. But, because it's like radio, I can turn it on and, you know, do some housework or something I don't really want to do. (laughs)

**Dr. Dave:** Yeah, exactly.

**Trumbule:** Because it gives me a chance to listen while I'm working.

**Dr. Dave:** Exactly, and that's why I use the iPod, is because I can listen to the podcasts that I want to listen to while I'm in my car, while I'm on a walk. But, when I'm in front of my computer, I don't have speakers throughout the house. And also, my family members would not appreciate my listening throughout the house. (laughs)

**Trumbule:** (laughs) Right.

**Dr. Dave:** So, I listen to the iPod, and as a matter of fact, sometimes I will – if I'm doing a task, you know, like in the garage or something, I've got a portable player that I can drop the iPod into with some little speakers, so that if I'm working on a task I could do it that way.

**Trumbule:** Mm-hmm, mm-hmm, good.

**Dr. Dave:** Yeah. But for me, it works to do it on the go, and my little YouTube series aside, I really don't see myself moving into the video space, because my belief is that people – I don't know. I just think video requires that you, you know, you can't multitask, really, and watch a video. And so, I think that the ability to multitask as you described is really a key, as far as I'm concerned.

**Trumbule:** Yeah, and if the video's just going to be a talking head, I mean, who needs that, really?

**Dr. Dave:** Yeah. Right.

**Trumbule:** I mean, I...

**Dr. Dave:** There are people who are doing some pretty fantastic video podcasts. Evidently, they have a lot of resources, they're sinking a lot of money into it, and they're expecting to make that money back. And some of them will. I'm thinking of a show like Geek Brief TV; I don't know if you've seen that?

**Trumbule:** Say again? Say again?

**Dr. Dave:** Geek Brief TV.

**Trumbule:** Okay. See, I didn't...

**Dr. Dave:** With Callie Lewis? Very high production values.

**Trumbule:** Okay. Well, I'm trying to keep tabs of what's happening in that arena.

**Dr. Dave:** It's all happening too much, too fast. (laughs) Nobody can keep total track!

**Trumbule:** Of course, of course...

**Dr. Dave:** Yeah. Well, I thought that we would, well, actually, before I move into this next phase, let me give you a chance to promote your blog.

**Trumbule:** Okay. Well, I have two blogs I currently post my musings on, and one is called Denver Direct.tv. And, in that blog, I just try to videotape things that are going on, on a very local level in Denver. So, it's, you know, not of interest to everyone, but it occurred to me that there was a huge gap between broadcast or network TV and the person watching, because you never, I mean, there's a huge storm going on outside, and the television is not saying anything about it.

**Dr. Dave:** Yeah. Political storm.

**Trumbule:** It could be political or physical. (laughs)

**Dr. Dave:** Oh! (laughs) Okay. Usually, the television talks about the physical storms.

**Trumbule:** It takes ‘em a while.

**Dr. Dave:** Really.

**Trumbule:** Yeah. Here in Denver, a 60 MPH wind will go through, and then 15 minutes later, they’ll say, “Breaking news in Denver,” you know, because they have to interrupt some show...

**Dr. Dave:** Yeah.

**Trumbule:** ...to put that on. There’s not a 24-hour news outlet in Denver that I know of, so there’s a gap in the local level. And, that’s what I try to do with Denver Direct. My other blog is called Astounding News.com, and that started off years ago as an e-mail that I used to produce for my friends – basically things that I found on the Internet that astounded me. Unfortunately, over the last couple years, most of my astounding experiences have been of a political nature, so I’m blogging about the fall of the U.S. dollar and impeachment, and such things as that.

**Dr. Dave:** Well, we live in astounding times.

**Trumbule:** Yes, we do!

**Dr. Dave:** (laughs) By the way, I just saw Sicko, the new Michael Moore movie, and I highly recommend it. There was, he was interviewed – a friend sent me a link to Michael Moore’s site. He was interviewed, and the interview is up on YouTube. He was interviewed on CNN by Wolf Blitzer, and he really tore into Wolf and CNN about their coverage of the Iraq War as well as health care.

**Trumbule:** Yeah, I saw that interchange. Actually, I saw it first on the TV and also, it was making its way around the Internet. And, I was interested in that, because on my Denver Direct blog, I videotaped Michael Moore when he was speaking here in Denver, on the Capitol steps. And, it was kind of interesting because I wasn’t with the press section; I was over to the other side. And, while he was talking, a crazy guy got up, came up the steps towards him, and was kind of shuffled off to the side and continued to be crazy. Now, I was just taping him as it went along, and then strangely enough, he turned and walked into the crowd and came right towards my camera, (laughs) which was kind of frightening because I could see the guy was out of control. It looked to me like he was probably on speed...

**Dr. Dave:** Wow.

**Trumbule:** ...or some other drug. And, I was expecting him to actually attack me, but instead, he just made a comment and walked on by the camera. But, when I put those clips up on YouTube, there were three of them...

**Dr. Dave:** Yeah?

**Trumbule:** And, one of them had a provocative title, "Michael Moore Shrugs Off Wacko at Sicko Promo..."

**Dr. Dave:** (laughs) Good title!

**Trumbule:** Yeah, I was trying to get that Variety magazine title in there.

**Dr. Dave:** Yeah.

**Trumbule:** And, then one of the other ones was briefly picked up by Michael Moore.com, and for me, it was a very interesting experience. I was watching to see how many YouTube hits I was getting, and I went to bed – I had about 1,000 hits on one of the other ones, where he talks about the fact that we have the money. That's the title of it, "We Have the Money." And, I had maybe 800, 900 hits. And, then I looked at it early the next morning, and it had jumped by 6,000...

**Dr. Dave:** Wow, wow.

**Trumbule:** ...overnight. And, I wondered, where in the heck is *that* coming from?

**Dr. Dave:** Yeah.

**Trumbule:** And, I was able to track it down. And, Michael Moore.com had put my clip up on their site, and so it was getting all these hits. And then it was taken down from their site, so it was only up for less than 24 hours. But, it just showed this idea of the Internet streaming, volume going by, and if you can get your little cup or even your teaspoon into that mammoth Internet river, you can get a lot of hits that way.

**Dr. Dave:** Well, you know, that triggers the thought that you have suggested, that I should try to get some celebrities like Michael Moore to interview on Shrink Rap Radio...

