

## **#254 - A Psychiatrist's Most Bizarre Cases with Gary Small, M.D.**

**David Van Nuys, Ph.D., aka Dr. Dave interviews Dr. Gary Small**

**Introduction:** Welcome to Shrink Rap Radio, the planet's premier psychology podcast. This is your host Dr. Dave coming to you from the San Francisco Bay area. Shrink Rap Radio is the show that speaks from the psychologist in me to the psychologist in you whether you be amateur, student or professional.

**Small:** The only time psychoanalyst is required is when you become a psychoanalyst yourself. But a lot of psychiatrists do go through their own therapy and it can be tremendously helpful. I've found over the years some of the best therapists are those who've had their own therapy. They've confronted their own emotional issues and they've learned from it. It really gives them a capacity for empathy for what patients are going through.

**Dr. Dave:** That was the voice of my guest, Dr. Gary Small, discussing the importance of personal psychotherapy as part of psychiatric training. Gary Small, M.D., is coauthor along with his wife, Gigi Vorgan, of the 2010 book, *The Naked Lady Who Stood on Her Head: A Psychiatrist's Stories of His Most Bizarre Cases*.

I interviewed Dr. Small two years ago on episode number 188 about the earlier book, *iBrain: Surviving the Technological Alteration of the Modern Mind*.

Dr. Small is a professor of psychiatry at the UCLA Semel Institute and directs the Memory and Aging Research Center and the UCLA Center on Aging. He's one of world's leading experts on brain science and has published numerous books and articles. *Scientific American* magazine named him one of the world's top innovators in science and technology. He frequently appears on the *Today Show*, *Good Morning America*, *20/20* and *CNN*.

Dr. Small has invented the first brain scan that allows doctors to see the physical evidence of brain aging and Alzheimer's disease in living people. Among his numerous breakthrough research studies, he now leads a team of neuroscientists who are demonstrating that

exposure to computer technology causes rapid and profound changes in brain circuitry.

Now here's the interview.

**Dr. Dave:** Dr. Gary Small, welcome back to Shrink Rap Radio.

**Small:** Thank you, David. It's great to be here.

**Dr. Dave:** It's been two years since I interviewed you about your book, *iBrain*, and now you and your wife have come out with another one already! This one is about some of the most bizarre cases you've treated.

**Small:** That's right. It takes you through my 30-year career from being an insecure first year psychiatrist resident at Harvard's Mass General Hospital over the years, gaining more experience and insight as I move to UCLA and describes some of the most unusual situations in cases I've seen. They're all a medical mystery. Each one describes a different kind of mental condition and it aims to destigmatize psychiatry, try to get people to understand the human side of it and how a psychiatrist thinks, feels and reacts to not only these unusual situations, but also the more usual ones as well.

**Dr. Dave:** Well, I think it really succeeds in those goals.

**Small:** Thank you.

**Dr. Dave:** I have to say the title, *The Naked Lady Who Stood on Her Head*, sounds like an homage to Oliver Sacks. Was that your title or did the publisher come up with it?

**Small:** We came up with it. We debated about it and we went back and forth and we just thought it really gave you a sense of what some of these situations are like. That they're really startling and I think that's what happens when you see a lot of cases over the years. There are some that really stand out and are striking and the question is what can we learn from them. I mean they are interesting stories because they tell you about the extreme of what our minds will do, which is in part what drew me to psychiatry; how behavior and mental gymnastics are really quite fascinating.

**Dr. Dave:** You must have a better memory than I do and I know that memory is one of your special areas.

**Small:** That's right.

**Dr. Dave:** But I would not be able to recall the cases from over the course of my life so to me that's remarkable. Maybe you took good notes.

**Small:** I think it's because it stands out that you recall those cases and probably as we start talking about them, when I talk to other doctors about these cases, they will sort of say, well, I had this case and I had that case. Once I start thinking about one and then the other then another one comes to mind.

And it's a bit like memory in general. Situations and experiences that have an emotional impact often stick with us the most.

**Dr. Dave:** Yes.

**Small:** We remember the first kiss or tragic situations when President Kennedy was shot or what we were doing when we found out about the 911 disaster. Those are moments in our minds that are seared into our brains. We don't forget them.

