Shrink Rap Radio #113, October 2, 2007. Visit to a Psychology Club
(transcribed by Susan Argyelan)

Introduction: Hi, everyone! This is getting out a bit late because I was away for four days at the Podcast and New Media Expo in southern California. Today’s show does not feature the usual psychological celebrity interview, but in fact is a brief presentation and a set of student interviews I did at a nearby community college…Now about the recording you’re about to hear, listener Jeremy Teeter, who’s a member of the Psychology Club of San Joaquin Valley Delta Community College invited me to speak to their psychology club. It’s located in Stockton, and even though that’s a three-hour drive each way for me, I was sufficiently flattered and altruistic to accept. I hope you’ll find the recording interesting. Listening back, I’m not nearly as eloquent as I wish I were, but it will help you to get to know me a bit better. And the student interviews are quite revealing of the issues that beset many students today. Let’s get into it.

Dr. Dave: Okay, thank you very much, Jeremy. Can you all hear me? I don’t have a really strong voice, and if you have any trouble hearing me, please feel free to come down. I’m thinking of actually trying to turn this presentation into a radio show, and I’m hoping to get you on it as stars. So that’s why I’m talking into this microphone, and I hope to lure some of you up here and get you to speak into the microphone in a nice, strong voice, like I’m doing here. And so I’ll tell you a little bit more about myself and some of the stuff I’ve been involved in. And then, what I’m hoping is that I can get you to come up and ask – or maybe I’ll come down and poke the microphone in your face if that’s required – and have you ask me a question, which I will do my best to answer. And then I’d like to ask you a question – you know, something along the lines of, “Why are you interested in psychology?” or something like that. It won’t be like an exam question; I’m not going to ask you, “In what year did William James start his first laboratory?” So it won’t be a question like that. But it will be a chance for you and your friends and your family to hear you on Internet radio, if you’re willing to go along with me. So yes, I recently retired from the psychology department at Sonoma State University, where – can you believe it? – I taught for more years than probably most of you have been alive. I taught for about 35 years there. I was chairman of the Psychology Department for about seven of those years. Sonoma State is an interesting school, inasmuch as when I first went there, it was one of two schools in the entire country that was invested in what’s called “humanistic and transpersonal psychology.” And so if you don’t know what those terms mean, that would be a good question to ask me on the mic: “What do...
you mean by ‘humanistic psychology’?” Or, “What do you mean by ‘transpersonal psychology’?” Well, when I retired, I was throwing myself into the void, you know? “Well, what’s next? What am I going to do?” And I heard about podcasting, and I’m kind of a technology fanatic, and a computer fanatic, and I’ve been a ham radio operator when I was a kid. So technology comes to me. And I heard about something called “podcasting.” I already had an iPod that I loved listening to. “Podcasting…” that sounds like you could transmit with it or something! And I certainly didn’t know how that was going to work, so as I looked into it a little bit more... This is about two years ago, near the beginning of the whole podcast phenomenon. And what podcasting has done, really, is to make it possible for anybody basically to have their own radio show, if you will, and put it on the Internet, and it’s like Tivo for your radio. Right now there are tens of thousands of different podcasts out there with such a wide variety of audio content that it’s hard to believe. Whatever interests you have, whatever hobby you have, there’s a podcast out there tailored just for you. If you’re into music, if you’re into hip hop, if you’re into knitting, if you’re into chess, if you’re into drag racing, I don’t care what you’re into, you’re going to find one or more podcasts there that are going to address your interests. Think of it as Tivo for the radio. Because what it means is, you can listen to the content – to the audio and now visual, too (people are making videocasts). I put some stuff on Dr. Dave on YouTube too, which maybe I’ll talk about in a moment. You can listen to the audio content that you want to listen to, when you want to listen to it and where you want to listen to it if you put it on an mp3 player, or you can listen to it on your computer. So, what I realized when I retired and I found out about this capability of podcasting was - you know, having been in psychology for so long and in kind of a unique niche of psychology, I know a lot of interesting people, and I could interview them. And maybe that would be of interest to students, or maybe even to other professionals. I didn’t know if anybody was going to listen or be interested at all. But Jeremy – where are you? – Jeremy! Jeremy listens! So I have a listener – yeah! Actually, I’ve got listeners from all over the world. It’s been most gratifying. Yes –

(Unidentified): Can you make money at this?

Dr. Dave: Can I make money at this? Yes, you can make money at this. It’s a fledgling industry, and there are some people who already are making significant sums of money. I’m making a small amount of money.

