Hypochondria, Psychosomatic Disorder, and Placebo Effect: Mind Over Matter – Lab 058

Zakiya You know, I think we can really convince ourselves of a lot of things.

Titi Yes, I've convinced myself of a lot of things like I'm six foot tall. I am also four foot 11, and--.

Zakiya Different circumstances require different heights.

Titi Exactly. Sometimes I'm like, How did I hit my head on this doorframe? Right? I'm six foot. I'm not six foot.

Zakiya But you know, I think if the past year has taught me anything, my friends used to tell me that I was a hypochondriac and I said, Oh, they're just throwing that word around. They don't really mean that. But the mind-body connection, when I get it in my mind like, Oh, I might be sick it's like, Oh, I'm fairly and not well, even if I was having those symptoms before, as soon as I decided in my brain, I've fallen into a decline, like it's a wrap. And I think we really need to explore that a little bit more. That mind-body connection. Underrated.

Titi I'm Titi.

Zakiya And I'm Zakiya.

Titi And from Spotify, this is Dope Labs.

Zakiya Welcome to Dope Labs, we're a weekly podcast that mixes hardcore science, pop culture, and a healthy dose of friendship.

Titi This week we're talking about how the mind and the body intersect. Specifically, we really wanted to know more about the mind's ability to affect how we feel, whether that's better or worse.

Zakiya You may have heard the term psychosomatic before.

Titi I've heard it on TV, you know, like on medical dramas, but I've never really been sure about the actual definition.

Zakiya Well, it means something that involves both the mind and the body. So, literally the word pairs the Greek word psyche, which means of the mind with soma, which means of the body.

Titi And today, we're going to talk about just how connected those two things really are.

Zakiya All right, Titi.

Titi I think I know what you're going to say, I'm very excited.

Zakiya Let's kick off the recitation. I think the thing that we all know is that our minds are very strong. Our minds are like the central hub for our bodies. But sometimes we can't trust these minds.

Titi Absolutely. I know my mind has definitely played tricks on me, and I can think of a few times your mind has played tricks on you. There have been a few bugs that I've been asked to dispose of, and they were a lot smaller than what you had originally said that they were.

Zakiya I have a mind of scale. You know, it's able to easily scale. Now some people might think that's positive, OK?

Titi And so one of the ways that our mind can positively affect us is the placebo effect, right? So, I think a lot of people have heard of the placebo effect, and it's usually associated with drug trials where they might be testing out a drug and then they give a certain group of people a placebo. So, just a sugar pill instead of the actual drug. And if the people are aware of what the effects of the drug should be, their mind might trick them into saying that they do feel those effects. Yeah. And I've also heard of hypochondria. So I think that's a term that people use a lot. But I don't really know the difference between--.

Zakiya Yes.

Titi Being a hypochondriac or, you know, other things.

Zakiya And then I think the other question I have is around psychosomatic disorders and symptoms. And we say, what do all these things have in common? I think, for me, it's the connection of the mind in the body.

Titi Absolutely.

Zakiya And then that leads us to our overarching question for this episode, which is how does the mind have control over the matter? You know, the body.

Titi Those are some very good questions, and I cannot wait to hear the answers.

Zakiya For today's dissection, our guest expert is Dr Suzanne O'Sullivan.

Dr. Suzanne O'Sullivan My name is Suzanne O'Sullivan. I am a consultant, neurologist and clinical neurophysiologist based at the National Hospital for Neurology in London.

Titi We just want to have a greater understanding of what's happening in this mind body connection.

Zakiya We've reached out to Dr. O'Sullivan on our quest to really understand how aware is too aware. So when you're paying attention to your body that good or can you venture into this area where you're paying too much attention and then your mind is playing tricks on you? And I think that was our starting point, the mind.

Dr. Suzanne O'Sullivan The first thing to say is that our mind is constantly altering our physical sort of experience of the world and our experience of our own bodies. So the mind-body interaction is much greater, I think, than most people realize.

Titi Our brain is constantly making assessments. Our brains are never resting. It's not just as simple as, Oh, I touched this hot stove out, let me pull my hand away. It's also taking memories from the past stored in your mind to inform your body's reaction.