**Dr. Dave:** Yeah, yeah. Well, I love the format of this book. Each chapter is like a little short story complete with dialogue and yet the stories are all so chronological so that we get to watch you progress and mature through the course of your career from, as you say, a psychiatric resident to the present day.

**Small:** I think that was our intent to not only help readers get inside my head but also understand more about the making of a psychiatrist and how there are struggles that we go through in our profession that are not unlike what anyone goes through.

The first time you're a teacher and you have to stand up in front of a class it feels awkward. You're kind of playing the role and how do we go from role playing to really becoming that professional that we want to become.

**Dr. Dave:** Right, right. That, in fact, was a theme that kind of ran through several of the early stories. As a clinical psychologist, I have to say that these case histories help me to appreciate the added

value of medical training. Most, if not all of the case, in the book start out with symptoms that look like they could be completely psychological but end up having a key medical component that I as a psychologist would have completely missed.

**Small:** That's something that I've always been fascinated about in psychiatry. In fact, I was thinking of becoming an internist originally and did an internal medicine residency but I found when I was doing the internal medicine that it was the psychological side that was so fascinating to me. It just was remarkable to me that the interaction of the mind and body is so intricate and so mysterious that sometimes we can unravel those mysteries, understand them and help people.

**Dr. Dave:** A good example of one of the stories that had that sort of unexpected, at least for me, unexpected physical component that I would have missed is the chapter that you titled, "Brain Fog." I'm hoping you're not suffering from brain fog and that you'll be able to recall it. (chuckles)

**Small:** (chuckles)

**Dr. Dave:** I don't want to give away the diagnostic punch line before you have the chance to tell the story. Can you take us through that one?

**Small:** This was a man who came to me who was a VIP at a major studio. I don't mention -- we change the characters around and the names to respect confidentiality.

**Dr. Dave:** Sure, sure.

**Small:** But the essence of each of the stories is very real. Each of these situations I bring up some of the reactions. For example, how do you deal with a VIP patient and how do you deal with your own reactions?

**Dr. Dave:** Yeah.

**Small:** And some of that comes up.

**Dr. Dave:** Right. You were a little star struck there.

**Small:** There was some of that there and I admitted to it. I think



it's --

**Dr. Dave:** Yes.

**Small:** -- important to recognize that's a human response and accept it and not let it interfere with your purpose of trying to help the patient.

**Dr. Dave:** Definitely.

**Small:** But he was complaining about what he'd describe as brain fog. He gets sort of fuzzy in the afternoons and you go through the medical detective work trying to figure out what's going on. I kept thinking it was a kind of psychological stress at the studio and he was always working out and drinking water.

The clue came to me when I was actually visiting him in his office and he was drinking all this water and he was having one of the episodes. It occurred to me that maybe he had a drinking problem and it wasn't Scotch or bourbon. It was too much water. And when it occurred to me, I accidentally knocked his water out of his hand. We got some chips and crackers and Gatorade and he came to. Of course, before we did that, we checked his blood sodium level.

This is a condition that's often called polydipsia and I recall seeing it when I was a first-year resident in some of the chronic schizophrenic patients. You had to restrict their water use and it could really change your brain focus to the degree and it can be very confusing and it can be life threatening at times if it's very severe.

**Dr. Dave:** Yeah, that's fascinating. Water intoxication is something that never would have occurred to me as a psychologist and your medical background was an essential component as in many of the cases that you relayed. Even so it took you a while to tumble to it as it did in several of the cases. Makes me think of Dr. House who always has to go through five diagnoses before he gets it right.

**Small:** Each of the stories has an element of a *House* episode and if people like that TV show and they are interested in psychology or psychiatry, they'd probably like this book.

**Dr. Dave:** Yeah, yeah, that's one that has been a favorite in our household. My wife is particularly into that show. I had heard of water -- you know we're going through a time it seems to me of

water mania in a way. I retired not long ago from teaching at Sonoma State University and just about every student is hauling around a big liter bottle of water and taking slugs from water all the time.

