

Caspar ([00:00:00](#)):

Mental illness rates are on the rise and have been only exacerbated by recent events. Surprisingly, veterans are one of those groups most affected, but least served for chronic mental health problems. But our guest today is hoping to change that. He's a retired Navy seal, a musician and an entrepreneur. This is the story of Mind Fitness with Chris Irwin. Chris, great to have you on.

Chris ([00:00:23](#)):

Thanks. Good to be here.

Caspar ([00:00:25](#)):

You know, you, you've got this incredible story of coming up, becoming a Navy Seal, being I think the first one of your high school in over a decade to go into, you know, you've, you've accomplished so much, but you've also struggled with your health, with mental health as well. Mm-Hmm. <Affirmative>, can you kind of set up the story of how you transition outside of like Navy Seal Life or even if it was maybe at that time where you were a Navy seal, you were struggling and had to deal with these health issues?

Chris ([00:00:56](#)):

So for me it started I spent 14 years on active duty. And I, as I was getting off of active duty in 2011, I had a lot of kind of survivor's guilt, I guess, and, and that sort of, just that kind of feeling of, I had friends that had been killed in combat and in training and other places and feeling like, you know, that it didn't really make sense why I was still around and, and had all my body parts and like, was fine, you know, presumably. And, and that had happened to these other guys who I kind of thought were better than me in a lot of ways, you know? And that just kind of led to this, this feeling of, I think a lot of times mental health problems, so to speak, they come from, they sort of snowball. So what can start small kind of builds on itself and becomes worse the next day and a little worse and a little worse.

Chris ([00:01:58](#)):

It's why like chronic pH physical illness as well. Yeah. And so for me that kind of evolved into this feeling like, well, something must be wrong with me, right? Like something's, I must have some kind of condition that's gonna a disease or something like that, that's gonna take me out. And so I started kind of looking for it, I think unconsciously in some ways. But I would, I would zero in on various sensations that I would have in my body, tingling, whatever. It's stuff that I think most people feel, but just don't think anything of it. And rightfully so, they just kind of gaff it off as like, whatever, you know, I would kind of say, well that's, that's the beginning of some dreaded yet to be determined fatal condition. And as you know, and, and I didn't know at the time, if you do that, it will make it worse because you, what you're doing is you are ramping up your limbic system and, and basically telling your body that it's in danger.

Chris ([00:02:57](#)):

And the, those danger signals will then make those sensations worse because you think they're symptoms of something and then it just gets, everything gets worse, right? Like your fear gets worse and then the symptoms get worse. I should say sensations, they're not symptoms really of anything. And that's what happened to me. And I just became a sort of a basket case. I was, I would like just be dizzy all the time and super tired and didn't know what was wrong with me and just kept going, looking for a physical problem, like having the doctors run tests on me and blood work and everything. And they're

like, look, you're fine. Like, there's nothing wrong with you. And I was like, it's gotta be something. And that kind of went on for a while, even post mil, like I got outta the military and it was just, I was kind of a waste.

Chris ([00:03:44](#)):

Like I couldn't function very well. It just, it leads to a lot of brain fog and you become kind of a recluse. But I guess I had enough wherewithal to figure out that eventually I came across this guy, Charles Linden, who has this thing called the Linden Method, and it's about anxiety and it's about this exact scenario. And I read his story and I was just struck by like, wow, I did, I had no idea that you could just sort of do this to your body through your mind, basically like how bad you could make you yourself feel physically just through what you were thinking essentially. And that was a real revelation for me. So I kind of did his method and I, and I eventually kind of got my way out of it, right. You know, it wasn't perfect, but I, I realized, okay, I finally came into terms with, there's probably nothing actually physically wrong with you that's causing these things at the time.

Chris ([00:04:40](#)):

But then fast forward five years to 2016, and I, I had this mold exposure at my house. I was pressure washing my driveway and then pressure washing the inside of this shed that we had attached to our house and not really thinking anything of it. I wasn't using chemicals, it was just, I just had water attached, you know, a hose, a garden hose attached to this pressure washer I got from Home Depot spraying all this crap off for hours. And I, I didn't think anything of it. I'm just cleaning stuff, right? And that's just the next day I was, I felt so weird. It was like, I, I mean, it's very hard to describe to people that have never had chronic illness, what it's like to feel that way. And I, I tell like my wife, I wish sometimes that I could give somebody who's got their health.

Chris ([00:05:31](#)):

I like give them a day of like what it feels like to have an ongoing chronic illness and be like, you try to function feeling this way. And so, but I didn't know what was going on. It was like, what I, I just couldn't focus on it. I just felt so strange. It's, it was like someone who just poured cement into my head and, and any, but I was like, you know, I didn't think anything really severe at the time. I just kind of went home and took a nap and, but then it just never went away. And it would, I would have all these other weird symptoms. I would have these lightning bolt sensations going through my head and tremors and I mean like times where I was just on the couch all weekend and so I went to the doctor well first I should say, I was like, well, maybe this is all that sort of anxiety stuff, reared its ugly head, right?