**Trumbule:** Mm-hmm...

**Dr. Dave:** And, as a result of my being interviewed on a weekly basis by this AM radio station in Los Angeles, I saw that they had a regular flow of celebrities other than Dr. Dave (laughs) that they interviewed before me...

**Trumbule:** Mm-hmm...

**Dr. Dave:** And so I realized, jeez, I've got a contact with that producer, and maybe, you know, a teaspoon (laughs) in the celebrity river flow...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...as you suggest. So, I got all excited about that idea initially and went out and used my GoDaddy discount to buy four domain names that are all variations on "Celebrity Shrink."

**Trumbule:** Mm-hmm...

**Dr. Dave:** So, I got Celebrity Shrink.com.info.biz.net...

**Trumbule:** Mm-hmm...

**Dr. Dave:** Then you kind of talked me out of it (laughs) by suggesting that I've already got my hands pretty full with two podcast series plus a market research business, and I realize that you know, you're right. I'm not sure I could bite off a whole 'nother podcast series. But, I do want to at least get my feet wet in the water by seeing if I can get some appropriate celebrities onto Shrink Rap Radio to interview, certainly, about a psychological topic, or some psychological aspect of their lives or career...

**Trumbule:** Yeah...

**Dr. Dave:** ...with the idea of garnering more listeners just by virtue of the celebrity.

**Trumbule:** Yeah, I think that's more like what I had in mind; not that you should start a whole separate branch of Shrink Rap. But, just occasionally, to interview someone who's not a psychologist...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...but had some psychological content that they could talk about on the show.

**Dr. Dave:** Yes.

**Trumbule:** For example, I'm just, off the top of my head, Cindy Sheehan – are you familiar with her?

**Dr. Dave:** Yeah, she's the one who camps out and...

**Trumbule:** Yeah.

**Dr. Dave:** ...by President Bush's property...

**Trumbule:** Yeah.

**Dr. Dave:** ...to give him a hard time?

**Trumbule:** Right. Well, she has just quit being a protester. And, she made a big deal out of her quitting; that she wasn't going to do this anymore, she was just going to go home... And, I think she got hammered on so much by the other, the Fox noise channels, that she couldn't take it anymore.

**Dr. Dave:** Yeah.

**Trumbule:** She's just a regular person who's not really making money, or doing something that would drive her to be willing to take that abuse, so she quit. And then, two weeks later, she announced that if Nancy Pelosi does not get on the stick and put impeachment back on the table, that she's going to run for office against Nancy Pelosi.

**Dr. Dave:** Interesting.

**Trumbule:** And, she would be a person who would have a major, major psychological aspect to what she's been going through.

**Dr. Dave:** Yeah, and of course, one of the things that's – the main thing that's driving her activism, I think, is she lost a son in Iraq.

**Trumbule:** Yeah, yeah. Exactly.

**Dr. Dave:** So, that's a good suggestion. One of the things that I'm ever mindful of, though, is that I have an international audience...

**Trumbule:** Mm-hmm...

**Dr. Dave:** so I always try to keep that in mind, and I don't want to get anything that's...

**Trumbule:** Oops, oops...

**Dr. Dave:** ...too parochial.

**Trumbule:** Something just broke.

**Dr. Dave:** You can't hear me?

**Trumbule:** I couldn't hear you, and instead, I was hearing a loud beeping.

**Dr. Dave:** Oh. Well, I don't hear anything broken on my end, so...

**Trumbule:** Okay. You're okay now.

**Dr. Dave:** Hopefully, we're okay. Well, let's segue into the next part of this show, which I have conceived as kind of looking back over some of the interesting interviews that we've had, a kind of retrospective, where I thought we'd play clips and just do a little brief commentary on each of the clips. And, I think that the value of this would be that for listeners who've heard all of these shows before, it'll be a little trip down memory lane...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...that hopefully will jog their memories and bring back some good thoughts and memories. And for people who maybe haven't heard all of those shows, it may jog their interest in going back and hearing some of these shows. So, I thought I'd start with episode #4, in which actually, it was an interview with *you*...

**Trumbule:** Oh, wow.

**Dr. Dave:** ...and the title was The Death of Psychology.

**Trumbule:** Major embarrassment.

**Dr. Dave:** (laughs)

**Trumbule:** (laughs)

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**Trumbule:** I think I remember reading that there was a newer study some years ago that demonstrated that all the pigeon research done by Skinner and his people and by me and others was all invalidated. And, I can't remember what the demand characteristics – whatever you want to call it – were, that invalidated them, but I was, I thought, boy, that's interesting! Bunch of useless knowledge about pigeons – okay.

**Dr. Dave:** (laughs) Right.

**Trumbule:** But, kind of what sparked this in my mind of late is, I ran across an old paper by a professor of mine at Penn, back in the 60s, in which he was discussing the opinion that learning theory, having at that time had a 70-year history, was essentially bankrupt. And I began to think, as the years went by and as I tuned back in to the world of psychology, that psychology itself might be bankrupt. And, I noticed a shift among psychologists, I think, to leave the word "psychology" back

in the 20<sup>th</sup> century and to shift more into cognitive science as a description of what they were doing.

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**Dr. Dave:** Okay, Jerry, so there was you...

**Trumbule:** Yes.

**Dr. Dave:** ...at that time, talking about the death of psychology. What's your take on that now? Did you really mean to say that psychology was dead, or was there a different point that you were trying to make?

**Trumbule:** No, of course it was a little bit tongue-in-cheek with the title, but I did wonder if the essence of psychology wasn't being diluted to the point that it had no meaning, as just about anything having to do with human thought was suddenly classified under psychology. And, a lot of it was not really the study of human behavior – the study of behavior – which was my definition of psychology. And, for example, reading tea leaves in a cup could be considered to be part of botany, but I don't think you would find scientific botanists going into the study of tea leaves. But yet in psychology, we have the study of tarot-card reading – I presume, a legitimate topic – (inaudible) the classification of psychology is so broad. And, what I was referring to was physiological psychology, my old area, seemed to have abandoned the use of the word “psychology,” and they were now calling them cognitive scientists or neurobiology, or... They seem to start shunning psychology I think because of the fact that the word “psychology” started to include just about everything that had to do with behavior.