**Small:** Water is good for us and it's much better to be drinking water than sugared sodas but too much of a good thing can be a bad thing. That's probably true of anything in life and it's almost the theme of the book is to try to find that balance in our life.

I'm thinking now of another case of a woman who had serial addictions and we see this often. When I first saw her, she had a food addiction and then when she came back in she had a shopping addiction. The unusual aspect of her situation -- it turns out she was developing kind of a therapy addiction. She was sort of hooked on the euphoria she experienced from the insights in therapy and was sort of cheating on me during therapy seeing a colleague and I didn't realize it. It brings up a lot issues about how could therapy be helpful when you're getting too much therapy. It may be not serving you to the best interest.

**Dr. Dave:** Speaking of therapy, I was interested to read that you went through a psychoanalyst as part of your training. Was that a requirement of your program?

**Small:** The only time psychoanalyst is required is when you become a psychoanalyst yourself but a lot of psychiatrists do go through their own therapy and it can be tremendously helpful. I've found over the years some of the best therapists are those who've had their own therapy. They've confronted their own emotional issues and they've learned from it. It really gives them the capacity for empathy for what patients are going through.

And that's another thing that Gigi and I really try to convey in each of these stories is -- there is a lot of humor. A lot of it is self-effacing. We try to be respectful of the patients and try to show their side of their struggle.

**Dr. Dave:** Yes, yes and one of the things that impressed me is that you value both talk therapy and pharmaceutical interventions. And I think many of us think of psychiatry as really pushing medications these days and devaluing talk therapy.

**Small:** I think that's a stereotype. You know sure there's a reality to every stereotype but there are so many very effective and helpful practitioners who use this kind of balanced or eclectic approach and help so many people. There are just a variety of different conditions people suffer from and they are suffering. Maybe one out of four people, at some point in their lives, have some kind of psychiatric condition that would improve with treatment. Antidepressants, anti-psychotics and other agents really do have a tremendous impact and help people but the medicines are not the only approach. If you are only pushing pills, you are not really going to get to the root of a lot of these problems.

**Dr. Dave:** Well, I totally agree. You seem to take a very balanced approach to the use of talk therapy and medication. I'm sure that you're aware that traditionally there's been some rivalry between the professions of psychiatry and clinical psychology. I don't want to put you too much on the spot here but I know that was the case in the past. I'm not sure what the current status of that is. I know there's a contingent within psychology that's been pushing for prescription privileges along with the training that would make that possible, of course, and I've heard people speak to both sides of that debate. Do you have a point of view on that?

**Small:** Yeah, I'm seeing less of that controversy over the years. I know when I was in training there was concern about it. I think that the physicians felt, goodness, I went to medical school all these years to handle medications. Why do I want to give this privilege to a nonmedical person? You know what I've found over the years? It's really the individual who can be helpful or not helpful.

**Dr. Dave:** Yes.

**Small:** My own opinion is that there's not a magic that happens to a person if they get an M.D. and there could be some kind of training where non-M.D.s could prescribe medications. We have nurse practitioners who do a lot of work that's very similar to what an M.D. does. I think I'm feeling a lot less territorial about these kinds of jobs and what I've seen is -- whenever I refer a patient to another practitioner, I'm not thinking so much about whether they're a psychiatrist or psychologist but who is that person and whether they are effective; what kind of treatment modality are they effective in.

**Dr. Dave:** Well, while we are still on this topic, I guess you've probably worked in settings where there was an interdisciplinary team that included a clinical psychologist. Is that the case?

**Small:** Sure. In our research team, we have a lot of -- and in clinical teams here in UCLA, we involve a lot of psychologists particularly neuropsychologists in the assessments and they are terrific collaborators.

**Dr. Dave:** Yeah, and what do you see as the value of an interdisciplinary approach to treatment?

**Small:** I think that people bring different backgrounds to the table and that can be tremendously helpful. We can't do everything ourselves and I think that patients do get better treatment very often when they have that interdisciplinary team. Now there is a limitation to that. It gets to be expensive when you have a lot of bodies around taking care of a few patients. We just can't afford it in this health system. So if we have introduced interdisciplinary teams, we ought to be very effective in how we use their time.