Chris ([00:06:23](#)):

But, but I realized like I wasn't really worrying about that stuff anymore and I tried some of those methods and it didn't kind of work and it was just a little bit different. So I, I, you know, I, I did what everybody in chronic illness does. I went to the regular doctor and they had no clue what was wrong with me. And they ran sort of standard blood work and they're like, well, nothing's wrong. And, and then I went down the path that everybody else goes down, which is you gotta, you try all this alternative stuff and you get really out there because like you have, well, you either give up Yeah. Or you try something. And the, and I always tell people that when I think some of, some people disparage alternative treatments, whatever you want to call it, and denigrate that. And I go and I sort of feel like, well, what do you want me to do?

Chris (00:07:08):

Because conventional medicine just threw up their hands and said, sorry, we got nothing for you, so what do you want me to do? Right? Like, they gave up, this isn't House MD where it's, I will find the solution to this problem. Right. Anyway, that's a kind of a long-winded answer there. But I will say I think five years after the fact or what, no, sorry, seven years after the fact at this point. I think what I realized too is that it wasn't just, I had this mental problem and then this physical problem tho they really were combined. Like there was certainly stuff that was priming me for this collapse way before that mold exposure. Right. That was a trigger. But it, it's not the sole source. I mean, as, you know, I mean that's another big sort of misconception in the I think in just medicine in general is you hear it all the time.

Chris (00:08:05):

It's like we're trying to find the, the cause. The cause you hear that all the time. Like, we don't know what the cause of cancer is. It's like, well that's cuz there isn't a cause guys like that's, your thinking is wrong on this. It's multiple causes. And so you can't think of it that way. And I hear, I have people say that to me all the time, do they ever figure out what was wrong with you? I'm like, well, you're not really asking the right question. Mm-Hmm. <Affirmative>, it's like there's tons of things wrong, wrong with me that all are adding up to this problem that need to be sort of peeled back and addressed. You know, one at a time.

Caspar (00:08:41):

We get really fixated on this, the cause and the cure as if it's like a one-on-one thing. It's like, oh, it was that one thing and you did this one thing to cure yourself. Yeah. Never, never. We don't do that. And it's interesting Chris, cuz we, we don't do that in life, right? It's like, what's the one thing that made you successful? No one could do that because they're like, well, there was a thousand little things from, you know, when I was born to this, to every little thing that led up to where I am right now. And there is not one thing in success in life. And it's definitely not like that in health Now, excuse me, mold is really tricky. I'm actually speaking to someone right now that went through Lyme treatment with us did very well and recently moved down to Florida, was exposed to mold and saying, these symptoms are like nothing I've ever had before. Yeah. I was in the depths of chronic Lyme and it wasn't like this, my mind wasn't playing tricks on me this bad. Even with neurological, Lyme disease for a number of years.

Caspar (00:09:44):

For someone listening and, and perhaps, and listen, everybody, it seems like now is at least on some level, dealing with anxiety, dealing with some sort of person, look at all the news going on right now. There's so much right now, social media, everything's coming at you. You're gonna have a little level of anxiety and that's actually probably somewhat normal if you're listening to the news doing this and that and it's all coming at you and then you start to have these symptoms, you know, not asking for the words of it, but what made you kind of come to that connection of the mold and move past, you did those extra pieces to try and say it's not anxiety, but your own conventional doctors were like, there's nothing wrong. Right. Did did, did that take some real confidence in your ability to say, this is not that anxiety, this is something else. Well,

Chris (00:10:37):

I think it, I mean, I think at the time I thought that, I think in retrospect it, it's not that it was the anxiety or wasn't, it was, but that was still a piece of it. Like, because as you, as you spend longer in a chronic illness state, you, you lose hope and you, you think you're dying and stuff like that. So that, that stuff

definitely played into it. And that's the content that I put out is kind of all about that piece of it. Right? I can't sit here and recommend treatments that people can go do, like are at available, are available at your center. What it can do is try to help people with their, their mental approach to things. And I think that our current state of the world is so disempowering in that aspect and it's like, it's the one thing that you can affect all the time on your own.