**Dr. Dave:** Yeah, and this is, you know, this has been a theme that has troubled psychology for a long time. And of course, you were heavily married to the scientific approach to psychology and were very successful in that realm. And, years ago, I used a thin paperback text in teaching an Intro to Psych class that I really liked, and I don't know if that book is around anymore. But, it had a title, something like Psychology as Science, Philosophy and Religion...

**Trumbule:** Hmmm....

**Dr. Dave:** ...and I thought that did a very good job of capturing this at least tri-part nature of psychology; that yes, indeed, there is a very scientific branch of psychology that is devoted to the canons of science. But at the same time, many people look to psychology to develop a philosophy of life...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...or even to bolster their own spirituality. And, there are books in all three areas, and there are people who've done research in all three areas, and...

**Trumbule:** Well, that's interesting. I remember from some of your e-mails that you had a fairly good population of students that were listening to your shows...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...and one of their comments that they had in common seemed to be that their subject matter – their area of interest – was not being covered at all at the school that they were attending.

**Dr. Dave:** Yeah.

**Trumbule:** And in fact, you'll recall that at one point, I was thinking your shows turned into a book would be a fantastic adjunct to Intro to Psychology, because if you just went to the Intro class in your particular college or university, you would basically be getting the story of that person's interest in psychology. And all the rest of it would most likely be left out; whereas your topics are so broad that somewhere in there, you're going to be close to just about any kind of interest in psychology.

**Dr. Dave:** Yes, and you know, I would really like to have better penetration into that world of students – psychology students, Intro to Psych students, and so on. I'm trying to get the word out to people who teach those kinds of classes. And so far, I have not found the perfect way to advertise it to them. I did try to, I sent a colleague up to Vancouver. I had thought I would go to the Western Psychological Association, and then I decided it was too much expense and too much trouble...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...for the limited return. But, I sent her up with about 100 flyers to put out on tables and to hand to people...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...saying, "Free content for teachers of psychology."

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and I don't know if it got me anybody or not. I plan to do the same thing at APA, and I also did that at the dreams conference.

**Trumbule:** Mmm...good.

**Dr. Dave:** So, maybe bit by bit, I'll get it out there. Well, let's move on to the next clip...

**Trumbule:** Okay.

**Dr. Dave:** ...which comes from Baghdad and a listener in Baghdad. So, let's listen to that clip.

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**Dr. Dave:** (inaudible) in our e-mails, you've mentioned that you go to Internet cafes, so in some ways, it sounds like maybe life goes on as normal. What's life like there today, in terms of do you have electricity? Are there cars in the streets? And so on...

**Mo:** Well, life (inaudible), given the circumstances that we have. And of course, there are a lot of electricity cut-outs. The most thing that we're suffering from is the electricity cuts. Now, the electricity is off for about 4 ½ hrs. and on for 1 ½ hrs. It used to be two hours on in the summer and four hours off. And now we...it's getting worse. And, it's expected to get worse by next summer.

**Dr. Dave:** Oh, that sounds very difficult.

**Mo:** Yes.

**Dr. Dave:** What about cars? Are people able to drive their cars?

**Mo:** Yes, of course. And the problem is that there are too many cars.

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**Dr. Dave:** So, that was actually from show # 24, and that was Mo in Baghdad. And, you will recall...

**Trumbule:** Yes, I...

**Dr. Dave:** You'll recall I was really excited to learn that I even had a listener in that troubled part of the world.

**Trumbule:** Yeah, that was pretty amazing. In fact, I often wondered what happened to Mo. I mean, is he still alive, I hope?

**Dr. Dave:** Well, I hope so too, and I think that the last time I heard from him was a couple months ago. I sent him an e-mail asking him that very question, and he got back to me saying that indeed, things have only continued to get worse, and that he's not as able to be online as much as he was. And, I think also he mentioned that he's moved on to listening to some other podcasts (laughs).

**Trumbule:** Hmm...

**Dr. Dave:** So, I don't know if he'll hear this one or not.

**Trumbule:** Mm-hmm...

**Dr. Dave:** But hopefully, he's doing okay. I also discovered that I have one or two other listeners in Baghdad who, I think, are Americans there.

**Trumbule:** Wow.

**Dr. Dave:** But, I haven't had much communication with them. I would love to hear more from them.

**Trumbule:** Mm-hmm...

**Dr. Dave:** But, it just really underscores the amazing reach of podcasting, which I was just very excited about. Well, let's - We've got a lot of clips that I want to cover...

**Trumbule:** Okay.

**Dr. Dave:** So, we won't dwell too long on any one of them. The next one comes from #30. Let's see if you can recognize the voice.

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**Krippner:** Amen (ph) is a psychotherapist, and he began to note this, that many of his clients were having dreams about his personal life. So, he thought, why not put this into a laboratory setting and monitor people's dreams with the electroencephalograph machine and associated devices, wake them up after it seems that they have had a dream while a person in a distant room or a distant building is looking at a vivid picture or a vivid film clip or some sort or another, trying to transmit the contents of that into the person's dream – just a very neat, simple, direct experimental setup with all sorts of in-built controls. And then, we had outside judges try to match the night of dreams to the correct picture. Now, if we had 12 nights of dreams and 12 pictures, the chances are that they'd be able to do this one out of 12. Instead, we were coming up with 7, 8, 9 or 10 hits out of 12, which was statistically significant.

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**Dr. Dave:** So, Jerry, I don't know if you recognize the voice of Stanley Krippner, talking about scientific parapsychology.

**Trumbule:** Yes, I remember that show. That was a good show, great show.

**Dr. Dave:** Now, I think at one time, you would have considered those two words to be an oxymoron...

**Trumbule:** Exactly.

**Dr. Dave:** ..."scientific parapsychology." What's your take on that now?

**Trumbule:** Well, I think you can apply the scientific method to anything if you can separate out variables and test them in a hypothesis, and then run an experiment. I mean, that's basically what science is. And the subject matter could be just about anything, and that's proven by that particular show.

**Dr. Dave:** Yeah.

**Trumbule:** I thought it was –

**Dr. Dave:** Yeah, I know Krippner to be someone who is very exacting and very married to the canon of science, so...

**Trumbule:** Mm-hmm, mm-hmm...

**Dr. Dave:** Yeah, when I first learned about his research many years ago, it really caught my attention and opened me up to the possibility, which I would have written out up to that point. It really opened me up to the possibility, well, maybe there *is* something here – some kind of a very rudimentary ESP sort of capability.