**Dr. Dave:** Yeah, that's a good point. I guess my experience in that context goes way back to when I was in training and I did internships at the VA. The VA often had interdisciplinary teams like that, but that was a long time ago. (chuckles)

**Small:** Yeah, but we still do that. Particularly in our in-patient unit, we have lots of meeting where the whole team gets together and it's very effective.

**Dr. Dave:** Yeah. One of the cases in the book led to your developing some expertise on mass hysteria fairly early in your career. That's an interesting phenomenon. There's some famous cases of mass hysteria in the past, you know kind of historically, but I guess it stills happens. What can you share with us about this fascinating phenomenon?

**Small:** When I was in my residency, in the first year I was watching the 11 o'clock news and there was a story about a bunch of school kids fainting and being rushed to the hospital in a Boston suburb. So I drove out there in my 1974 Toyota Corolla the next day, talked to people and the next thing I knew I was doing a study on it and learning about it and finding out some very interesting and fascinating aspects of the condition. In fact, as you say, they are

very common and whenever people get together in groups under stress, it's remarkable to me that it does not happen more often and they can create real problems if you don't diagnose the psychological cause.

Of course, it's important to look for physical causes because today we have so many environmental toxins and sick buildings and real things going on in the environment that can affect people's health but it can also be a psychological component to it. So in this particular story you find out about the first experience I had with it and some of the individuals involved. A lot of the defensiveness that the families feel when you say to them this is psychological and not physical and how we dealt with that.

**Dr. Dave:** Yeah, that was a fascinating story. The subtitle of the book refers to your most bizarre cases and one that I think might get the prize for the most bizarre phenomenon. (chuckles)

**Small:** (chuckles) I know the one you're going to say.

**Dr. Dave:** It's the one titled "Take My Hand, Please." Is that the one you were thinking of?

**Small:** No, I was thinking of another one but that one was a pretty bizarre one too. (chuckles)

**Dr. Dave:** OK. Let's start with "Take My Hand" and then you can tell us the other one.

**Small:** Sure. "Take My Hand, Please" was a 28-year-old carpenter who felt that he just didn't seem to be himself unless he could amputate his left hand. And I found out about this in couples therapy. He was hiding this urge from his wife and she mentioned that at Halloween he dressed as the one-armed man from *The Fugitive*. Yeah, it was kind of funny but then she said he kept wearing the costume after Halloween. Eventually, he confessed his desire and I actually had to hospitalize him against his will because he had a buzzsaw at home and I was concerned he was going to harm himself.

This is a very rare form of body dysmorphic disorder and it's very hard to treat. A lot of these people continue to have this urge. In the short run, he did better when his wife found out about the urge. She

felt less excluded from his inner life but I didn't get follow up to them in the long run so I'm not quite sure what happened to them.

**Dr. Dave:** Well, I had heard of this phenomenon. I remember seeing a TV program. It might have been *60 Minutes* or *20/20* but it showed a number of people who insisted that they needed amputations of arms or legs in order to feel whole. Some of them had actually gotten, one way or the other, gotten those amputations. It does seem very bizarre.

**Small:** There was actually a case of a guy who just thought this through so methodically. He put his feet -- he wanted his feet amputated. He put them into ice so that it would cause gangrene and actually jimmied up his car so he could drive it without his feet and get himself to the ER for the ER required amputation.

These people actually often think it through and complete their desire and it's a tragic outcome. It's something we don't completely understand how to treat. Fortunately, it's very rare. But it also brings up, in each of these stories that are unusual, they bring up the unusual and raises up questions about how we all tend to spend a lot of time thinking about how we look. Who hasn't had a bad hair day? Or people who feel they have too many wrinkles in their forehead. When is it normal behavior to want to change our appearance and when does it become extreme and abnormal?

**Dr. Dave:** Yes, there's always that continuum. Do we know anything about what's going on neurologically with these people? I guess it's so rare that it might make it hard to study.

**Small:** Yeah, there are hypotheses. I couldn't find anything that was that satisfying in terms of really understanding the physiology of what's causing this problem. It's almost a very severe form of obsessive-compulsive disorder or you could say it's another presentation of something like anorexia. Instead of wanting to be thin, you just want an extremity removed. It's kind of a strange phenomenon. You can think about anorexia, how many women who have this condition -- one can look at magazines today and the popular culture, how it's important to be thin. Perhaps there's a psychological element to this; an element of wanting to be in control but here with the body dysmorphic problem, it's another step beyond that.