Chris (00:11:35):

You don't need anybody else to do it. And the message to people is the exact opposite. It is, you need, we always say that like, oh man, you know, someone commits suicide, right? Dies by suicide and it's always like, oh, I wish we'd known we could have gotten them help or something. And I'm like, like, yeah, maybe. But what would've been better is if that person was, had actually had the tools in place to be able to deal with them it themselves, right? Like it's just like physical training that's, I do a lot of likening the physical training, it's like working out and being in shape prepares you for when life throws a physical challenge at you and, and you're able to deal with it, right? And it might be a life saving scenario, right? Like, I don't know, you know, a burning building that you have to like pick somebody up and run out of, if you're, if you can't do that physically, that's, that's potentially the end of your life, right?

Chris (00:12:28):

But we don't think of mental things that way at all. It's, and, and if you can train yourself, then when the darkness comes in, you, you can handle it better, right? Like you can, you can analyze it for what it is and you can have all these tools, the same exact idea, be able to deal with that. So anyway, getting back to kind of the, the mold thing and it's you know, the mold was, it's so interesting because it's, again, one of these things, I had no idea that was a thing. Mm-Hmm. <affirmative>, if someone had, I mean, even when it happened, I was, I still didn't know what had what had happened. I was like, what? But the only thing I could figure out was like, okay, I felt fine this day and the next day I didn't, so what happened in between those two days?

Chris (00:13:14):

And it was like, I did this thing, right? Or I spent a lot of time doing this thing, which was not something I'd ever done before. So I was like, it's gotta be something that, and I did what a lot of people do again, once the sort of the doctors give you the, I don't know, I'm start googling stuff, right? And it was, and I finally, I just came across all this mold stuff and I was like, I think I have mold toxicity, right? And just like shoemaker protocol and all of that kind of stuff. I think again, in retrospect, that was a piece of it that was a trigger and, and it, it's a thing that needs to be dealt with in some form or fashion. But it wasn't everything because I went down, I did all that shoemaker stuff and then I was still like, I still don't feel better.

Chris (00:14:02):

Like what? You know, I'm so hopeful for taking a bunch of cholo tyramine for, for six months and that was like gonna, you know, once I got that and I had to do a lot of convincing, I had to like go track it down, convince my doctor to give me, to prescribe this stuff even though I didn't have like, cholesterol problems, right? And and, and, and then it was like, like finally I got it. I got the solution here. And then after like a year of taking chugging this cholestyramine crap every day, it was like, I'm not, I'm not better. I don't like what's, what's going on here. So, and it's not to say it didn't work either, right? Like it

probably did, it probably did its job. The problem was again, that was just a, was just one piece, you know, it's the, it's the trigger.

Chris ([00:14:50](#)):

It's the, the final piece I always, I liken there's people that like to have this like barrel analogy of a human being Yeah. Where it's like, you know, you can fill it up so much and then at some point it's gonna overflow, right? Mm-Hmm. <Affirmative> and that's sort of like all the toxicity and whatever. And that can be emotional. That can be mental. I, I use a analogy of a, the reason I don't necessarily like that analogy is because all you can stop the overflow and then you're good. But like, that doesn't really apply to the way chronic illness works. The way chronic illness works in my mind is more like a Jenga puzzle, right? Those like towers of blocks that, that game. And what happens is over time you get various insults to, to your body or your psyche or whatever, and those are pieces that are coming out.

Chris ([00:15:38](#)):

And that can be mold, that can be anxiety problems, that can be emotional trauma as a child, that can be Lyme disease. And then at some point the last piece gets pulled out and the system crashes, right? The thing falls over. And typically the way you would think of this in medicine would be, okay, we got, it was mold, right? We put that block back up and it's like, why aren't we fixed? It's like, cuz all the other pieces are still on the floor. You have to build everything back up. You literally have to put the entire structure back together piece by piece. And that's, it's not a one solution. Right. And until you do that, it's literally like piece by piece, you know, you gotta do this, you gotta do this, you just gotta keep chipping away at it. And that's, man, it's just so, it's so challenging and so tricky. But it can be done. And I think that that's the, that's the message. It really needs to go out to people, right? Like, because for the longest time I was like, I, I got to that point where I was like, I I'm just gonna give up. Like I don't even know if I can ever get out of this.

Caspar ([00:16:45](#)):

Yeah. A lot of people get to that point, unfortunately, especially when they are kind of passed around, you get that shrug like we don't know from your conventional doctors and specialists Yeah. And everyone in that field. And it's interesting cuz you bring up that barrel, you know a model basically of, of toxicity of all these things. And then you bring up these two chiney know the Jenga blocks as well, which are both are Right. But people don't realize, e e, whichever one you look at and wanna make the analogies for, it's that as long as you have anything in the barrel, as long as the pieces and the agenda are there, your body is compensating. Yes. Your body's already there. Right. An empty barrel. Your body is perfect. And it's doing, and, and even in the barrel methods, like, you know, when my father's in other talk about you have a spigot too, that's your ability to detoxify.