Zakiya A good example of this is how we sometimes react in anticipation of something. So if you've ever said our winced before you even got hurt or like, you know, you always stub your toe on that side of the bed is because our brains are working so fast and processing so many things that it's just automatically giving you that signal. You're about to get hurt or you are hurt, actually. And if you took the time to acknowledge every single thing your brain is processing, we probably wouldn't even make it out of bed.

Titi So now that we have a baseline for understanding how the mind operates under typical circumstances, let's talk about what's happening when certain processes in the mind are stronger, louder and more prominent.

Zakiya I think that's a good point. What you said about understand the typical circumstance because I think we take for granted that in all physical disease, there's a mental component. Absolutely. If I break my ankle and it inhibits my mobility, depending on how it feels to me that my subjective experience that could be really devastating, that could lead to depression and other things, there's a mental component to every physical disease, I think. Would you agree with that?

Titi Absolutely. Because I mean, using the same leg, break your ankle, the situation your brain starts to tell your body, OK, you need to lean more on if it's a right ankle, lean more on your left ankle?

Zakiya Yes.

Titi So you start to compensate for whatever that injury is like. We've all been there with different things. Your brain is making all of these corrections in the presence of these injuries, and I think over the past couple of years, this is something that we've really come to understand more and accept more, both in the medical field and in the general population. And people see how stress can exacerbate other physical factors.

Titi Oh my gosh, yes. When we all started working from home, like when the lockdown was really in place, I think we all started to feel that stress.

Zakiya And I think something we've been interested in and what we want to explore with Dr. O'Sullivan is what are some of the other ways that the mind can control the body? And we see something that is a new physical symptom that is completely controlled by the mind or completely driven by the mind. And I think that's what basically psychosomatic disorders are.

Titi It really makes me start to think a lot more. So, what are some other ways that the brain can produce or manifest a physical symptom for something that isn't necessarily linked to it? I really want to know the actual definition, like what falls under the umbrella of psychosomatic disorder? Yeah, what does it mean?

Dr. Suzanne O'Sullivan So that means real physical symptoms, and I'm really emphasizing the word "real," because I think people, when they hear psychosomatic, they start thinking imaginary. But these are real physical symptoms that are occurring for psychological reasons. I'm going to qualify the word psychological a little bit there because, again, people think psychological means madness, insanity of some sort. You know, when I'm using the term psychological, I'm really talking about all the different functions of the mind, not necessarily pertaining to a psychiatric illness, for example.

Zakiya So there are psychosomatic symptoms, and you get these different symptoms within a psychosomatic disorder. But what about hypochondria? How is that related to psychosomatic disorders?

Dr. Suzanne O'Sullivan It's not to say they're not related at all, but they are different phenomena. Psychosomatic symptoms are physical symptoms with or without psychological distress. Hypochondria is psychological distress, probably without any actual physical symptoms. So their predominant experience really is the anxiety, and the thing that's disabling them is anxiety about illness.

Zakiya So, these almost feel like opposites, right? Because hypochondria is sheer psychological distress, but no actual physical manifestation. It may be anxiety or anxiety about illness, but with no physical symptoms. But on the other hand, it seems like psychosomatic disorders present with these physical symptoms.

Titi What kind of symptoms do they have? Do psychosomatic disorders always present themselves in the same way?

Dr. Suzanne O'Sullivan Every physical symptom you can imagine can be produced through psychological mechanisms, so the symptom can be anything. And I find this symptom is often determined either from their personal experience or their knowledge base or as a result of a specific thing that's happened to them. And therefore, all of these sort of psychosomatic symptoms are drawn usually from our environments.

Zakiya I feel like this makes a lot of sense, especially when we think about COVID 19. When you think back to the early days, I'm talking March and April of 2020, we didn't know what was going on.

Titi Those were crazy times.

Zakiya Yes, and people were just saying, "Are you experiencing shortness of breath? Are you having chest pain?" I was like, Maybe. I was double check everything.

Titi I would run up the steps and be like, Am I usually this winded? I don't think so. And so then I was making myself nervous.

Zakiya And I was checking my temperature with the back of my hand. And I would say to myself, boiling hot, you definitely have a fever.

Titi But you had just gotten off the bike.