**Dr. Dave:** Yes, you know this -- a somewhat disassociation but I just saw this movie called *127 Hours*.

**Small:** Yeah, there's been a lot of press. How did you like that?

**Dr. Dave:** Well, you know, ambivalently. Just so the audience knows, this is a movie about the fellow who got trapped. He was hiking, it looked liked maybe in the Moab area of Utah or maybe in Arizona but he got trapped by a boulder. His arm was pinned. He ended sawing his arm off with a little Leatherman tool; a knockoff of a Leatherman tool. The movie is very well done. It was done by Danny Boyle of *Slum Dog Millionaire* and difficult to sit through in some ways.

**Small:** Yes, yes.

**Dr. Dave:** I was hoping that we weren't going to really have to experience that.

**Small:** Yeah, yeah. And you know what's going to happen because you all know that story.

**Dr. Dave:** Yeah. At the same time, you end up feeling like god, what a triumph of the human will to live though.

**Small:** Yes, and I think we see that in so many situations. Here's a situation that's very unusual but in this case in order to survive he has to cut off his arm and you have to hand it to the guy, no pun intended, for doing what he did. It took a lot of bravery and really thinking it through.

**Dr. Dave:** Yeah, yeah. One of the things that comes through was that even though he ended up in this situation, in many ways he was really well prepared. He seemed to know a lot about survival and improvising in the wilderness kind of thing. He seemed to be an exceptional guy.

It makes me curious to read the book. I don't know if I will or not. He'd be a good guest. I should try -- should see if I can get ahold of him.

**Small:** I think where that story differs from the stories of *The Naked Lady Who Stood on Her Head*, is that people generally don't know

the outcome. Hopefully, gets them curious as to what's going to happen with each of these stories as the plot unveils itself.

**Dr. Dave:** Yes, now when I talked about the most bizarre one you thought I had chosen a different one. Which one were you thinking of?

**Small:** Well, I was thinking of "The Shrinking Penis" and that was quite unusual.

**Dr. Dave:** Oh, yes. (chuckles) Tell us that story. You were there. You can't leave us just --

**Small:** Yeah, that's right. (chuckles) This was a couple that was referred to me. I was already at UCLA and had more experience. He was an attorney who was trying to make partner at a big firm downtown.

Had a lot of stress, three kids, a lot of tension at home and during the first couples' visit, I asked them about their sex life and he really seemed not to want to talk about and said he had to leave early and get back to the office. His wife told me pretty much nothing was going on in the bedroom and she talked about how there was an incident where he had a towel around him and seemed to be hiding what was going on and it made me curious.

In the next session, she didn't show up and he started seeming a little bit bizarre. I was concerned that he was psychotic and it reminded me of very brilliant people who are psychotic and seem to make it in life. They are able to compensate for the chronic loss of reality, the delusions or hallucinations they're experiencing.

Another famous case was depicted in *A Beautiful Mind* about the mathematician --

**Dr. Dave:** Oh, yes.

**Small:** -- who had psychotic episodes yet he accomplished remarkable things in his work. So this fellow, I started him on a low dose of an antipsychotic. He seemed to be a little less agitated but I was late to meet him for a session and when I walked in, he -- his pants were down and he was applying some kind of ointment to his penis and putting a prophylactic on it. I was pretty shocked. Then it turned out that he revealed to me that he believed that his



shrinkage -- his penis was shrinking. That was a symptomatic delusion that he had that improved with antipsychotic medicines and psychotherapy.

Checking with his internist, there really was no physiological explanation for a truly shrinking penis. And so it's really coming from his mind.

**Dr. Dave:** I'm trying to remember. I'm a little hazy. The cream that he was putting on his penis was that, in fact, causing some shrinkage. What was he putting on there and why?

**Small:** Well, he had a corticosteroid that had been prescribed for a rash, pubic rash.

**Dr. Dave:** Oh, OK.

**Small:** And so he felt that was -- in his delusional belief, he felt that that was somehow stopping the shrinkage. It wasn't and in fact, it was probably making things worse.