(Unidentified): How’s the money generated?
Dr. Dave: Through advertising. So there is some advertising – very minimal advertising – that’s carried on my show. I’m sponsored by - I have actually two different podcasts; one is called Shrink Rap Radio, and the other is called Wise Counsel Podcast. And on Shrink Rap Radio, I signed up with a company called Podshow. They got $25 million of venture capital money to create a podcast network on which they would distribute advertising. So I advertise Podshow, and I advertise GoDaddy, if you’ve ever heard of GoDaddy.com, where you can buy web domains, and so on. Just very minimal. I just give it a little quick endorsement. It’s nothing obnoxious, like you’re used to hearing on AM radio. So, I want to tell you a little bit about some of the things that I’ve been involved in and am interested in, to give you fodder for additional questions that you could ask me about. So I’ve already mentioned humanistic psychology, transpersonal psychology… I co-authored a book on the Zodiac Serial Killer. So, if you saw the movie, “The Zodiac,” my co-author – actually, the lead author – is in the credits, at the end of the movie. I guess I just missed it – darn! We also just missed fame and fortune because HBO took out an option on our book, and it turned out they were planning to make a 12-part series. I could’ve been the Sopranos! But they didn’t exercise the option when they found out that this Hollywood movie was coming out, so they thought, “Okay, that’s going to steal our thunder.” Some other areas that I’ve been involved in over the years that you could ask me about – probably just about any domain of psychology, I’m going to know something about it, having been a psychologist for 35 years – but I’ve had special interest in the whole area of dreams, dream interpretation, dream recall, all of that… the whole area of altered states of consciousness. Hypnosis has been a… I did my doctoral dissertation on hypnosis and meditation. So those are some areas that I’m involved in. The podcasting thing has been very exciting. The Shrink Rap Radio podcast, I now have 111 episodes up there, and they’re all interviews with other psychologists. And when I started out, I thought I would be networking to the people I knew. But very quickly I’ve been able to move beyond that and interview some of the most prestigious psychologists alive; for example, Philip Zimbardo – I don’t know if you’ve heard of him. I interviewed him recently on his latest book on the nature of evil. My latest show, I was able to network to a Harvard-trained, Washington, D.C.-based psychoanalyst, who has written a book called Bush on the Couch, in which he analyzes – psychoanalyzes – George W. Bush. It’s a fascinating book and a fascinating interview. Part of my hope in creating this series was to reach out to students and psych instructors and psych professors, providing a rich resource that I thought maybe professors – and they’ve been slow to adopt it, so I need grassroots pressure from students from below – to approach your professors and say, “Hey! I found this great resource. Let me write an extra-credit paper based on this interview, or
these four interviews that I’m going to listen to.” (Aside, to Jeremy?) Can they put pressure on you for that? Great! All right! So, now I would like to open it up to some questions. If you ask me a question, I’m going to ask you a question. You already asked me a question. Can I ask you a question?

Doug Morris: Sure.

Dr. Dave: Okay, tell me about your interest in psychology, and tell us your name, too.

Morris: I’m Doug Morris, and I guess I’ve been interested in “from here up” since I was about 20 years old.

Dr. Dave: From the neck up. And how old are you now?

Morris: I’m 65.

Dr. Dave: Oh, 65. You’re just two years younger than me. So listen to your elders, here! (laughter) From the neck up… Well, having been involved in… For a long time, I taught a course called Psychology and the Body, or Psychology of the Body, and more and more, we’re thinking that it’s not just from the neck up, but really, it’s a holistic thing, that thinking doesn’t just happen in the head, but it’s like the whole organism. Thank you.

Morris: You’re welcome.

Dr. Dave: Okay, who else has a question for me? Yes…tell us your name and ask me your question.

Shirley Newman: My name is Shirley Newman, and my question to you is, fight-or-flight: Is that a term that is really used in psychology, or is that is that some form of anger, and somebody gave it a name?

Dr. Dave: Okay, well, that’s a good question. Fight-or-flight refers to one of the age-old questions in psychology. It has probably more historical significance than it does contemporary significance. There was a longstanding debate in psychology: which comes first, the emotion or the thought? When you see a scary animal – like, let’s say, if a tiger were loose in this room – we would all feel fearful. Would we first feel fearful and then say, “Oh, my God, it’s a tiger! I should run.” (I forgot how I said that…) Would we first have the thought, “Oh, my God, it’s a tiger,” and then get scared, or would we have the fear first, and then have the thought, “Oh, my God, it’s a tiger”? So I think that…I may
need some help here on this one! Do you know the contemporary answer to that question? And introduce yourself…

Dr. Elizabeth Maloney: Hi, I’m Dr. Elizabeth Maloney, and the contemporary thought is that they still believe - they still use it, they still believe it is the thought process. I believe it’s the thought that triggers the – Oh, they can’t hear me, see, because I’m talking…

Dr. Dave: Yes, talk nice and loud.

Maloney: What you asked, Shirley, was that if you think it’s still something that we do today, if it’s real fight-or-flight, and based on Dr. Stress, which was Dr. Hollins (ph), he said that we go through three stages. And he still believes that in that first stage, that it’s your thought. You see whatever the danger is, and that triggers the psychological…triggers the physiological approach to that. And so that you have that fight-or-flight, and you determine – right then and there – you trigger the danger. And there’s lots of – there’s the LeDoux (inaudible), that says you see things – there’s lots of, there’s like four or five current theories out there that talk about how you adapt to that syndrome.

Dr. Dave: Okay, so it’s still a very hot issue. It’s still a hot issue; it’s a good question. Go ahead.

Newman: Okay, so my question is really a two-parter. Actually, I also want to know, with fight-or-flight, is there a length of time that one person, said person, should be in that stage of life, or is it something that they need to go to therapy to get rid of, or what is the deal?

Dr. Dave: Well, fight-or-flight is not really about a life stage or about going to therapy. It’s really talking about the emotional reaction that we have when there’s threat. So it’s about, what is the response to threat? And that’s what it is, so… But maybe there are other questions that you have about therapy, or when you go into therapy. For example, if a person were suffering from chronic fear, chronic stress, like post- - and I see you pointing to yourself – chronic post-traumatic syndrome, say, for example, then yes, that is something that would be good to go into therapy or counseling about that. So let me ask you a question, if I may. Can I? Was it Shirley?