Zakiya But then I would get my thermometer, and it wouldn't even say ninety eight point six. So clearly my mind was telling me something different than what was really going on.

Titi Similar things were happening with me because it was allergy season. And so I'm coughing because I have allergies and sneezing, and I'm having issues, because I also have asthma and use an inhaler. And so I was just like, I don't know what's linked to what. I couldn't focus and figure out if this was just my mind playing tricks on me, and these are just my allergy symptoms, or if you know, COVID had got me.

Zakiya Did your allergies always feel like that?

Titi Exactly. I was like calling into question literally everything.

Zakiya Those symptoms are usually based on something that you've experienced. So we were all aware and experiencing a respiratory virus that was sweeping across the globe. Everybody's thinking about their breathing.

Titi Yeah.

But you can imagine if it wasn't confined to the respiratory system and it was related to something else

Titi Like a hair loss pandemic. I would be counting all of the hairs in my wide tooth comb a little bit closer.

Zakiya Yes, every stray hair would be a cause for panic.

Titi Every hair matters.

Zakiya The interesting part that Dr. O'Sullivan was saying is that it usually starts with an actual disease. So if you've had some bad bout of like gastroenteritis--

Titi What is gastroenteritis? I've never heard of that.

Zakiya You might not have heard of it, but you might have experienced it if you drink contaminated food or water. Some people call it the stomach flu.

Titi Oh yes.

It is awful. Upset, stomach

Titi Upset stomach, diarrhea. Yeah, peptobismol. Remember that commercial?

Zakiya But I've always been more of a kaopectate.

Titi My friend is choosing, OK? I think we've all been there.

Zakiya So, if you had a bad bout of gastroenteritis, you're already focused on your stomach, so your psychosomatic symptoms could manifest around the gut. But

interestingly, that's not where they always manifest. Dr. O'Sullivan says, you could start with the gut because that's what you're familiar with. But there's also a possibility that you have symptoms that kind of move around the body, too.

Dr. Suzanne O'Sullivan But then once a person is prone to these disorders, one characteristic of them is that they tend to move around. So people who are particularly badly affected by this will often have come to me with a list of diagnoses, you know, and these will be young people because consultant to sort of young people, you might see someone who's 20 years old and they walk in the door and they've got 10 separate diagnoses because they are someone who has a tendency to express themselves through physical symptoms and that moves around their body according to what's happening in their lives.

Titi What I want to understand is like how. How does the mind create physical symptoms without a specific biological trigger?

Zakiya We asked Dr. O'Sullivan to walk us through how this really works, this circuitry of stimulus and response and risk, even.

Dr. Suzanne O'Sullivan Even so, I think the most important thing to know in this question is about a thing called top down processing. So I think a lot of people sort of have that kind of concept that you're you're looking at something and you're almost recording it like a camera or a video recorder or something that you're just soaking up information. And when you learn about neurology, as a neurologist or as a biologist, you learn about, you know, this is where the nerves begin and they travel up through the body and it makes it sound very electrical. It makes it sound like a light switch or something, but it's not like that. What's actually happening is that as a sensory stimulus is entering, be it a visual stimulus or a sensation or a sound, it is being compared by top down processing to priors and expectations that you have stored in your brain. So we have all these expectations stored in our brains, and when we look at something as the information is entering from below, it's also being processed from above and compared with our expectations.

Zakiya Are you thinking what I'm thinking?

Titi Absolutely. I think we're about to say the same thing. Dr. Wiley, from Lab 030.

Zakiya Yes. Yes, Dr. Wiley.

Titi That's right. Dr. Wiley talked about this type of dual processing in Lab 030. We called it signed, sealed, delivered. Our brain creates shortcuts while we're reading.

Zakiya This is wild. You know, it really is all about our brains and their previous experiences and expectations.

Dr. Suzanne O'Sullivan You know, there are lots of kind of thought experiments you can use that will show to people how easy it is to derail your body. So, you know, if I ask somebody to walk on a narrow line on the road, you know, most of us could do it with no difficulty. If I asked you to walk exactly the same line on the edge of a cliff or the top of a high wall or something. It changes the way you think about your body, and your entire coordination has now been changed. And I've done nothing but changed your position.