**Dr. Dave:** And so an antipsychotic sort of helped him to come out of that?

**Small:** It helped him get some distance on the delusion. Of course, you can have a Freudian heyday in terms of interpreting what that delusion meant. I mean here was someone trying to make it as partner, which is a sign of virility and strength and, of course, in a lot of men focus their virility and strength on the size of their penis.

**Dr. Dave:** Yeah. I hate to have you give away too many of the fascinating cases examples in your book. I'm wondering if there are some good ones that come to mind that didn't make it into the book.

**Small:** Well, you know there were and in fact, what started happening is we were in the process of writing the book and developing the proposal, there was a long list of cases and a lot of them didn't make it.

For example, I thought this was an interesting case when I was at Mass General in the acute psychiatric service, a woman who came in -- a young woman who was home from college and her parents brought her into the ER because they said she just -- there was

something with her. She's not the same. I talked to her and she talked about having -- she had a crush on one of the college professors and I couldn't see anything abnormal about her. A couple of days later they brought her in and she told me that she was actually going to marry her professor and that seemed a little bit off. Then she told me that the pope was going to do the marriage and that they were flying Bob Dylan in to play at the ceremony.

**Dr. Dave:** Uh-oh!

**Small:** What was interesting to me about this was that I couldn't notice any difference, but the family did. They couldn't pinpoint what it was and it just tells you about how there are subtle aspects of behavior that sometimes we just can't pinpoint and we know someone is not quite right. Now I very much take it to heart when families tell me something isn't quite going right. So that case didn't quite make it. Turned out she had manic depressive illness --

**Dr. Dave:** Um-hmm.

**Small:** -- that was sort of a manic delusion that she was experiencing and she was not sleeping so she had these ups and downs in terms of her mood. So that was one that didn't quite make it.

There's another one that I thought was kind of interesting that didn't make it where it was a couple that had been in psychotherapy, not with me, but with somebody else. He was an older gentleman. Actually, the wife was concerned because he didn't remember the lessons from the previous week in couples therapy. She took that to mean that he didn't care.

Finally, he was referred to a neurologist who diagnosed Alzheimer's disease. This is many years ago and there were no medicines for it. Just gave him a pamphlet to read. He was devastated from that. He knew a friend who had Alzheimer's disease and went downhill very quickly.

At the same time, he needed some dental work and he just decided to have all his teeth removed because he figured he'd be in a nursing home in six months. When they finally got to me, it turned out he didn't have Alzheimer's. He had what we call depressive pseudodementia, meaning he was forgetful, not so much from

Alzheimer's, but from a depression. In fact, he improved with an antidepressant medication, but he still had dentures and he had lost his teeth.

**Dr. Dave:** Wow.

**Small:** It's kind of interesting how people will take to heart these diagnoses and I'm very careful when I talk with people about diagnoses, particularly with Alzheimer's disease to try to understand what it means to them. What's important to me is not so much the diagnosis but that they're getting the right kind of treatment and right kind of help.

**Dr. Dave:** Alzheimer's is, in fact, one of your specialties and one of the most poignant stories you relay in your book concerns an older colleague and mentor who consulted you and was showing signs of insipid dementia. I think I recall you mentioning something about dietary and lifestyle changes that can help to either prevent or delay Alzheimer's. Am I remembering that correctly? And if I am, what sorts of preventative things were you talking about?

**Small:** That is true. In fact, we have a big research program on that at UCLA and there's been a lot of studies on slowing with physical and aerobic conditioning, healthy diet, heart healthy diet, Mediterranean diet is not only good for your heart but it's also good for your brain and probably delays the onset of Alzheimer's and is something -- very important role for all of us to think about.

In fact, the book that Gigi and I are working on right now is all about this kind of approach to Alzheimer's prevention.

**Dr. Dave:** Oh, well good. I guess there'll be another interview.

**Small:** Hopefully, I'll be back in another year. (chuckles)

**Dr. Dave:** (chuckles) I'm hoping you will be too. This reminds me of another interview I did with a Harvard psychiatrist. You probably know his name. I'm blocking on it but he wrote a book called "Spark."