Newman: Yes.

Dr. Dave: If I can ask you a question, since we’re talking about the possibility of going into counseling or therapy, in your circle of friends, in your community, is there stigma attached to going to see a therapist or a counselor? Do you know what I mean by “stigma?” In other words,
would people look down on you, would there be a negative judgment for doing something like that?

**Newman:** Of course. Because the most people that I know don’t think that they need help. They think that they are help.

**Dr. Dave:** Okay, and what do you think about that?

**Newman:** I think it’s bull.

**Dr. Dave:** You think it’s – I want to be clear. You think it’s bull that you should go to a therapist, or you think it’s bull that…the fear that people have?

**Newman:** I think it’s bull that they’re the answer. And I think it’s a fear of what is to come of going to therapy. What they will find out about self.

**Dr. Dave:** Okay, I think that’s a good point. I think many people are fearful of what they’ll find, that they’ll discover something that they didn’t know about themselves already. That’s certainly a good point. Who else has got a question, since clearly, I’m so well informed and up-to-date that I have to go and… Thank God that I’ve got another professional in the room here. Yes, your name?

**Ian Badgely (ph):** My name is Ian Badgely, and I had a very basic question about your program. I was wondering if I would be able to just download the podcast onto an mp3 disk and play it on a Walkman. Is that possible?

**Dr. Dave:** Yes. It should be possible. The file is up there as an mp3 file, so you can download it onto your computer. And then if you have a way of getting things off your computer and burning them to a Walkman – those little mini-disks? – then you’ll be able to do it.

**Badgely:** Okay, thank you.

**Dr. Dave:** So now I get to ask you a question. Are you a psych major?

**Badgely:** Ah, no, I’m not. I’m taking a certificate program for substance abuse counseling.

**Dr. Dave:** Oh, well, that’s a good alternative, related field. And what is it that draws you to want to work in substance abuse?

**Badgely:** Actually, I had some substance abuse and alcohol problems in my past. What really draws me toward is, is unfortunately, I have a felony.
So I can’t further pursue some of my original goals. I wanted to be a teacher, but unfortunately, I can’t do that due to most of the laws and different things. So I think going into substance abuse counseling is another way for me to help and teach, without going into the teaching field.

**Dr. Dave:** Okay, well that sounds like a worthy ambition. I’m sorry to hear that the felony blocks you from at least one of your career aspirations. Maybe that’ll change after some point; I don’t know. What is it that turned you around, if you will, or that saved you, that allows you to be here today as a student, rather than wallowing in addiction?

**Badgely:** I think it just comes to a certain point in an alcoholic or addict’s life when they either have to see the light or they just continue to fall.

**Dr. Dave:** Well, answer for yourself, rather than in general.

**Badgely:** With me, I think it was a continuation of incarceration and the results of my addiction, multiple DUIDs, and incarceration, like I said. I had to find a different course in life or just remain in prison or jail for the rest of my life.

**Dr. Dave:** Okay, well thanks so much for engaging, for sharing that with us. One of my real values as a teacher – and in creating my podcast – is what we call “self-disclosure.” It’s being willing to take the risks, having the courage that you just showed to talk about something that’s potentially embarrassing or a less than noble stage of your life. But really, that’s how we connect with one another, when we’re willing to share our vulnerabilities, and I think it’s also one of the ways we can move ahead. I’m so glad that you’re willing to be interactive with me here. I see another hand here… Yes. You are…?

**Tricia:** My name is Tricia. I wanted to ask, do you feel, or do you believe, that drug addicts or alcoholics – or anybody with any form of addiction – suffers from an identity crisis?

**Dr. Dave:** Do I believe that a person suffering from addiction suffers from an identity crisis? I don’t know about that as a generalization, but I would think that certainly, that would be an element for many people. Because for some part of themselves, I would think, that’s not the view of themselves they want to have. When we’re little kids, we have some aspirations and some hopes that we hope to grow into, and if we fall by the wayside, I think there would be some pain about that. Are you speaking from any sort of personal experience? I’m ruthless. I’m trained as a clinical psychologist. I forgot to tell you that.
Tricia: Yeah, I have personal experience in drug addiction.

Dr. Dave: Okay. So how did...what gets you here, then?

Tricia: Well, honestly, I was six months pregnant and in prison. And I was comfortable (?) in prison and decided I didn’t want to be there.

Dr. Dave: Well, good for you. Now, am I on the prison bus here, or what’s the deal? Can I talk to somebody who hasn’t been in prison? Yes, what’s your name?

Latasha (ph) Mack: My name is Latasha Mack, and I am a psychology major. But I have a question with you. My brother, he’s paralyzed from the waist down – he’s my baby brother – and he’s going through post-traumatic stress disorder. And I’m asking you just because he’s known my major, and by me, what kind of approach, since I’m his big sister... What kind of approach can I use with my brother, because he’s looking at me as a big sister, also as a helpmate, for me to tell him... Because he doesn’t want to take the medicine; he doesn’t want to go through any counseling, or stuff like that. But he’s looking at me like his sister – as his helpmate – and for the information I’m getting in my psychology classes. What kind of approach could I use with him, as coming through a dual relationship as his sister relationship (inaudible) coming with some good information that will help him, that will block his growth in what...