**Trumbule:** Yeah, it's...you know, that keeps popping up. It doesn't seem, no one seems to be able to put that to rest...

**Dr. Dave:** Right.

**Trumbule:** ...as some kind of aberration or something.

**Dr. Dave:** Yeah.

**Trumbule:** So, who knows?

**Dr. Dave:** Yeah. Well, there's some other people who have done incredible research that I've heard about, who I intend to get around to interviewing on the show. So, stay tuned!

**Trumbule:** Yes.

**Dr. Dave:** Okay, let's go to another person who's done a lot of good science. We'll go to #34, with Dr. Charles Tart.

**Trumbule:** Ah, yes.

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**Tart:** Other intelligent men and women were going through this same kind of crisis, and they realized science was right in a lot of ways. There was a lot of nonsense in religion, but was it all nonsense? When they came up with the brilliant idea of can we apply the *method* of science – not the particular findings at any moment, but the method – to investigate various phenomena of spirituality and religion and begin to

separate out what was true and important, and what was false and superstitious. That was an inspiring vision for me, and basically, that's what I've been doing the last 50 years.

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**Dr. Dave:** Okay. You'll recall that was Dr. Charles Tart, who spoke about his 40 years of doing consciousness research.

**Trumbule:** Yes, I remember him quite well, because he was quite a hero back in the day.

**Dr. Dave:** Yeah, he really was. And you know, he's just, I think maybe three or four years older than you and I. And if we had – under other circumstances – had met early in life, I think we would have been buddies...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...because he was kind of a "boy scientist" like we were. I saw him give a presentation, and he had some photos of himself from when he was like 13 or 14, and he was surrounded by electronic equipment.

**Trumbule:** (laughs)

**Dr. Dave:** I think you've got a similar picture.

**Trumbule:** I do; that's right.

**Dr. Dave:** Yeah!

**Trumbule:** Yeah.

**Dr. Dave:** Yeah, so definitely, the three of us are from the same mold.

**Trumbule:** Tom Swift and his giant magnet.

**Dr. Dave:** Exactly. And somehow, he was able to create a very respectable career for himself at the University of, excuse me – at U.C. Davis, University of California at Davis, which is a major, traditional scientifically oriented psychology department. And, he was able to write and study about things like psi and lucid dreaming...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and a variety of what many people would consider to be fringe topics.

**Trumbule:** Yes, in fact, that's an interesting topic in itself, the political nature of psychology departments.

**Dr. Dave:** Oh, yes. We could do a whole show on that alone, right? (laughs)

**Trumbule:** (laughs) Yeah, that would be a good one for your student population.

**Dr. Dave:** Yeah, yeah. Might give 'em second thoughts. (laughs)

**Trumbule:** (laughs) I guess it's probably true in any graduate school, but in the one that I went to at the University of Pennsylvania, I remember, for example, they had a bias against taking in any student who had majored in psychology as an undergraduate.

**Dr. Dave:** They wanted what instead?

**Trumbule:** Anything else! Anything. Almost anything else, because their feeling was that a student who had learned psychology at an undergraduate school would have been misled in some way.

**Dr. Dave:** They would've been brainwashed in the wrong direction.

**Trumbule:** Exactly.

**Dr. Dave:** (laughs)

**Trumbule:** And that they would have to *undo* that, and so unbeknownst to the students who were applying, having majored as an undergraduate in psychology was actually a strike against them.

**Dr. Dave:** Wow.

**Trumbule:** So, there you go.

**Dr. Dave:** Wow. That's an interesting piece of news. (laughs) I wonder if that's still the case.

**Trumbule:** Uh, probably not, because all those people left shortly after I left. (laughs)

**Dr. Dave:** Well, speaking of the University of Pennsylvania, our next clip, #42, comes from Doug Davis, who was Chair – who I knew in graduate school – and who was Chair of the Psychology Department for many years at Haverford College, which is one of the suburbs of Philadelphia. And, here is his show, which is called Happy Birthday, Dr. Freud. Let's just listen to a brief clip.

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**Davis:** I think I was looking for a kind of bridge between behavioristic psychology, in which I'd been trained, and a more cognitive psychology that was just taking shape.

It seemed at that point that Freud's theory offered models of how the mind would work in complex ways. But, behind that, I think, were deeper personal motives. I was intensely caught up in myself – my struggle for my own understanding – and Freud touched that in a way that I think no one else was nominally a psychologist did. The other experiences I had where I felt I was that close to the workings of a complex mind with which I could identify were probably in literature. So Freud really, really called to me in a way that I don't think I've experienced before or since.

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**Dr. Dave:** Okay, Jerry, you know, he's been a guest now three times.

**Trumbule:** Hmm. Mm-hmm...

**Dr. Dave:** And, I'll probably have him on more. I just find him to be so clear and so articulate.

**Trumbule:** Yeah. Isn't that great when somebody can do that?

**Dr. Dave:** Yeah. And he's also, he's also a person in this podspace. He's been working on creating, helping people in Morocco to create podcasts.

**Trumbule:** Wow. Didn't know that.

**Dr. Dave:** Yeah. Yeah. He's fluent in Arabic and a most interesting guy. I've got to visit him in the person sometime before too much longer. Okay, let's go on to the next clip, again from the Philadelphia area. And, it's your friend, Clark McCauley. Where's he teaching?

**Trumbule:** Well, I think he was at Bryn Mawr.

**Dr. Dave:** Bryn Mawr, right, which is a neighbor... It actually turns out that Doug Davis knows him as well, and had listened to that podcast and was interested. Let's hear what Clark McCauley has to say about the psychology of terrorism.

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**McCauley:** When the government first faced the problem of terrorism, they turned to psychiatrists for assistance in trying to understand this new problem, and it's been a long road since then, but we've got quite a lot of evidence now, and we've studied quite a number of terrorists, and lots of different groups in lots of different countries and continents. Now, it's completely clear that the great majority of people who are involved in terrorism are psychiatrically normal.

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**Dr. Dave:** So, there's your old friend, Clark, who I guess you knew while you were at the University of Pennsylvania?