Titi I actually had this happen to me. So me and my husband went on a really long hike for our honeymoon. Don't ask about it. And I fell pretty far at one point. It was very traumatizing because I was very scared. I thought I was going to die. So I went from being surefooted. So like, not even really paying attention to how I walk or what I was doing to feeling like every step that I took could be the end of my life. So now, even if I'm walking on a tall curb, I'm shaking. I don't know what's going on. I'm like, This is a little bit high up off the ground and I'm not sure if I can make it. So, I'm not injured and I'm not hurt. You know, I was a little banged up at the time, but I'm doing fine now, but it's simply my lived experience that causes a new physical manifestation or a new reaction to this environment or a set of circumstances.

Zakiya But that makes sense. You know, I don't have that same experience of what it's like to be walking and to be so close, you know, to death, right? And so there's no objective experience of what it's like to be alive.

Titi So what's happening in the brain neurologically when people experience psychosomatic symptoms?

Dr. Suzanne O'Sullivan So it's quite difficult with psychosomatic symptoms to know exactly what's happening in the brain when you consider how many different kinds of psychosomatic symptoms there are and. How many different things can cause them trying to compare different brain scans and compared two people who've got wildly different symptoms for wildly different reasons, is never going to get you very far. So, there's actually very limited information available about what's actually happening in the brain with a psychosomatic disorder.

Zakiya MRI's or brain scans--they've only really been in regular clinical use for about 30 years or so. So that's really young, technology wise. And so, scientists and doctors are still trying to use them to understand what a typical brain looks like. And so, then you have to use that to compare to what's happening in the brains of folks who are experiencing psychosomatic symptoms. Dr. Sullivan explained that functional MRIs can help our understanding of functional paralysis, so paralysis caused by an injury or psychosomatic paralysis. She told us about a study where they use functional MRI to take images of two groups of people, one group who has psychosomatic paralysis and another group who was asked to pretend to be paralyzed. The functional MRI showed that there were completely different brain activations in the two groups.

Titi So that tells you right away that whatever is happening in the brain of someone with psychosomatic disorder is not the same as pretending.

Dr. Suzanne O'Sullivan The other thing that that study showed us is that there seems to be a kind of an increased connectivity between the emotional parts of brain and the motor parts of the brain in people who have psychosomatic paralysis. So people are somehow rewiring the way their nervous system works to become less efficient. And I think of it like learning. So if I can learn to play tennis, well, probably there is someone who could give me bad instructions that can teach me to play tennis badly. We learn motor coordination and we learn muscle movements by repetitive actions. We know we can learn to do things efficiently. I think we kind of tend to forget that one little change to the way we do things could make us less efficient in a motor sense. So I think that changes we're seeing in these functional MRI scans probably represent normal movements that have unlearned. So we've learned to do something badly instead of something well.

Zakiya That's really interesting because I think in the past, people have dismissed psychosomatic disorders and saying like, Well, your brain's not connected. And actually, it seems like there are some stronger connections or increased connectivity based on what Dr. O'Sullivan is saying.

Titi It's not a malfunction of your brain, it's not your brain not working.

Zakiya Right it is a rewiring. And it's really interesting that this requires even more connectivity than what you would typically expect. And so one of the things that Dr. O'Sullivan was saying is every connection is basically learning, you know, and we talked about this in some of the earlier episodes.

Titi I think that's a good point, though, because there are some functions of our bodies that we don't have to think about because of those strong connections, like how our body regulates its temperature-- blinking, breathing, our heart rate.

Zakiya Yes.

Titi These are all really strong connections that our mind has made over time, like since, you know, we had a brain.

Zakiya And there are also these connections to emotions as well when you're upset. There's a physiological process that happens. Your body responds and tears come out of your eyes, right? Every single time, another type of connection. So you see these emotional parts of the brain connected to the physical parts.

Titi I heard that there was some study that when you look at folks' pupils, if you see somebody that they love, their pupils will get bigger.

Zakiya We have to try that. And let me tell you something when I say my name. I'm expecting full dilation. They better look like saucers.

Titi Then the whites of my eyes will turn black.

Zakiya The whole thing iris.

Titi You'll look like an alien.