Dr. Dave: Boy, that’s an important question, and it’s not an easy thing that you’re dealing with there. Not just his condition, but that whole question of how much can we do for a friend or a family member who’s suffering and in pain? And we have access, maybe, to some information that they don’t, and they’re asking us. You know, the main thing – the most important thing – is that you be there for him as a sister, as a loving and supporting sister. And that is probably the best and the most, the best thing that you can do, the most important. Beyond that, I think you can share information with him, maybe sharing some of the readings that you come across; sharing any personal stories, if you’ve had any experience of dealing with some of your own traumas. I was talking about self-disclosure before, and I think sometimes it’s helpful when you’re able to share something that you’ve been through and that you’ve been able to come through, and how you were able to do that. I’m wondering if there’s some kind of support group that he could be in...

Mack: Okay, that situation. He knows my past history – because I had some problems with drugs and alcohol – and he’s proud of me today, because I’m seven years clean and sober today. And he’s so proud of me today that if I shared information, he’s just like, “I’m so proud of you. What
you doing?” You know, and I try to suggest to him, “Well, maybe we could both go to some support groups.” But that’s the part where he just stops. “Well, I’m proud of you; what are you doing right now?” I come over and support and everything, and that’s where he just likes to…

Dr. Dave: Well…

Mack: …stop, because he knows that (inaudible) needs to get some help.

Dr. Dave: Well, I would say don’t nag him, but don’t give up. And I would keep that invitation out there. The fact that you’re offering to go with him to the support group certainly sounds like that would be helpful, and if there’s anybody else, if they went along, that would also tend to make him more likely to do it, then I would see if I could recruit them into the process as well. I see another hand here…good! There’s no lack of hands, no lack of interactivity. Great.

Jan Bailey: Hi, I’m Jan Bailey, and I have a question about your meditation.

Dr. Dave: Yes.

Bailey: Would it be feasible for students that have test anxiety to do a little meditation before take their tests? And what short-term – not short-term, but what, in a small essence of time - could they do a meditation, and what would it consist of?

Dr. Dave: Okay, that’s a great question! A little bit of anxiety before taking a test is good, to kind of put you on your edge and have you be operating on all pistons. But if you’re suffering from disabling anxiety, then I would say some meditation could be good. And something just relatively simple would be to get very, very relaxed in the place where you’re sitting, take a number of very deep, slow breaths; perhaps close your eyes, if that helps, or find something to stare at. And continue to breathe deeply and relax, just basically. Maybe you’ve been exposed to what they call systematic desensitization or progressive relaxation, where you kind of step through your body, and focus on relaxing your feet; focus on relaxing your legs; focus on the heaviness of your arms, and so on, working your way through your whole body. That will help to slow you down and to deal with that anxiety. And of course, if you make that a regular practice, then you’ll be more easily able to slip into that state. Thank you, it’s a good question. Now I should ask you a question. I made a “cheat sheet” for myself of questions to ask students. Let’s see if I have a good one for you. I guess I’m wondering…tell me just briefly what stands out for you as a key turning point for you in your life when you think back? You know, we have these steppingstones that
mark important transitions in our life. What’s one of the main ones for you?

Bailey: Well, I think that the main one for me was coming to Delta and being Dr. Maloney’s reader for – I don’t know – gosh, years. It really made me realize that in life, it’s not just experiencing, but it’s the learning and the knowledge that you acquire through your life that is the most important. It also leads you into a field – for me, it’s psychology. It’s my BA and my master’s, and I’m not doing a Ph.D – (laughs) Because I work here at Delta – I work for learning disabilities students – and I see an array of different kinds of students come through my lab, and if I can help them understand and get through their disability with just the easiest explanations to make their lives better, then I have fulfilled my wish.

Dr. Dave: Okay, good for you! And you look like you’re of an age where you’d be what we call a “returning student.” I notice a lot of the faces that I see here look like people who are returning students, who’ve done something else earlier in their life, and now you’re coming back to school to further yourself. I know when I was teaching, we had a lot of returning students, and they were my favorite ones, to tell you the truth. Because they brought maturity and motivation that the younger students – I hope I’m not offending younger students here – but often, the young students, you know… Sometimes you feel like education is wasted on the young. They’re not really ready for it yet. They’re not motivated. What did you do before you came back to college here?

Bailey: Oh, I had an array of jobs. My last job before returning to Delta was, I was a tutor for a blind person. I worked through the Department of Rehab, and I still work through the Department of Rehab.

Dr. Dave: It sounds like you’ve had that helping impulse right along, that that’s been a continuing thread for you. Yeah, great! Okay, any other questions? Here’s the professor of the class again…

Maloney (?): Could you tell us a little about the book you wrote, and what it was like to get in the mind of the Zodiac Killer?