Caspar ([00:17:32](#)):

Yep. Certain things. Yep. So you get a few drops in that's bigots big enough to get 'em out at that pace. You're good. Yep. Your body is not compensating for anything. Yep. And as it fills up and you can't get enough and the drops keep coming in quicker. And like you said, these aren't separate, separate barrels of like, like one's physical, you know, and you just eating something with glyc No. And one's stress and mental stuff. So it's different. No, they all go in the same barrel. Absolutely. Yeah. So that's where people also kind of forget like, oh, I eat so clean. Yeah. But you're ridden with stress. You're constantly, like in toxic relationships, they're taking so much out of you. So it's Yes, this one is not adding as many

drops, but you got another one going again. And as long as the drops are accumulating, then you, your body is compensating somehow.

Chris ([00:18:19](#)):

Yep.

Caspar ([00:18:19](#)):

And you're right. As you compensate, you become weaker. You know, it's not just your liver, it's all these different, you know, pieces. That's why when you look at chronic disease today, and I'm sure you know of this, it, it is so multifaceted. It's not just, oh, you have a disease, it's just your immune system that needs to be boosted. No, it's already impacted so many different things. Your neurological system and it's also impacted your psyche, your psychological state. Yeah. All of these things need to be addressed and put back together for you to truly be healthy. You can't just get rid of one P like you said. All right. Mold's gone. You're healthy. Yep. And I think this brings up, and we've talked before this, this brings up the idea of also expectations within healing. And you made a good case, and I I I appreciate this, that sometimes you hear testimonials from people.

Caspar ([00:19:09](#)):

You see people that have gotten past it, go on to give big talks and everything about overcoming. And it seems that all right, you started here, you went through treatment, you got better. Wow. That's amazing. When normally that's not the case, you know, it's like you went through treatment and that was again putting some of the Jenga pieces back and others, now there's a lot more to still be don on your own as you start to self-manage and get yourself back. Can you talk about that? Cuz I know you went through treatment at a clinic. Yep. Yep. You're still going through the healing process. You're not at the other end in a sense. And who knows how long that could take? That could be, you know, sometimes years. Yeah. Sometimes people don't heal, actually. But what, what's that been like, and, and talk a little bit about how you were setting your expectations before even coming in or, or during this whole process.

Chris ([00:19:57](#)):

Yeah. Well I think to start again, it's tough because you have an expectation, I think Right, wrong or indifferent, it's not even wrong really, that treatment gets you better. Right? That's the way we all think. It's like when I'm sick, I sometimes I can just rest and eventually I'll be better. Maybe I need medication. Like if I'm you know, got certain types of illnesses I need antibiotics or something like that. And that will speed my recovery. But it's like, okay, whatever, however long that may be a couple days, maybe it's a couple weeks, but I'll get better and then I'm good to go and I've got this one medication or whatever it is. And chronic illness is just such a different beast and it's really hard to wrap your head around that when every illness you've ever had before that doesn't operate the same way. Right? Mm-hmm. <Affirmative> it does operate in this, we treat the illness, your immune system fights it off and you're good to go. Right? And then you're, you're fine.

Chris ([00:21:02](#)):

Chronic illness and, and you'll go into treatments too, I guess with this expectation. And I've had it, I have it every single time. I think I still have it where it's like, okay, this is gonna be the thing that really moves the needle and it just, it doesn't really work that way. Things do move the needle, but they move it pretty slowly. Mm-Hmm. <affirmative> and the, and that the speed can vary. It's sometimes,

sometimes it feels like it doesn't do anything. And that can be really frustrating. It doesn't mean that it didn't though. So I think there's a couple things to keep in mind for people that are doing on this journey. One is that to, like you said, this might take years and you just have to mentally get yourself there. Like, don't give up. Right? Like, it, it might take a long time and it's also a, a journey even after that.

Chris (00:21:56):

It's just like anything else, like being healthy. Like you, you just have to work on it forever, right? And you're still gonna have some days where even perfectly healthy people have days where they just don't feel great, right? Yeah. And and so you have to kind of look at it as, I I tell you what, one thing that really helped me was you, you guys have some really great testimonials on your website from, you know, Ben Aarons and Heather. And those are very inspiring and I think things like that have always inspired me to be like, okay, I'm gonna try this treatment because, you know, I don't, you know, unless there's some big scam, I don't think these people were paid to do this. I, I believe them. Right? And, and you sort of people that are chronically ill, like they wanna get better.

Chris (00:22:41):

Yes. And they're, they're not gonna like make it up that they didn't, it didn't work for them. But, you know, so they like the edited versions of those videos that you guys have. You know, it's, it's like this great success story. But what really helped me was watching the long versions and then reading unedited higher transcript to be like, oh, it took her two years to get there. It wasn't like a couple of months, it was two years, but post-treatment. Right. And there was a big mental component to it. That was the other thing where she was like, I was, I was kind of teetering on mostly better, but not all the way. And I had to make a decision that like, I am healthy. Right. And that, that piece of it again, is so within our own control every day. Yeah. Like, so regardless of where you are in the journey, if you can commit to optimism, intent, like just belief that not only you're gonna get better, but you are better.