Zakiya oh man, why do we have to act like this?

Titi We're going to take a quick break and then we'll talk more about pain, diagnosis and treatment of psychosomatic disorders. And who's affected the most?

Zakiya We're back, and we're talking more about what it means to have a psychosomatic disorder. We're trying to understand how the brain processes pain and other stimuli, the route to diagnosis and why it takes so long and how the framing of psychosomatic symptoms and disorders can affect how people perceive the diagnosis once they get it.

Titi We really wanted to talk about pain with Dr. O'Sullivan, since that's a symptom that many people experience and it can be really hard to diagnose.

Dr. Suzanne O'Sullivan I think pain is is the hardest question you could ask. I almost wish you'd ask any other question, because the problem with pain is that it's subjective. So it is unbelievably hard to study, and it's unbelievably hard to sort of understand how exactly, you know, one person can feel a completely different level of pain to another person. So I don't think that I know the absolute answer to how we can feel pain in the absence of a truly painful stimulus. It may be that we're feeling the memory, the expectation, the prior of of a pain we felt before. Or it may just be that we are stimulating some sort of sensory response to something that doesn't exist based on our expectations. Clearly, something slightly different is happening in the brain. But what's more important to say is that there's no difference is that if you have pain, you have pain. Pain is a subjective experience, and if you have it, you have it.

Titi Are there certain people who are more likely to have psychosomatic disorders?

Dr. Suzanne O'Sullivan Anyone can have a psychosomatic disorder, and it really just requires the correct set of sort of triggers to be present for that person. But that's not to say that there aren't people who are more vulnerable than other people. If you are a tendency to be a worrier, if you have a tendency to be anxious, you are a bit more likely to get a psychosomatic disorder. If you've been exposed to serious illness, not necessarily personally yourself, but within your family or people close to you. When you were a child, you're more likely to get psychosomatic disorders. So you see it in sports people, you know, in sports, people who are functioning at a really high level and they're expected to perform at a high level all the time. And sometimes that pressure can alter their coordination or how they perceive their bodies and affect their sports performance.

Titi You know what this reminded me of? This reminded me of Simone Biles pulling out of the Olympics. So she pulled out of the Olympics because she was saying that she wanted to check in with ourself, with her mental health and knowing what Dr. O'Sullivan has just told us. It completely makes sense if she's feeling unsure and the pressure is making her feel even a more unsure, you know, so when she's running to do that vault and she's throwing her body in the air and doing three spins and having to land on her feet, she's putting herself in a real dangerous situation where she has to absolutely be confident. And so the pressure is making her question, her perception of her body and what it can do. The right thing to do was to pull herself out. And you know, the same is true for Naomi Osaka. She was having some issues. It was like a year ago, you know, the pandemic time warp. It's hard for me to know. But she was having some issues because she was really struggling with the press and the questions that they would ask her, and it was affecting her confidence level when she was going into matches. And we see it even recently at Indian Wells, when she had a heckler that kind of threw her off while she was playing.

Zakiya Yes, you told me about that.

Titi Yes, all of these things totally affect the quality of the work that you're doing, and for them, it's their sport. I know, with my job, if I'm not feeling myself and I take a mental health day or if I decide not to, if I try and push through, no one's going to get hurt. No one's going to die. But for someone like Simone Biles, who is doing really strenuous and dangerous. What are those things called?

Zakiya Stunts?

Titi Yeah.

Zakiya Activities? They feel like stunts.

Titi I don't even know, flying through the sky like a bird and the like. There's way more that she has to consider. She's talking about her life here. You know what I mean? Like, she said it. She said there's more to life than gymnastics. Her gymnastics career, God willing, will be a small sliver of her life, which is just a small sliver of who she is, and we are so proud of her. But she still has very many years that she needs to live, and we want her to be having the highest quality of life possible. And if it means taking a step back to make sure she's in the right brain space headspace to be able to perform at a high level, then that's just what she needs to do.

Zakiya And like you said, if we get lost in something, it's like, Oh, what tab was I on? You know, where was I in this paragraph?

Titi I'm not going to fall on my neck.

Zakiya Right! Very different. So we understand that there are groups of folks who may be more vulnerable to experiencing psychosomatic symptoms. But what does it take to get to diagnosis? How do you identify those folks?