Dr. Dave: Oh…

Maloney(?): Give us some highlights, so maybe we’ll go read your book and…

Dr. Dave: Yes, what a good question here about my book on the Zodiac Serial Killer. It’s called This Is the Zodiac Speaking: Into the Mind of a Serial Killer, and at the time that I worked on it, I was the chairman of the
psychology department, and I got this e-mail out of the blue, from somebody that I didn’t know, saying, “I wonder if you’d be willing to look at some letters from a serial killer?” And so I wrote back – I didn’t know who this person was, but I wrote back and said, “Well, I don’t know anything particularly about that subject, but hey, I’ll be happy to look at ‘em and kind of noodle around with ‘em.” And he didn’t tell me that it was the Zodiac Killer; he was kind of keeping his cards close to his chest. And then I began to wonder, well, what if this guy is a serial killer? You know? And he just kind of wants a read. So I kind of noodled around with these letters a bit, and then I sent my “noodlings” back to him. And then he e-mailed me back and he said, “Man, I’m so excited! I can hardly sit still at the keyboard to write you this message, but I really love what you did with these letters. And I’m in the process of writing a book, and if you’d be willing to go through all the letters, then I would re-orient my book around the analysis of your letters.” So I thought, okay, well, what the heck. Then I went on the Internet and looked this guy up. Because again, I’m thinking, well, who is this guy, anyway? Maybe he’s not a serial killer. Well, I found out that actually, he was a published author who, not long before, one of his books was the subject of a four-page review in the New Yorker magazine. So you’re a substantial author if you get covered in the New Yorker. So then my energy for the task went way up. But certainly, I was worried a little bit. I thought the way that I would want to approach this as a clinical psychologist and as a person interested in what we call “depth psychology,” the orientation of people like Freud and Carl Jung, and so on, I really wanted to put myself into this person’s head. Because my own belief is, none of us are that different from one another that we cannot, in some way, identify, even with what you might say, the lowest of the low, or the evilest of the evil; that we all have that potential within our own unconscious. Hopefully, we don’t act it out. So part of my task, as I saw it, was to try to put myself into this person’s head. And so I wondered, jeez, is this going to upset me? Am I going to have nightmares? So I’m happy to report that I had only one nightmare, and I don’t even remember what it was, but I do remember that I had one. And basically, these were letters that the Zodiac – at first he didn’t identify himself as the Zodiac… But the reason he’s called the Zodiac Killer is because after a certain point, he started signing these letters “the Zodiac.” These are letters that he sent to the San Francisco Chronicle and to the Vallejo Times. And they were taunting letters, bragging about the killings that he did. Now, by today’s standards, unfortunately, small potatoes: He killed five people, and he wounded two others. But in a way, he stands out as a prototypic terrorist, if you will, because he really terrorized the entire Bay Area with these letters to the newspapers and his threats that he was going to blow up a school bus, or that he was going to pick off little schoolchildren as they got off the school bus. And he sent diagrams to the newspapers, showing how he was going to build the bomb, and it was clear that he had the technical expertise to do something like that. So that made it scary. Well, as I read through the letters, I formed an opinion of the personality type I was seeing here, and clearly it
was somebody who was very undeveloped socially; who was a big bragger –
that’s the only way I can think to say it - extremely self-centered, extremely
cruel, having some technical aptitude. As time went on, and I kept analyzing
the letters, they seemed to change, and it led me to go way out on a limb. The
final conclusion – if you read the book – aside from diagnosing him as having
elements of being a psychopath and other shades of personality disorder, I
kind of went out on a limb and said that I thought that he suffered from
multiple personality disorder. Today they don’t talk about it as multiple
personality; they call it “dissociative identity disorder.” Because it seemed
like the personality was changing, like these letters were coming in a different
voice. And so I researched that a bit and saw that there was some literature on
criminal history – not a very big literature, but having to do with criminals and
multiple personality and so on. So, I hope they catch him. The movie made it
look like an open-and-shut case against the suspect with the last name of
Allen. I forget, it’s something Lee Allen. My co-author and others in the
Zodiac community – it turns out that there’s a huge Zodiac community that I
didn’t know anything about, until I got into it. There are discussion boards
out there…this is like the Jack the Ripper case. There are people all over the
world that have made this their hobby, and I get letters. I get letters from
people who say, “Oh, my God! I know who the Zodiac is! It’s my father!”
Or, “It’s my…” And they’re dead serious! And I feel kind of frustrated
because I just have to tell them, “Well, look, I can’t do anything about it! You
have to go to the police.” They’re saying, “Oh, my God…if I do, he’ll know
it’s me; he’ll kill me!” So, I have to say, it’s been an interesting ride!

Maloney (?): (inaudible) unsolved mystery…

Dr: Dave: No, no…

Maloney (?): (inaudible) that’s all there is. Go ahead, Dr. Dave!

Dr. Dave: No, he was never caught. All of the evidence against the Allen
suspect was circumstantial. They do have some DNA evidence that they
tried to cross-reference to several suspects, and none of them matched
up to the DNA that they took off the stamps that they assume that the
Zodiac would have licked and affixed to the letters that he sent to the
Chronicle. Because there wasn’t DNA testing at that time, so probably
he would not have been able to anticipate that, “Oh, I better not lick this,
because they’ll get my DNA” Let’s see if there are other topics or
questions here. Yes…

Jenny: I was wondering, what was the most interesting interview you have
ever done?

Dr. Dave: Oh, boy. What’s the most interesting interview that I’ve ever
done? Oh, boy…I really have loved so many of the interviews that I’ve
done, and most of them are pretty darned interesting. But the one that stands out for me where I felt there was just a lot of rapport between me and the person that I was interviewing – and a lot of the interviews are conducted over the phone or over the Internet, using Skype – was an interview, and I’m going to block on his name right now, but he’s done a lot of work on childhood spirituality. And he’s written a book on the #89, The Secret Spiritual World of Children. So, he talked about the experiences his children had that blew his mind – you know, things that they would come and tell, tell him about seeing an angel or getting some other kind of wisdom. That triggered in me – I’m a father of four; I had twin sons for my two youngest kids – and there were some things that happened with them that to me, seemed to have that kind of spiritual dimension that just really blew my mind… So, that’s one that stands out in my mind very much. So, what’s your name?