**Trumbule:** Yeah, he was a classmate of mine. I don't know... he went by Rick McCauley in those days.

**Dr. Dave:** Okay.

**Trumbule:** But a good guy... I had lost contact with him, of course, as I have with most of my classmates, but I saw him on television. He was on Fox News, and I was going, like, wow! That's pretty amazing.

**Dr. Dave:** Yeah.

**Trumbule:** So, I found out his e-mail address, and I e-mailed him. And, he was kind of depressed by his appearance on Fox News because they basically had him on there to be a punching bag.

**Dr. Dave:** Oh, boy.

**Trumbule:** And, he didn't really get to say what he was trying to say, which was that in his experience and his studies, he had discovered that the people that we call "terrorists" were not really crazy...

**Dr. Dave:** Yes.

**Trumbule:** ...but they were pretty normal. And in fact, I'm sure he would feel the same way with his recent bit of business in England, where the "terrorists" turn out to be doctors.

**Dr. Dave:** Yeah, yeah...

**Trumbule:** And, it doesn't fit our stereotype of the terrorist as a madman.

**Dr. Dave:** Yeah, good point. And, not only does his research underscore that, but other researchers have come to that same conclusion. There were some researchers, in fact, in the U.K. who I had heard or read about, and there was a major guy who I tried to recruit for Shrink Rap Radio, but he never got back to me, unfortunately...but who did a lot of interesting research.

**Trumbule:** It's interesting because shortly thereafter – I think it was after you had Rick on your show – I saw a reference to a documentary film which I was then able to watch, which actually showed that most of the terrorists *are* fanatics, especially the suicide bombers. That they aren't normal, that they're kind of far over the edge, as far as their beliefs are concerned. And, they're obviously willing to give up their lives for it. So, I don't know where I come down on that issue at this point in time.

**Dr. Dave:** Well, that's right. There is a little bit of ambiguity here. I *think*, you know, I think what it has to do with is that – I'm not sure this totally resolves it – but that a person who is, in other ways, "psychologically normal," can certainly, from a mix of their own beliefs and, depending upon the social group that they're in, we're all susceptible to being socially influenced.

**Trumbule:** Yep, that's for sure.

**Dr. Dave:** And if you're running with a crowd of terrorists (laughs)...

**Trumbule:** Right.

**Dr. Dave:** Then...or political activists, or freedom fighters, or whatever, and you passionately believe in that cause, then you might do things that from outside the "in" group, would look fanatical.

**Trumbule:** Mm-hmm...

**Dr. Dave:** But, in the context of the "in" group, would not be fanatical.

**Trumbule:** Exactly, and in fact, when our own dear leader announces that he's getting his messages from God – telling him to run for the presidency and telling him to invade Iraq – to my way of thinking, that puts him in the "fanatic" category.

**Dr. Dave:** Yes, but for the "in" group that he's in – you know, of, say, fundamentalist Christians – they might be totally behind him.

**Trumbule:** There ya go.

**Dr. Dave:** Yeah. There ya go. So, here we go, onto the next one. Here comes...  
From #50...

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**O'Hanlon:** Erickson did many, many things, but one of the things he did was, he tried to find what was working in people's lives – what resources and abilities they had. He was really a resource-oriented therapist at base. And, that influenced me so much, because what I was learning in graduate school, in undergraduate school, was pathology – what was wrong with people, what had damaged people, what genetic problems they had, what biochemical problems they had, what personality problems they had, what traumas they had suffered, what bad environments they'd been in, or where they were stuck. And, you know, that's, it's useful stuff to know, I think. But sometimes when we focus on it, we lose one part of the therapeutic benefits of things, which is, people get discouraged, and we know that hope and positive expectancy has a great deal to do with positive outcomes in psychotherapy.

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**Dr. Dave:** And, of course, that was Bill O’Hanlon, talking about Milton Erickson and Milton Erickson’s approach to hypnotherapy, and then Bill’s own solution-oriented therapy.

**Trumbule:** Mm-hmm, yeah. That was a good one; I remember that.

**Dr. Dave:** Yeah, yeah. He is such a good presenter, and of course he’s been on Oprah (laughs), so I think you have to be really good to be on Oprah.

**Trumbule:** The pinnacle.

**Dr. Dave:** Yes, the pinnacle. I think she’s done a lot of good work, too.

**Trumbule:** I’d agree with that.

**Dr. Dave:** Yeah. And, the next clip comes from someone that I remember you were quite excited about, Dr. Daniel Amen. Let’s listen to that.

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**Amen:** Psychiatry today is the only medical specialty that *never* looks at the organ that it treats, and it’s just flat-out stupid. It should be considered a sin, almost, that you can try and kill yourself today in Sonoma, and virtually no one will look at your brain. How crazy is that? Because aberrant behavior, difficult behavior, abnormal behavior often comes from abnormal brain function. Shouldn’t we be getting more information on how your specific brain works? I mean, what if you had a brain injury and it hurt the left front side of your brain, which we know is involved in happiness? And, you try and hurt yourself or you try to hurt someone else. I mean, shouldn’t we know that so that we can go after targeting, helping that part of the brain? And the cool thing – I mean, the reason I called this book Change Your Brain, Change Your Life – was because if I make an intervention, make the right intervention, I can actually make your brain better!

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**Dr. Dave:** That was from show #55, Dr. Daniel Amen, MD, talking about psychopathology and the mind; more particularly, the brain, which I know is near and dear to your heart.

**Trumbule:** Yes, I remember him talking about how strange it was that people who were studying the aberrant behavior weren’t looking at the underlying organ – you know, the brain.

**Dr. Dave:** Right. Right. And, since that show, I have attended a lot of continuing education workshops and actually have had, heard people refer to his research; and also, have just had it continually impressed upon me how far psychology has advanced in terms of understanding underlying brain function in relation to so many

areas of pathology – and the important role, actually, of the brain structure that you spent much of your graduate years looking at, which was the amygdala.

**Trumbule:** Yeah, I remember the amygdala (laughs)

**Dr. Dave:** (laughs)

**Trumbule:** It wasn't one of my favorite ones, but I remember, I think it was Delgado who, at that time, had put electrodes into the brain of a bull...

**Dr. Dave:** Yeah...

**Trumbule:** ...and then, and he would get out with the bull, and the bull would start to charge, and he would press this button and the bull would stop and somehow be no longer interested in killing him. (laughs) And that was an early demonstration of electrical brain stimulation, and that was the area that I got into. Most of my work was concentrated on the hypothalamus as a reward center.