Dr. Suzanne O'Sullivan There's a perception that neurologists diagnose psychosomatic conditions because the scans are normal or because we can't find anything else there when it's presented in that way. It becomes a diagnosis of dismissal. It sounds a bit like, well, science hasn't caught up with it yet, or the scan isn't good enough to show it. Actually, that's not how we make the diagnosis. We make the diagnosis on positive findings in the examination that make this disorder biologically impossible. So nervous systems are organized in a very intricate way. And when you get paralysis in the leg due to a muscle problem, a brain problem, a spine problem, there's a really specific pattern of weakness that fits with biology. But when you get a psychosomatic disorder, you get patterns of symptoms that do not fit with biology and you get a completely different set of clinical signs. There's no scans or tests involved, and that's often what psychosomatic disorders are like. There's a specific set of symptoms and patterns of disability that don't fit with biology. And that's why we make the diagnosis.

Zakiya One of the things Dr. O'Sullivan told us is that speed is the key to getting better. The sooner you know your symptoms are psychosomatic, the more likely you are to get better.

Dr. Suzanne O'Sullivan There's lots of studies in seizures where a third of people just by learning that the seizures are psychosomatic, spontaneously improved, which is something in that sort of fear, anxiety sort of cycle has been broken. And they immediately get better.

Titi Unfortunately, our medical systems, both here in the U.S. and in other countries too, don't lend themselves to speedy diagnosis.

Zakiya For any psychosomatic disorder, the average time to diagnosis is one year. Now I'm going to tell you something is going to blow your mind for psychosomatic seizures. The average time to diagnosis is seven years.

Titi Oh my gosh. I can't imagine going through something like that that's so traumatic, not just emotionally but physically traumatic for seven years before getting a diagnosis.

Zakiya And to not know what is causing it or what's happening, and to just continue experiencing that, I would be sour on the whole medical system. OK?

Titi Absolutely. I would feel absolutely failed.

Dr. Suzanne O'Sullivan So I think the doctors need to start elevating this diagnosis so that it's given the same level of priority as everything else. So it doesn't have to be the case that someone comes and sees you and says you've got a psychosomatic disorder from the outset. What would be better is if they did what they did with every other diagnosis. You know, you've got seizures, so that could be epilepsy. Here's the reasons for and against epilepsy. It could be psychosomatic. Here's the reason for and against, and you investigate those things in parallel. And then you don't just blindside the patient a year later saying, I've ruled out epilepsy. Now you have the booby prize that I never mentioned at the start. So, I think doctors need to just give it a make it a diagnosis of equal standing and raise it earlier with patients.

Zakiya It kind of makes sense. Now that doesn't make it right. But when we think about how our medical system is structured with a general physician and then you go see x y z specialist over and over, I can see that taking a really long time.

Titi Yeah, I mean, you would hope that there's ways that we could streamline these processes so that everybody benefits from it. There's a lot of pitfalls because that's assuming everything goes right. That's assuming that you have access to great health care, access to doctors who care, access to a lot of things that you might not have access to, depending on your level of income and a lot of socioeconomic factors.

Zakiya And it's also assuming that the way your psychosomatic symptoms present stay the same. So I can imagine if you went to an ear, nose and throat doctor and they checked you and everything was fine. And there you go to a neurologist and then you are starting to have symptoms that go back to the ear, nose and throat doctor and say, We already checked you. You were fine. And are those people even talking? Oh, that feels like a medical nightmare, right?

Titi Like Dr. O'Sullivan said, these symptoms, they move around, and so they might not even be able to catch some of these things when they're happening. And yes, it's just feel like a wild goose chase.

Zakiya Yeah. When we really look at the numbers, this is more common than folks probably think, right? Dr. O'Sullivan told us that one third of the people coming into neurology clinics have a psychosomatic disorder.

Dr. Suzanne O'Sullivan If you can't walk or you're having seizures or you're unable to work, then you're seriously enough ill to acquire the same speed to treatment as diseases. But I don't think people take these disorders seriously enough yet to care about that.