Jenny: Jenny.

Dr. Dave: Jenny, and – oh, what can I ask Jenny? I should keep my sheet of paper in front of me, here. I love to get personal with people. One of the things that I didn’t mention is, one of the reasons why interviewing comes more or less easily to me – not only due to the training to be a psychotherapist, but also, for a long time, I’ve been a market-research consultant. So, people hire me – companies hire me – to conduct interviews with potential consumers and customers about products or advertising campaigns so that they can better meet their needs. So I’ve done a lot of focus-group interviews, both online and offline. So it’s Jenny, right? Jenny, so let me ask you, are you a psych major?

(Jenny): Yes, I am.

Dr. Dave: Yes. So, what made you decide to major in psychology?

Jenny: I would like to be a child psychologist one day.

Dr. Dave: You’re too old to be a child psychologist.

(laughter)

Jenny: (laughing) That’s funny!

Dr. Dave: I’m sorry; cheap shot!

Jenny: Yeah, I’m actually young! I just see that it’s so many children that are going through so much, and there’s…I want to be able to help the future.
Dr. Dave: Okay. Isn’t it interesting that you asked me what was the most fascinating interview, and I came up with childhood spirituality…and that what you want to be is a child psychologist? To me, that’s interesting. Now, most psychologists would write that off to coincidence. But remember, I come from that unusual breed of psychologists where I, personally, believe there is a psychic dimension to life, and maybe that’s just not entirely coincidental. Maybe there’s something else going on here between us.

Jenny: I thought that was weird.

Dr. Dave: You thought that was weird?

Jenny: I thought that was weird, also.

Dr. Dave: Well, “weird” sounds a little negative! I see it as very positive, yeah. I see it a really positive thing.

Jenny: Okay…”weird” in a broad term…

Dr. Dave: Yes, Jeremy…

Jeremy Teeter: Yes, I was asking, do you know Daniel Goleman? He’s author of Emotional Intelligence and Social Intelligence. And would you consider putting him on in a show?

Dr. Dave: Definitely. I actually have a list of people that I’m planning to interview, and he is on that list.

Teeter: Oh, great!

Dr. Dave: I actually had some correspondence with him years ago, and he’s gone in some interesting directions. After doing the Emotional Intelligence thing, I think he’s very much into spirituality at this point, that he and his wife are working on a book having something to do with meditation or something. So I need to try to contact him. Do you have his e-mail address, by any chance?

Teeter: No, I don’t. I just pulled his name out because he’s actually from Stockton, and so it’s kind of…we have our own famous psychologist from here.

Dr. Dave: All right! Yeah, Stockton! So Jeremy, you’re the president of the Psychology Club, here?
Teeter: No, I’m not the president. I’m just a member right now, and I’m helping out with the website and doing other things for them. But I felt I could arrange stuff, and we all want to work together. And if someone has an idea, we can shoot for it.

Dr. Dave: Well, that’s great. That’s a great way to operate. What is it about psychology that has the most appeal to you?

Teeter: I think, well, compared to some of the other sciences… It’s 100 years old, but it’s still almost in its infancy compared to some of the other things, as a science. And so I think there’s still a lot out there that people want to learn about, and that there’s a lot out there we can learn about it.

Dr. Dave: Yes, you know, actually, that was part of what drew me to psychology. I was hoping somebody would ask me, but since nobody’s asked me why I became a psychologist, when I was at your point in life – your age – the thing that drew me to psychology was that it was so broad. It was so diverse. The American Psychological Association has – I’ve lost count – but it’s over 50 different divisions, each one representing a specialty within psychology. So since I didn’t know what I wanted to be when I grew up, really, I thought, well, there would be a lot of choices. And indeed, it’s turned out that there have been a bunch of choices for me. It’s been a doorway into first being a psychotherapist; taking a shot at being a stage hypnotist (that didn’t go very well); getting into marketing research and consumer research; now getting into media; having a couple of Internet radio shows; actually having a terrestrial radio show in Los Angeles, KLAC, that calls me every Wednesday morning and as a guest for about 10 or 15 minutes, mostly ridiculing me – I’m the psychologist and then they make fun of it – but hey, exposure is exposure. Somebody else, yes… Oops, don’t want to forget this. Save myself a trip here. Yes, you are…?

Patricia Buffa (ph): I’m Patricia Buffa, and my question is regarding stalkers. And so the question I have is, are stalkers actually able to receive therapy and change their behavior? And if not, what would be the alternative?

Dr. Dave: Wow.

Buffa: One more question on that, too. If there is, then is there a correlation between stalking and possibly early attachment in childhood?

Dr. Dave: Wow! What good questions! What good questions. There are probably different kinds of stalking, is my guess. First of all, I have to say this is not a topic that I’ve studied. But I would guess there is the
kind of stalker where it’s a...what would be called a paraphilia. In other
words, it’s a sexually based – there’s some kind of sexual excitement
that’s being worked out there. And what we know about those
paraphilias is that they’re very hard to treat; they’re very resistant to
treatment. Then there’s another kind of stalking, I think, where primarily
what’s being acted out is some kind of aggression. So, for example, in a
bitter separation or divorce, where a spouse might be stalking another
spouse, that might have more hope of getting resolved through therapy.
I’m sure there’s a big literature on it, and I’m just not familiar with that
literature. Sorry I can’t give you a better answer. Let me ask you a
question, though.