Chris (00:23:39):

I mean, that's the other thing. Like, people spend such a long time sick that it's become part of their identity. Yeah. Right. It's like I am a sick person and at some point you have to, even if you still feel that way, I, I hate using the word identify because I just think some of this stuff is, these days is nonsense around this. But you can't identify as a sick person anymore. Yes. You, you just can't, like you, you have to like finally be like, you know what I'm, I am, and I don't know when this is for anybody, but at some point before you feel a hundred percent you have to decide that you are fine at that point. Like you, I don't need any more supplements. I don't, I don't need any more, more treatment. Cuz if you, if every day you still think you are reliant upon those things, you will never finally get there.

Chris (00:24:32):

Right. And that's so critical. And I was actually, I was back at your center this last week getting a couple kind of treatments that, that were cool. They were interesting and <laugh> and I think they were helpful too. And the woman who was next to me, she brought up a really good point because it's hard to track your progress on a day-to-day Yeah. Basis because sometimes it, you don't feel this different day after day or you might feel worse. And she was like, you know, I really look at it in like one month chunks of like, do I feel better generally this month than I did last month? And I thought that was such a great insight mm-hmm. <Affirmative>. And I even think what would be very helpful for people, I was actually just thinking about this this morning, is make a spreadsheet like a, like an Excel spreadsheet and every

day, if you're in this journey from one to 10, give yourself a number of the, at the end of the day of how you felt that day.

Chris ([00:25:28](#)):

Right. One being absolute worst, bedridden can't move, 10 is like over the moon elated, everything's great and just that's it. Just give yourself a number every day and then like, don't look at the day-to-day progress. Right. But over the course of a year, see what the trend looks like. Right. You can chart that and then you can average it too. Be like, what was the average of this month versus this month or the, this quarter, like over these three months, what was my average number versus these three months? Because I think that's where you see the progress. You know, you go from a four to a five or a five and a half and that's like, that's progress and that's, it's tough. It's frustrating cuz you're like, you just, you wanna get there a lot faster, but you have to celebrate that and be like, you know what, I actually do feel better by and large. Right. and then I think that in turn helps on the days where you still, like, things will still go downhill for you on certain days for whatever reason they shouldn't emotionally or mentally, psychologically hit you as hard because you're like, okay, cool. You know, it's like, remember I'm, I'm trending up here. Yeah. The dip isn't as big of a deal. You know,

Caspar ([00:26:44](#)):

It's interesting because a lot of times I see people have short memories on the healing process, but long memories on like the trauma and like the bad things <laugh>, right? Yeah, totally. So, you know, you, you could literally ask someone when they start treatment, like, give me a number like you said, and then you could ask them in 12 weeks and it'll be a bigger number, but they may have more problems that they're bringing up now and saying it's not working. Right. So yeah, they, they're literally saying, I have improved, but you know, it's this, this, this and this now that I'm feeling. Which of course, yeah. That's part of the healing journey is you're always gonna have some of those pieces that you're addressing and peeling back the layers of the onion. However, I completely agree with you that if you are not tracking this on a daily basis, even like week, whatever it may be, tracking it and you're not taking a macrocosmic view, you're literally looking from one day to the other, I got worse.

Caspar ([00:27:36](#)):

I'm out, I'm tapping out now. That is not the right approach to this sort of healing. Yep. Yep. Unfortunately, too many people have been given this idea that medicine happens normally quite quickly. We, we, you have a problem, we give you a pill, you feel better within 20, not even 24 hours sometimes, or we'll cut it out and then in a few weeks you'll feel like a different person after you heal up from that surgery, we'll just remove what we believe is the problem. Right. When it's only a part of a problem and a symptom really. So it gives people that those weird expectations sometimes not even weird, I should say, just not proper to what the healing process of your body is. And it makes it difficult. But it is one of those things that you wanna be trending upwards. You want to be looking at it and you don't want those like parabolic ones, you know, like stock prices that go like parabolic up, what do they do?

Caspar ([00:28:30](#)):

They usually crash right back down after that high. And that's not what you want. You wanna be trending upwards over the years. But what was some of your like, you know, you ha have that lady tell you that. What was some of your other good advice? Because I know so many people that have this, like, I just need to hear something as I'm going and I'm feeling those downsizes and I'm not sure if it's



working and I'm, I'm losing faith in all these things you're going to need within the healing process. What are some of the things that, that you, techniques, tips, advice, anything that kept you and is keeping you to, to continue on the healing and not give up.