Zakiya So it really makes you ask, what can we do? How can we change this process where folks are having this long? Run out experience where they're going from provider to provider, trying to figure out what's happening. How do we raise awareness about this?

Dr. Suzanne O'Sullivan We're still waiting to see people running the marathons, the T-shirts that say psychosomatic disorders because people care about cancers and which

they should and other diseases like that. We need to start opening our eyes to that create treatment facilities.

Zakiya There's not a lot of public awareness around psychosomatic disorders, but they affect about one third of people going into neurology clinics.

Titi I think this is such a good point. We really need to dignify this disorder. It is real. People are really suffering. And I think a lot of folks, when they hear something like this, they're just like, Oh, this person is just out of their mind. But there's a spectrum by you. In fact, people in little ways and then it can also affect you in really catastrophic ways. These are real physical symptoms that need treatment,

Zakiya and you really have to ask even if you're dismissing somebody and saying they're out of their mind, well, your mind tells you when you step on something sharp, it is your mind that tells you that it's their mind is telling them that they are feeling this physical pain. Who's to say, Well, I need to see what the stimulus is for you to have this right?

Titi Exactly. Everybody deserves treatment.

Zakiya Sad is sad. Pain is pain regardless of the stimulus that creates it regardless of the origination. Treat the pain. If we can treat it, treat it.

Titi Treat the pain.

Zakiya All right, it's time for one thing. Titi, what's your one thing this week?

Titi My one thing this week is an artist. Her name is Dominique Brown, and I stumbled upon her work while I was at Home Goods. So Home Goods, it treats me like target. I went in there looking for a coffee table, ended up buying three pieces of art by this woman. I caught it out of the corner of my eye and I was like, There's no way I can leave here without this art. And I did not get a coffee table. Her name is Dominique Brown. Really beautiful art that is black woman centric. If you see any pictures of my office, you will see her work in the background of it. And I really love it. And you can also follow her on Instagram @snoopdoggydom and check her artwork out at HomeGoods so that's @snoopdoggydom.

Zakiya Yes, and you have been very excited, and I must say it does look lovely back there.

Titi Thank you.

Zakiya What's your one thing? Well, you know, this weekend my Instagram Stories, I was asking people to give me book recommendations. And I got a lot of book recommendations. I put them all together on one list, but I got a book recommendation from one of our favorites. This book I'm going to tell you about is written by a movie critic that we both like Brooke OBE. Wow. She is a strong writer, anyway. We love all of her stuff, and we've mentioned her before on the podcast. But one of my friends from Hampton said, Hey, did you know that Brooke wrote a book? And it's called Book of Adus: Cradled Ember. So I just started that. And that's my one thing this week. I'm really enjoying it.

Titi OK. Once you finish, giive it to me.

Zakiya I already know the deal.

Titi Put it in the mail. We love Brooke.

Zakiya That's it for this lab. Call us at 202-567-7028, and tell us what you thought or give us an idea for a different lab you think we should do this semester? We like hearing from you. That's 202-567-7028.

Titi And don't forget that there is so much more to dig into on our website. There will be a cheat sheet for today's lab, additional links and resources in the show notes. Plus, you can sign up for our newsletter. Check it out at dopelabspodcast.com! Special thanks to our guest expert, Dr. Suzanne O'Sullivan.

Zakiya You can find her on Twitter suz_osullivan.

Titi You can find us on Twitter and Instagram @DopeLabspodcast.

Zakiya And Titi's on Twitter and Instagram @dr_tsho.

Titi You can find Zakiya on Twitter and Instagram @zsaidso. Dope Labs is a Spotify original production from MEGAOHM Media Group.

Zakiya Our producers are Jenny Radelet Mast and Lydia Smith of Wave Runner Studios.

Titi Editing and Sound Design by Rob Marczak.

Zakiya Mixing by Hannis Brown.

Titi Original Music composed and produced by Taka Yasuzawa and AlexSugiura from Spotify. Creative producers Candice Manriquez Wrenn and Corinne Gilliard. Special thanks to Shirley Ramos, Yasmeen Afifi, Kimu Elolia, Teal Kratky and Brian Marquis.

Zakiya Executive producers for MegaOhm Media Group are us.

Zakiya Titi Shodiya.

Zakiya And Zakiya Watley.