Buffa: Not a hard one…

Dr. Dave: (laughs) Well, what do you think psychology could do to make
the world a better place?

Buffa: Hmm…that’s almost like, “What is the meaning of life?” I don’t
know if there’s one correct answer. I think that psychology plays a part
in looking how people behave and how they think, and the motivation
behind their thinking and their behavior. I don’t know.

Dr. Dave: So, in other words, the more that we can understand what
motivates people, maybe the more helpful we can be?

Buffa: In part, that’s probably a part of it.

Dr. Dave: Is there another part?

Buffa: I don’t know. (laughs)

Dr. Dave: Well, we’ll find out. I think I saw a hand here…

Jacqueline: I had a hand up but I wasn’t sure. That’s why I was going like
this.

Dr. Dave: Oh, yeah, yeah…

Jacqueline: I’ll ask that question. Hi, my name is Jacqueline, and my
question is, today, children are being – they have this “no tolerance” at
our high school for children’s behavior and stuff. And I’m concerned
about when is typical teenage behavior set aside from just assaulting
behavior? Like, if your kid does a little minor thing at school today, it
gets blown up (?), or he’s a terrorist, or he’s a bad kid. But typical
behavior should have a classification as well as outstanding, or bad,
behavior. So I’m wondering, where does that cross the line? What is typical of teenage behavior and what is not?

**Dr. Dave:** Well, that’s certainly a good question, and that’s something that I don’t particularly have a ready answer for. But it’s certainly something that I’ve heard raised in the media, the idea that, say, when I was growing up, it was understood that boys are a little devilish, and they’re going to play some pranks. And I can remember some things that I did. You know, I liked sneaking around in the neighbors’ back yards, and kind of sneaking places, you know…kind of pretending like – I don’t know what! – like I was a spy or something. (laughter) Funny that I would become a psychotherapist, huh? But today, kids sneaking around like that, somebody gets scared and says, “This kid’s sneaking around in my back yard; maybe he’s got a gun…” So we live in a different world where the thresholds - people have such a low threshold now for - because so much bad stuff has happened. And it’s sort of the baby getting thrown out with the bath water kind of thing, where stuff that, in early days, would’ve just been typical of kids now gets criminalized or pathologized.

**Jacqueline:** I have an example. I have a friend whose son called the school at the end of the school year and said there was a bomb, but it was a joke. And those teachers considered it as a joke, and then here (inaudible) have a friend whose son snatched away from a teacher, and they considered that as an assault. And I’m just confused about where does the line end on typical behavior and just misbehavior. And I’m really confused. How can a kid threaten a school with a bomb and another kid snatch away from a teacher and both are considered, you know, not right behavior? I don’t understand that.

**Dr. Dave:** Which one of those do you think should be considered right behavior?

**Jacqueline:** I don’t consider it being right, but I consider it typical. Like, if you call the school to make a joke, it was a bad joke, because in this day and time, terrorists…it’s like really...

**Dr. Dave:** Exactly. And that’s the thing, and kids often don’t have that judgment. I mean, I can tell you things that I did…I’m not going to tell you things that I did, that I’m appalled at as I look at them now from the perspective of being an adult. But kids also have to have the reality testing, and somehow, we’ve got to raise them in a way that they are sensitive to the realities of the world today. It’s like, when you go to the airport, you don’t make a joke about, “This bottle of water, it’s really nitroglycerin!” Yeah, they’re going to pull you aside, and you’ll be lucky if you get out in a few hours. And that’s just the world we’re
living in today, so as parents, (we’re) going to have to sensitize the kids, I think. Now, it’s “truth or dare” here, so I get to ask you a question (laughs). Have you taken some psychology classes yet?

Jacqueline: Yes, I have.

Dr. Dave: Okay, well, thinking of your favorite psychology class, what was it about that instructor that they did that helped make it your favorite class?

Jacqueline: Actually, I’ve taken all of my psychology with Ms. Maloney…

Dr. Dave: And she’s here. Uh-oh!

Jacqueline: Actually, she makes it real easy to learn, she keeps it interesting, and I’m always wondering what’s next. So I enjoy coming to class because I’m curious about what’s next, what are we going to learn next? That’s it, basically.

Dr. Dave: Well, what a tribute! That’s great. Okay, somebody else…We’ve got time for maybe one or two more here. Hi.

Jonathan Vickery: My name is Jonathan Vickery, and I was wondering what your opinion is on the increasing use of medication to treat people with psychiatric disabilities and whether it’s overused. There’s a lot of big debate on that.