Chris (00:29:06):

Yep. Bunch of stuff. Yeah, I mean, so when I look back at kind of my journey, I think the first thing is sort of taking charge of your own recovery, right? Mm-Hmm. <Affirmative>, like I think we have an expectation again that doctors are gonna heal us and that we don't have to really think about, we don't have to drive the train at all, so to speak. I think chronic illness is kind of a different story. Like you have to, you have to be, you have to control it, you know, and you have to put faith in people to try to help you, but you gotta be your own master and you just gotta be like, look, I'm gonna take charge of the situation and I'm not gonna accept no for an answer and I'm gonna be very diligent and fastidious about things and I'm gonna check things off as I go.

Chris (00:29:52):

Cuz you're solving a puzzle. You know, again, it's not, this is, you are House md so to speak, right? Like, because those people don't really exist, at least I haven't come across them, right? That, that, again, it's just, you know, we will not rest until we find this, this solution to this mysterious illness. It's, you get some tests that shrug your shoulders. In that process, you need to, I think be very diligent about what you're doing and to your point, track it. So diagnostics are good. Like even diagnostics that don't show anything are helpful because okay, it's not bad. That's, that's fine. Right? Yeah. Track it. Like, I have a spreadsheet that's got like 400 lab results on it test that I've tracked over time because one, you're, you're gonna do that, you're gonna go to some doctor and they're gonna run tests and they go, well we, we don't know.

Chris (00:30:50):

We don't see it. Okay, fine. Is there anything else you can do? No. Okay, I'm moving on. Right. And, and again, that's where it's like, you gotta be, you gotta take control. And then when you go to the next doctor you and they say, we're gonna run these, and you go, no, no, no, no. Already did that. Right? Here are the results if you think they're gonna be different for some reason, but otherwise we're, we're past that. Right? And if they won't do that, move to the next person. Right? Like, you, you gotta be in charge of these things. So that's kind of the diagnostic piece of it is like te I mean, as much as sometimes it's hard to actually get diagnostics, that doesn't mean you shouldn't do them because they can be helpful. There's environmental toxin tests out there, there's mycotoxin tests. Like do that stuff.

Chris (00:31:34):

Are they valid? Maybe, maybe not. I don't know. But at least you got something to go off of, right? And I think it's, you don't want to just be like throwing darts at the wall, right? Like as much as you can find something that, that someone has a treatment for, go after that. Right? If you can't find anything, okay. Start chipping away at whatever else is out there. So then on the treatment side, I think it's, there's a lot of stuff out there and there's things that people will say is crazy or is just, you know, dangerous. Even my experience has been, most of the stuff is not dangerous. Like, I mean, to each his own, I'm not recommending anybody go do a specific treatment, but what I found was, you know, again, go af like look at the diagnostics that you have, but if you can't find something, go, go dig into things as much as you can.

Chris ([00:32:29](#)):

I don't like this idea of do your own research. That being said, do your own research. Like, and, and that to me comes down to, I, I take a lot of stock in testimonials in like, people that have done things that say, this worked for me, this was helpful. Because again, that's like, there's no incentive behind that and there's, there's lots of monetary incentives behind test results. You know, drugs come into market, there's bad incentives behind that. Yeah. There's no real bad incentive behind some person who's not making any money off of anything and has spent a lot of money saying this helped, this treatment helped me. Right? So I, I tend to trust those things. So anytime I did something, it was like, I've tried to find as many people as had done that look at various ways that it could be done, whatever it was.

Chris ([00:33:21](#)):

And I try to assess the safety as best I could, but then at some point say, okay, I'm gonna commit to doing this. And I, and at that point I can't resist it. I can't second guess it. I have to do it. And I have to do it all the way. That's the other piece is like, when I talked to Ben Aarons before going to your treatment center, he was like, I, at some point I just took a leap of faith where it was just like, I have to like trust in this because it's a big piece of it. Because if you're going through a treatment, if you're resistant to it or you think it won't work, that you can actually sabotage the success of that treatment. So it's like once you make the decision, go like believe in it, you have to, it's, it's an incredibly important piece of it because there's, it's just you're self sabotaging if you go the other way.

Chris ([00:34:15](#)):

The other thing is like really doing it. So don't sort of mix and match things. Pick the thing. I mean, it can be somebody giving you multiple treatments like you guys do, that's fine. But do that, do it exactly as it's prescribed because it's the only way too that you can assess its effectiveness, it's efficacy if you sort of do it and then you go it didn't really work for me. And then someone says, well, did you do everything that you were? And they go, well, not really. It's like, well, you know so to me it's, it's those things. It's, it is, you know, again, sort of take control of your healing, especially the mental aspect of it. Like you can really take control of that. Right? And that's a, it's such a big piece of it too. Take control of that and just you be like your own Sherlock Holmes, right?