**Small:** Yeah, yeah.

**Dr. Dave:** It was very much about the benefits of aerobic exercise on all sorts of conditions. I'll look forward to your book.

**Small:** Good.

**Dr. Dave:** Recently, PBS has been running a promotion on brain training software designed by a company called, I think it's called Posit Science Corporation.

**Small:** Right, right.

**Dr. Dave:** They claim that there's considerable research supporting the efficacy of their software. What are your impressions of this type of software for staving off mental decline?

**Small:** Let me disclose that I've worked with companies on this -- not Posit Science but another company, Dakim develops handheld games for Mattel Toys and Radica games. I think a lot of the stuff that's out there is fun and it does exercise your brain. Our studies have found that it does change neurocircuitry. The question is whether it really makes -- does it really stave off Alzheimer's disease? That we don't know. And does it really have an impact in everyday life?

For example, you may get really good at the game but you still may forget people's names. What we've actually done at UCLA is develop memory classes that are available across the country that helps people with these more practical memory techniques. Those, in fact, have been shown to improve memory, improve everyday memory skills and the improvement can be observed for many years.

**Dr. Dave:** Are these online classes or...?

**Small:** We're actually working to get them online right now. We're working with the Computer Science Department at UCLA to create more engaging games that people can use and get help with their everyday memory problems like names and faces, forgetting where you put things, (INAUDIBLE) and those kinds of problems.

**Dr. Dave:** I'm working on some of that stuff myself as a consumer.

**Small:** (chuckles) Well, I think as we age it really, really affects everyone so there's tremendous interest in it.

**Dr. Dave:** Sure, sure, as a matter of fact, I've ordered that Posit Science software. It hasn't arrived yet and I've been using a program called Lumosity at Lumosity.com.

**Small:** That's another popular one out there, yeah.

**Dr. Dave:** Yeah, so there's definitely that question in my mind, you know, am I just getting good at their games or is this just going to generalize? I'll let you know.

**Small:** Well, we don't know. We all know and as you recall from *iBrain* -- you might recall from *iBrain*, we did a study where we looked at older people searching online and found that when they practiced Google searching or Bing searching that it activated their neural circuits. So these kinds of approaches are having an affect on the brain. We just don't know whether it really does much in terms of brain health and prevention of Alzheimer's.

**Dr. Dave:** Yeah.

**Small:** There is circumstantial evidence that it does.

**Dr. Dave:** You work with your wife on writing these books. The two of you collaborate and since it's all about your life and it's written in the first person, I'm wondering how you two set up that collaboration.

**Small:** It's taken a number of years and we've now written five books together. We're going on our sixth one right now.

**Dr. Dave:** Wow.

**Small:** It's been a lot of fun. In the beginning, I was a little reluctant. I always thought don't mix family life with business life.

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

**Small:** But it's something now that we really enjoy doing together and she's become a better scientist. Occasionally, she admits I've become a better writer

**Dr. Dave:** Well, I'm always impressed when husbands and wives can collaborate on something so challenging as writing a book. One of the things that caught my attention, in this case, is that the stories

actually include adventures with earlier girlfriends before you met your wife.

**Small:** (laughing) Yeah, well, she allowed me to keep a few of those things in.

**Dr. Dave:** Yeah, I would think that might be a delicate topic.  
(laughing)

**Small:** It's OK. She had a previous life, too, before she met me and I accept that.

**Dr. Dave:** Well, we probably should wrap it up here. Do you have any final thoughts you'd like to leave our listeners with? And by the way, we'll definitely put a link to your book and to your web site.

**Small:** Great. I think that people are interested in medical mystery if they are interested in psychology and psychiatry and therapy. I think there's a lot of people who are. This book would be something you might want to pick up and take a look at. I think you will enjoy it and hopefully, learn about it. And hopefully, it'll help some people who are afraid of getting help to actually pick up the phone and reach out.

**Dr. Dave:** Yes, it definitely will I think. Dr. Gary Small, thanks for being my guest again on Shrink Rap Radio.

**Small:** Thank you. I really appreciate it.