**Dr. Dave:** Okay, and both are part of the limbic system. Is that right?

**Trumbule:** Yes. Yeah, that was it, the limbic system.

**Dr. Dave:** Yeah, and evidently, the limbic system plays a big role in trauma and a lot of psychopathology...and, people kind of getting "stuck" somehow, as in obsessive-compulsive disorder...

**Trumbule:** Hmm...

**Dr. Dave:** ...or post-traumatic stress symptomatology that tends to be very repetitive and leaves them in sort of a "stuck" place.

**Trumbule:** Yeah, the problem with that electrical brain stimulation approach was that in the hypothalamus, it produced a lot of results that didn't really jive with the normal press-a-lever-and-get-a-reward. For example, the extinction after brain stimulation is very quick. If you turn off the juice to an animal that's been pressing a lever and getting brain stimulation, if you turn it off, they lose interest almost immediately.

**Dr. Dave:** Hmmm...

**Trumbule:** And, unlike food as a reward, they don't go back and keep pressing it, and trying it. So, the characteristics of brain stimulation as a reward seem to be different in a lot of different ways from normal rewards, and of course I got out of the business, so I don't know exactly what happened. But, it seemed that interest in electrical brain stimulation began to diminish. But it was a new tool, when they started using that functional MRI...

**Dr. Dave:** Yes.

**Trumbule:** ...to light up areas that were active during various behaviors. I think they're starting to hone in on a tool... basically, my thought was that until we get a tool that enables us to monitor brain activity at a neuronal level without mechanical intervention...

**Dr. Dave:** Mm-hmm...non-invasive?

**Trumbule:** Non-invasive. When you slip an electrode into a brain, well, it's kind of like driving a nail into a radio...

**Dr. Dave:** Yeah. (laughs)

**Trumbule:** ...to try to figure out, "Oh, look! We hit the speech center!"

**Dr. Dave:** (laughs)

**Trumbule:** "The radio isn't talking anymore!" It seemed overly crude to me at the time...

**Dr. Dave:** Yeah.

**Trumbule:** ...but I think they're starting to refine that to the point where it's producing some very interesting results.

**Dr. Dave:** Yes, I think you may have been the one who turned me on to some research where they're using a deep electrical brain stimulation in the treatment of severe depression.

**Trumbule:** Now, are they using electrodes or magnetic fields?

**Dr. Dave:** I think they were using electrodes.

**Trumbule:** Yeah. I guess in some cases... For example, seizure activity.

**Dr. Dave:** Mm-hmm...

**Trumbule:** I think there's a fairly good record of finding out where the locus of that seizure activity is, slipping an electrode in there, and just burning it out.

**Dr. Dave:** Yeah, yeah, I've heard, read about that. Well, now, moving on to something different, #58 with Suzanne Lovell on art therapy:

**Lovell:** Because we've verbalized it all, we think that we can use our cognitive capacities to solve the problem. But, the problem's bigger than that. How does the person's heart feel? You know, what's the trauma that's happened? The current definition for trauma is "speechless terror." If you have speechless terror, how are you really going to language through to healing some traumatic experience – whether it's incest experience or a car accident, Katrina, 9/11? Those kinds of things, they really go into our human bodies and they stay there.

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**Dr. Dave:** So, art therapy – that's some distance away, it would seem, from fMRIs and studying (?) the brain...

**Trumbule:** (laughs) Yeah. But, on the other hand, I really enjoyed that show. It's a good example of a show that expanded my own horizons. It's not something I would've ever sought out to listen to, but then I started thinking about what she was saying. I thought it was a fantastic show. There's something very empathetic about her presentation.

**Dr. Dave:** Yeah. She is a wonderfully, wonderfully warm – warm and wise – person. And, any time that I've ever heard her speak about something – like she used to come to department meetings to talk about her program, which was being run through Sonoma State – and in her own quiet way, she always spoke with such depth and wisdom that she's just a very quiet, kind of pixie-like presence.

**Trumbule:** Hmm.

**Dr. Dave:** But very commanding.

**Trumbule:** The whole idea of a non-verbal approach... Actually, after listening to that show, it made me want to get out a big pad and some markers and start drawing.  
(laughs)

**Dr. Dave:** Yeah, yeah, yeah! You should've done it, 'cause yeah, I know you to be an artistic person...

**Trumbule:** Way back when...

**Dr. Dave:** Way back when, yeah. Okay, moving right along, we're going to go to #64, with David Sinclair, talking about the Sinclair Method for Treating Addiction.

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**Sinclair:** What is the mechanism that is going on that causes this craving to develop? And basically, it's learning, because the general consensus in the field today (is)

that alcoholism and addictions are learned behaviors that have just gotten too strong. They have been so well learned that they no longer can be controlled.

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**Dr. Dave:** So, what did you think of that, Jerry? The idea that using naltrexone could remove the sense of reward that the alcoholic or other kinds of addiction gets from the brain?

**Trumbule:** I was very interested in that. Once again, it sparked an interest in an area that I probably wouldn't have even run into. But it seemed, I guess it seems to work, doesn't it?

**Dr. Dave:** According to him, they're using it extensively there in Scandinavia, where he's located. It's not without its critics, I gather. On my Wise Counsel podcast, I raised it with at least one person there, I think, who I was interviewing about addiction. And as I recall, he was not so enthusiastic about it.

**Trumbule:** Hmm. Well...

**Dr. Dave:** Like everything else in psychology, there seems to be controversy

**Trumbule:** Two sides to the coin.

**Dr. Dave:** Yep, yep. But, no confusion here, when we listen to #66, Scott Miller, talking about what really works in therapy.

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**Miller:** There's great evidence that what clinicians do, works. In fact, the average treated client in most studies is better off than 80% of the untreated sample in those studies. And again, it's obscured in this fight over which approach is best for this particular treatment condition, that has only intensified in the last 10-15 years. You know, therapists have fought for most of their history about which treatment approach is best. You can trace this all the way back to the fallout between Freud and Jung, and Jung and Adler, all the way forward to the battles between the cognitive people and the behavioral people...the brief therapy groups, etc. So, this is not something that's just started. It's something that continues.