Chris ([00:35:12](#)):

And then, and then whatever you, when you make a decision, make a decision, you know, make a command decision and do it and then assess the results because that's the only way you can do it. Right. And you can, and sometimes look, treatments that don't work, oh, there's another piece of this. Just cuz it didn't work for somebody else doesn't mean it's gonna work for you. Absolutely. Yeah. And you can have the, you can have on paper theoretically the exact same condition. Yes. And someone can say, you have neurologically, you have neurologically, you know, whatever ozone worked for this person didn't work for this pro. I don't know, that doesn't mean it didn't work for them, it's just we're all different. We are snowflakes. We have unique aspects to us that, that might preclude or inhibit or help a certain treatment over another. And that's just the way it is. But that's okay. Like, you go through something and it's like, it worked or it didn't work or it worked a little bit, you know, track that. And then if it didn't work, it's like, that's okay. Like, okay, that didn't work onto the next thing. You know. I mean Yeah. And that's all you can do. That's all you can do.

Caspar ([00:36:17](#)):

Yeah. It's a bit of my pet peeve about, you know, people sharing their therapies. I, I think it's wonderful to share the information, share the stories. I don't think it's that smart to say you gotta do this cuz it worked for me know Absolutely. To say. And people then do it and it doesn't work and they're then they're just completely, you know, offput from everything. It's that I believed in you how it work for you if it doesn't work for me. I mean that's the whole idea of personalized medicine. Absolutely. That's the idea. Absolutely. You know, you, you, we can't rest on protocols or, or seeing each other as exactly the same. Cuz we're totally not, like you said, snowflakes incredibly unique. What got us to a certain position of where we are is gonna be so, so different. Even if all the diagnostics look the same, you have the same, you know, diagnosis and no, it's, it's just not gonna be that way. But unfortunately a lot of people do rest on that. That's why for me, understanding what you went through, that's nice to know what treatments you might have done that helped you. But it's not at all going to help anybody. It might open up their awareness to, oh, I've never heard of some type of therapies Sure. That I should look into. But understanding that you'd wanna again, go personalized off of that. Yeah.

Chris ([00:37:28](#)):

And I mean, and that's, that's the other thing I will say is, yeah. So the way I try to like encapsulate all of that is one size fits none. That's kind of my statement there. Right? but oh, and then I lost my train of thought of what I was going to No, whatever. I'll, I'll come back to it. I, I, I was gonna say something and then I thought of the one size fits nun and the other thing,

Caspar ([00:37:50](#)):

Well the one size fits nun is a wonderful thing. So that, that, that kind of can answer for two things, right? I

Chris ([00:37:55](#)):

Still have some brain fog from time to time. So we

Caspar ([00:37:57](#)):

All do. And again, those are the things that I, I find you know, not interesting, but someone that goes through treatment and then near the end, you know, either opts out again cuz they're not fully committed and don't want to address, let's say the mental issues, the psychological ones. Cuz they just want IVs or things like that and say, Hey, I'm 90% better, but a piece of their puzzle is still missing. You know, it's, it's 90% there, but then they opt out or this idea near the end of, Hey I still have a little brain fog or I'm tired some days that I don't sleep. Well. It's like everyone in the world I think has that too. I understand that we all wanna be at our prime, but you know, people without chronic disease have that on a big basis.

Chris ([00:38:38](#)):

Yep. And what's really important is your relationship to it, right? Like, so like what is your relationship with that? Is it something that you think is the end of the world? Cuz if it is, you are just again, sabotaging yourself, right? If you, if you get to the point where you're just like, eh, whatever, the less energy you give that, the less it will impact you over time. And that's a huge learning piece too. The more you resist whatever your condition is, the more it's gonna, it's a bully. Yes. Your condition is a bully and bullies like it when you fight back.

Caspar ([00:39:07](#)):

Yes. And so

Chris ([00:39:09](#)):

The less you fight back, which is weird, I get it. But the more you can kind of accept things and almost like wrap your arms around it, the, the quicker you will heal. And that's a, that's a hard thing to get your mind around, but that's really the way you gotta think about it. It's just these things are bullies and bullies give up when you stop. When you just go, I don't care. Do your worst, whatever. It's no fu it's not fun for them anymore. Yeah. And I, that's a big piece. The other thing I was, I, now I remember what I was gonna say was just opening your aperture. Like you gotta really like be have an open mind about what might work for you. Cuz it might be something that there are things I've done at this point that five, 10 years ago I would've been like, are you kidding me? Really? Mm-hmm. No. Like. That's not that. Now I'm like, okay, sure. Let's try it. Yeah. Energy work, you know, remote energy work, things like that that I'm like, what? That now I'm like, okay, all right, why not? Right?