Dr. Dave: Yes, there is a lot of big debate. The question is, what’s my opinion about the use of psychiatric medications, and whether or not they’re being overused. Personally, yes, I think they have a place, and for many of them – for certain conditions – the utility has been well demonstrated, but I think they are overused. I think that the system is broken. I think that lobbyists in general have way too much power in this country and influence on government policy and so on. And the way that the drug companies advertise to physicians – you know, invite them to dinners and give them all kinds of freebies, and gifts, and so on - to motivate them to prescribe certain kinds of medicines… And the physicians – the psychiatrists and so on – they’re often so busy that they’re unfortunately taking instruction from the drug reps. And the drug rep comes along and says, “Hey, we’ve got this.” You know, I’m seeing ads on TV all the time for new disorders. It feels like they’re inventing disorders, right? “Shaky legs syndrome”? Did you ever know anybody that suffered from “shaky legs syndrome”? But now, suddenly that’s being defined as a new problem, and unfortunately, I think there’s been a similar kind of tendency, maybe, within psychiatry to creeping pathologizing, which we were talking about earlier. And medication is
so easy to do. But you know what? Every pill that we put in our mouths has side effects, and each person has a different reaction to medications. And often those aren’t finely calibrated. It’s often a blunt and crude tool to assume that everybody’s going to have a certain reaction to… Now, of course I’m not a medical person, and I could just be talking out of my hat. But that’s my opinion; you asked my opinion; that’s my opinion.

Are you a psych major?

(Unidentified): Yes.

Dr. Dave: Okay, well, what’s the best psychology book that you’ve read?

(Unidentified): Actually, the best psychology book that I’m enjoying is actually the textbook for Abnormal Psychology. And the reason is, I volunteer with the local mental health clinic, the public mental health clinic, and with the Mental Health Services Act movement that’s going on, that references the President’s New Freedom Commission and a lot of the new humanistic types of treatment, treating the whole person. And this is the first textbook I’ve ever come across in psychology that actually references the President’s New Freedom Commission and the impact that it’s had on the field of psychology.

Dr. Dave: Okay. Abnormal psychology was class that turned me on, too. I originally was not a psychology major as an undergraduate. I took Introduction to Psychology and I hated it. I said, “Oh, no. No way.” At that time, there was a lot of emphasis on rats and running rats through mazes. And I came into it hoping that I was going to find out about myself. It was a classroom somewhat like this: tiered, much larger, filled seats all around the auditorium, and this very famous psychologist down here where I’m standing now, saying, “This is Introduction to Psychology. Psychology is the science of the behavior of animals…and human beings. And if any of you are here because you hope to find out about the quirks of yourselves and your friends, well, you’re in the wrong place.” And I think my heart and that of many of my peers kind of sunk, like, “Oh, jeez, yeah…that’s exactly why I’m here!” Because I was hoping to find out about that very personal stuff. So, it wasn’t until I took a class in Abnormal that oh, yeah, now we’re talking about it! Of course, it’s hard not to see yourself in every diagnostic category, right, when you’re taking Abnormal. Do you suffer from that?

(Unidentified): Yeah, and actually, the book that we have, references that.

Dr. Dave: Yeah, it’s a pretty well-known phenomenon. Jeremy, should we wind it up at this point? I see it’s almost 3:00.

Teeter: I think there’s time for one more.
Dr. Dave: So one more person gets to be famous. Hi. You are…?

Elizabeth Muñoz: My name is Elizabeth Muñoz. I have a question about, you were asked about who was your favorite person to interview, and I was just wondering, who was your most difficult person to interview, and/or group or clients who you find the most difficult in dealing…

Dr. Dave: Oh, boy. The question is, who was my most difficult person to interview, or the type of client I would find most difficult. Actually, I have not been doing psychotherapy now for some time. When I got into the market research work, I stopped doing therapy, because the market research work had me flying around the country a lot at the time. In terms of the most difficult interview, uh – I just said “uh,” and the people who say “uh” a lot. The people who say, “Uh, uh, uh, uh…” and some of the audio tracks, I can hardly listen to them, because the person is saying “uh” so much. And initially, I went through, and I was pruning all of the “uhs” out, and plus I was noticing how many “uhs” I was making. That’s a very time-consuming process and very tedious, and I was finding, boy, it was taking me forever to produce these podcasts, so I’ve gotten a lot more liberal in terms of letting that stuff slide. But some people just do it so habitually. Try to be aware of that, and break yourself of that habit now, if you can. I know you’re asked to do presentations in front of class, and so on. So, ask your friends to signal you and help you to break that habit, because later, when you enter the public sphere and you have your own radio show or whatever, you’ll be glad that you’re not doing that. I want to thank you all for being so willing to be interactive and for being as attentive as you’ve been. I’ve been asked that we have people in a lot of diverse areas of psychology going different ways, do I have any words of advice? Yes, as I said earlier, psychology offers lots of pathways, so I’m sure you’ll find a place for yourself. It’s a great foundation, no matter where you go on from here. My advice to you is, have faith in yourself, have confidence in yourself and your ability to learn, your intelligence, your adaptability. Stay flexible and adaptable and open to new stuff. I know when I was a student, I despaired, because I said, “I can’t remember all these facts. You know, I’m about to graduate, and I don’t know anything.” Well, it turns out that it’s not the facts that are important. It’s the skills that you pick up on the road to acquiring those facts, skills related to reading, to speaking in public, to how you present yourself, especially to writing, research skills, library skills – all of those skills are the things that will carry you on, because the facts will change and go away. And even the jobs that you might be preparing yourself for at this moment, those jobs might go away. But the underlying skills of learning, becoming a good learner, and adaptable…and a self-confident learner. I’d say looking back now, I wish I hadn’t worried so much; I wish I hadn’t been as anxious as I was. I was just bringing myself down and slowing myself down. So, be nice to yourself. Thank you.