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**Dr. Dave:** So, not only did I get to interview Scott, but I went to a day-long workshop that he did, and his presentation of research showing the effectiveness of psychotherapy and what the really important ingredients are was nothing short of stunning.

**Trumbule:** I agree, and in fact, see, that's the kind of stuff I like, where the topic is examined using a scientific method to try to factor out what's really important, because people in the various schools of therapy, of course they're going to believe

that their approach is the one that really works. But, here we have a guy who's looking across therapies. And, as I recall, his findings were that it depended more on the belief of the patient. Is that correct?

**Dr. Dave:** I think so. It's been a while since I listened to...

**Trumbule:** The patient –

**Dr. Dave:** ...the whole thing, too, and it was very clear. But yes, it was patient factors were number one.

**Trumbule:** Mm-hmm...

**Dr. Dave:** What they bring to the process. The thing that was really striking was that the school of thought played a very small role.

**Trumbule:** Exactly.

**Dr. Dave:** The actual therapy modeled that the therapist subscribed to accounts for a rather small amount of the variance. And, the important factors really have more to do with the resources that the client brings to it, as well as the sorts of things like listening and empathy and so on, that the therapist is able to bring to it.

**Trumbule:** Well, I don't know if that approach will have a big impact on therapy therapists themselves, because they have too much invested in their own school of therapy, I would imagine.

**Dr. Dave:** Well, the place where his research, I think, could be really important is with insurance companies and other decision-makers at that level, to show that therapy really does work and is worth the investment.

**Trumbule:** Mm-hmm...

**Dr. Dave:** And also, he found that for most situations, short-term therapy would do the job. As I recall, he said, oh, one of the hallmarks of his approach is constant assessment...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...asking the client to fill out a form after each session. You know, how did the session go? How do you rate it on a scale? And, if the client was not improving after six sessions, then something's wrong...

**Trumbule:** Mm-hmm...

**Dr. Dave:** ...and you may need to refer him to a different therapist. So...

**Trumbule:** Yeah, but once again, what I liked about it was that it tried to reveal the underlying mechanisms and what was important as a measurement as time was going on. Because you hear about people, “Oh, I’ve been in therapy for seven years...” At least on the Sopranos, you used to hear about that.

**Dr. Dave:** Yeah. (laughs)

**Trumbule:** But, this approach – to me – is what we need more of.

**Dr. Dave:** Yeah. And, one of the little factoids that lodged in my head from the workshop that I attended is – you know, I’m taking like 85 mg. of aspirin every day.

**Trumbule:** Mm-hmm...

**Dr. Dave:** You know, a baby aspirin to stave off heart attacks and stroke?

**Trumbule:** Mm-hmm...

**Dr. Dave:** And, I’ll bet you are, too, probably.

**Trumbule:** I used to.

**Dr. Dave:** You used to? You stopped?

**Trumbule:** I don’t do that anymore because I read that in fact, it increases the incidence of stroke.

**Dr. Dave:** (laughs) Oh, no! Well, millions of us, millions of us are taking it because of research that suggested that it was efficacious for preventing heart attack.

**Trumbule:** Mm-hmm...

**Dr. Dave:** Until they... His research shows that psychotherapy has, that the effect – the efficacy of psychotherapy – is stronger than the efficacy of that little aspirin in staving off heart attack.

**Trumbule:** Hmm...

**Dr. Dave:** I don’t know if I’m saying it that well, but...

**Trumbule:** No, I understand what you’re saying.

**Dr. Dave:** Yeah, that if millions of people have bought into the idea that they should take a baby aspirin, they should be even more persuaded about the effectiveness of psychotherapy.

**Trumbule:** Right, right.

**Dr. Dave:** So, that was very interesting. And now, for something completely different, here's me, reflecting on my Tarot reading in episode #73.

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**Dr. Dave:** So, to me, this card, which is in the position of how does it seem? What does it look like? might be going on. Well, it might look like, to the external observer, and at times, it could even look to me like this is an obligation that I'm bound to; this is burdensome. So, this card to me stands as... It's really clear to me now – it feels very meaningful – as a reminder to stay with my passion, keep it light, keep it fun... And, by “keep it light,” I don't mean to not keep it deep. I want to keep it deep as well. To keep it in balance, and to remember that I'm doing it because I want to do it, because I love it, because it's fun; because it gives my life meaning to feel like I'm helping other people, connecting to other people on a deep level; and that I can quit at any point that I want to if I lose that sense of joy and sense of meaning. And, that foreboding figure of the Devil holding up his hand in kind of a warning gesture, to me that's his message. That's the warning.

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**Dr. Dave:** So, I guess this is where you got your remark earlier about Tarot coming into psychology being included in the fold?

**Trumbule:** (laughs) Well, I know you've always been interested in what I would call “fringe”...

**Dr. Dave:** (laughs) Right.

**Trumbule:** ...approaches, but...

**Dr. Dave:** Somehow, we can still talk to each other.

**Trumbule:** No, actually, I really thought that was a great show, because it was about you, actually, and I think as a listener, we've gotten to know more and more about you as time has gone along. And here was a show where you're actually laying out your cards. (laughs)

**Dr. Dave:** Yeah...yeah. Okay, and then the next show kind of maybe follows on...it's ten shows later, #83, with Clare Morris, on The Archetype of the Wise Fool.

**Trumbule:** Hmm, mm-hmm...

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**Morris:** I see the Fool as being different from a fool – small “f” – who trivializes life and death. I see the Fool as really being the Sacred Fool – the Holy Fool – who is

alive in every part of the human being, really working for that human being's wholeness, whether the person knows it or not. And, I see the Fool as being an image – not the archetype itself, but as an image – of the Self, the Self which is the central archetype as (?) human thought. In every person, that it is the unique wholeness pattern within every person.

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**Dr. Dave:** Well, I've always identified with the Wise Fool. That's probably why I chose this clip to play.

**Trumbule:** Mm-hmm... Yeah, I'd say that's a pretty good identification.

**Dr. Dave:** Yeah... (laughs) I don't know if I have the right to claim the "Wise" part, but it's the "Fool" part that I can definitely relate to, the idea of the Trickster and also, some of the foolish things that I do or have done in the past, and can kind of look back and laugh at.

**Trumbule:** It's interesting because just the concept of the archetype took on a lot more meaning for me through my partner, Pat, who's very interested in Native American history...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...and she collects Kachina dolls.

**Dr. Dave:** Yes.

**Trumbule:** And, I was fortunate enough to get an invitation along with Pat to go down and spend a week or more with the Hopi tribe and witness some of their ceremonies that aren't normally available to the public. And I was totally blown away when I saw the complexity of their spiritual life...

**Dr. Dave:** Mm-hmm...

**Trumbule:** ...and for a Hopi, there is no religion; there is just life.

**Dr. Dave:** Yes.

**Trumbule:** And, they live their lives by their – what we would call religion, by their spiritual beliefs. And, these Kachina dolls, which are extremely intricate carvings – now, I was able to see the Kachina people.

**Dr. Dave:** Mm-hmm...

**Trumbule:** Full-size individuals, dressed up in these complex outfits, and there would be 30 or 40 or 50 of these people coming in out of the dark and going down into a

kiva. And, all we got to see was what occurred at the top, you know, on the top, as they were going down. And then we got to hear their chanting. But, it really opened up my mind to the whole idea of the archetype, because let's face it: our genetics are the result of many, many thousands, if not millions, of years of natural selection. So, one has to believe that the very basis of our thoughts is also a product of selection in that way. And, here we have a group of people who are making this evident by carrying on these traditions. The Hopis, for example, have lived in the same place for over 1,000 years – the same places on the planet, up on these three mesas.

**Dr. Dave:** Yeah. Wow.

**Trumbule:** And, they are very aware of the evolution of these archetypes over the years. I was totally blown away.

**Dr. Dave:** Wow. Unbeknownst to you, you've become a Jungian. (laughs)

**Trumbule:** (laughs)

**Dr. Dave:** You said that...

**Trumbule:** Who would've ever –

**Dr. Dave:** Yeah. And, you just articulated that whole notion very clearly. Because Jung really thought that there was a genetic component.

**Trumbule:** Yeah, I think so, too, and that's what I love about your show. I mean, you've opened up areas of my own awareness that I never would've been aware of.

**Dr. Dave:** Yeah. Yeah, that's great. Well, moving right along, just two more clips here. Number 87, with Philip Zimbardo.

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**Zimbardo:** We have to understand the causal mechanisms that make ordinary good people do bad things. We have to develop a public health model, not the old medical model. The public health model says, when we look at individuals who are afflicted with a disease, we look for the vector of disease. We look for where the epidemic is coming from, because then we can inoculate people against it. If all we do is treat the individuals with medicine or with prison, you never changed the cause of evil.

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**Dr. Dave:** So, that was Philip Zimbardo, the very eminent Stanford professor, talking about how good people can turn evil.

**Trumbule:** Yes, I remember that show. In fact, it brought to mind my own thoughts in that regard. And, I've always believed exactly what he was saying – that any of us, given the right circumstances, could be turned into evil people.

**Dr. Dave:** It gets back to what we were just talking about, about the terrorists, and how psychologically normal people might get involved in something that would seem very extreme, or that in fact, we would judge to be evil.

**Trumbule:** Yeah, yeah. It's, I think it's an important point, especially if we're on the opposite side, saying, "How could they possibly believe that?" You know? "How could they possibly do that?"

**Dr. Dave:** Right.

**Trumbule:** Well, this is how.

**Dr. Dave:** This is how, exactly. And, there was another way in which this show was important to me, because he's such an eminent personality in the field of psychology. I think he's been President of the American Psychological Association, California Psychological Association... You go onto his website, he has a list of awards...

**Trumbule:** Hmm...

**Dr. Dave:** ...that runs a couple of pages long.

**Trumbule:** Wow.

**Dr. Dave:** So, he is clearly one of the greatest living psychologists, or one of the most eminent living psychologists. And so, for me, he was a "big fish"...

**Trumbule:** Yeah.

**Dr. Dave:** When I go out after these guests, I kind of feel like I'm fishing, and I like to go after big fish when I can. And, every time I catch one, it's very exciting.

**Trumbule:** Yeah. I think so. It makes your listeners more aware of who the big fish are and why.

**Dr. Dave:** Yeah. Well, let's wrap things up here with one more clip, #89: The Secret Spiritual World of Children, with Dr. Tobin Hart.

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**Hart:** So, for me, looking at the lives of children and listening to what they tell me and what my own experience is in their presence begins to go around and around it a bit in a very powerful way. So, I hear children sometimes ask the big questions: What

are we here for? What's life about? Even at five (?) years old. I also hear them have, see them have, moments of just blinding compassion as early as two years old – this kind of thing. And, both of these things and several others, I think, represent what we could generally think of as spirituality.

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**Dr. Dave:** I was really moved by Tobin Hart's, the wisdom and the sense of spirituality that came through, that comes through in his discussion of his work. And, it put me in touch with memories of my own kids that I had not reviewed in a while.

**Trumbule:** Yeah, I had the same experience. As I recall, he used anecdotes from his own life.

**Dr. Dave:** Yeah.

**Trumbule:** Interactions that he had with his own kids.

**Dr. Dave:** Yeah, that's what got him into it in the first place.

**Trumbule:** Yeah. I kind of liked that, and just as you say, it made me reflect back upon raising my own children, trying to do the right thing, and, of course, not really knowing what the "right thing" was. (laughs)

**Dr. Dave:** (laughs) Yeah, exactly. Well, Jerry, we've run long here, so it's time to close it off. This will set a new record for Shrink Rap Radio length...

**Trumbule:** Oh...

**Dr. Dave:** ...but hey! The hundredth show, I think I'm allowed to take some liberties.

**Trumbule:** Whatever you say, Dr. Dave!

**Dr. Dave:** Yeah. (laughs)

**Trumbule:** You're da boss.

**Dr. Dave:** Yeah, I'm da boss! I'm da boss of the show. And so, I really want to thank you for being such a steadfast friend and adviser in relation to the show, and hope to keep you on in that capacity...

**Trumbule:** Oh, yeah! I'm a dedicated listener now. I look forward to each show...

**Dr. Dave:** Great.

**Trumbule:** ...and I'm sure you're going to keep it up, because you are putting together a body of work that is without rival. I don't know of any other source that one could turn to and find this incredible, not only depth, but the breadth of what you're doing is what always impresses me. So, keep on going out there and finding big fish as well as little fish.

**Dr. Dave:** A perfect close. Thanks, Jerry.