Caspar ([00:40:13](#)):

You gotta reach that point of why not in a sense. I think that's the point of openness. Yeah. You know, if you've gone through so much and it hasn't worked, like what would stop you from the why not except maybe ego closed-mindedness kind of saying that I'm just a skeptic of that stuff, but you know, nothing else has worked and you thought it might also, so let's just, you know, start to get outside your comfort zone here. Yeah. Because that's usually where healing happens.

Chris ([00:40:37](#)):

Yeah. Yeah. Well, and again, it's, it's one thing if it's, if you think it's dangerous, okay, like do some assessment. But if it's just weird where you're like, really that's, that's a thing that people do that shouldn't preclude you from trying it. Especially if you've tried other things that haven't worked for you, you know?

Caspar ([00:40:54](#)):

Yeah. And the funny thing is, we usually start with the dangerous stuff with the drugs that have tons of side effects, you know, tons of toxicity to it. We start with the surgeries where he literally cut you open Yeah. Like traumatic event to the body to cut it, to pull things out of it, to, you know, surgeries are not pretty. My father did surgeries before he went into this type and you know, he said a lot of times you're, it's not an exact signs either and you're just ripping up tissue. And

Chris ([00:41:21](#)):

I'm amazed actually how often I hear people, not even chronically ill people that will do things like gallbladder removal. Yeah.

Caspar ([00:41:29](#)):

And I'm like,

Chris ([00:41:31](#)):

Yeah. And they're like, yeah, it's no big deal. It's an, an accessory organ. I'm like, is it really? I heard that. Like it's an accessory organ. And I was like, well, you know, I don't, there's a lot of things we don't know guys. Like we, we sort of walk around with this assumption that we've got it all figured out with the

human body. We just fill in the details, but we understand pretty much everything. And I just don't think that that's true. And it's, you know, the moment you remove something from your body permanently, I don't know, that's probably, there's, there's downstream effects huge from

Caspar ([00:42:03](#)):

That huge downstream effects. I mean, you look at what we do you know, when we cut out certain things that we say are aren't necessary with those, the tonsils, the appendix. Right. Sometimes we have to in a sense, but we should be doing everything to save those. Yeah. The tonsils are so necessary for immune response. They basically catch everything, start producing antibodies before it become a systemic issue. So huge part of our immune system and the appendix is, is a wonderful source for a microbiome. Literally is a patch there that helps feed Yeah. So many people after they get removed, start having gut issues for the rest of their life. Yeah.

Chris ([00:42:38](#)):

Right? And

Caspar ([00:42:38](#)):

So we, we should be looking at, hey, we, we have everything in here for a reason. Let's optimize it any way possible. And then if that doesn't work with all this kind of, you know, out there stuff that we say is alternative, then let's go to cutting it out as a last resort. Absolutely. Then let's go to the, you know, tough drugs as a last resort. And of course I believe in those resorts, but let's push 'em to the end of the line. You know, let's, let's, let's use 'em in a different way. And, and on top of that, let's also not separate the mental side of things from the physical side of things. And that's something, you know, you, you've definitely targeted on. Yeah. You know, w what's been the, the, the thing that's really helped you from that side of it? Understanding health is everything. It's not, you know, you're just looking at, but are, are there techniques? We talked a little bit about, you know, how you improved yourself and, and old toxicity. Are there things you're doing on a daily ba basis for your mental health now that you weren't doing before?

Chris ([00:43:39](#)):

Yeah, for sure. I mean, so to back up a little bit Yeah. Every, all this sort of content I put out is this idea that one mental health is just like physical health. Yes. In the sense that we all get that physical health is a spectrum. It's not a yes no thing. There aren't like healthy people and unhealthy people and that's it. We're like in two boxes that, that you fall into one or the other. It's this continuum and you're like, everyone's sprinkled along it. And that there's a lot of factors at play there. There's your exercise, there's your diet, there's how well you sleep. There's do you have some kind of acute illness at the g at a given time, right. All of that plays into that. But we know that you can move yourself to the positive end of that spectrum if you do certain things over time.

Chris ([00:44:27](#)):

And you can also move yourself to the negative end of that spectrum if you, you don't do them or do other things or do self-destructive things. And that the process is slow as well. You don't jump from one. It's like you commit to eating better, exercising, sleeping well, all of that stuff. And you could be a hundred pounds overweight and you can, you run a marathon eventually, but it's not gonna happen tomorrow. Yeah. It's go, you're gonna chip away at it. But mental health, we, it's just a yes no question. It's like, are you, do you have mental health problems? Yes or no? But just check the box. Right. And if

it's yes, or sorry if it's no, okay, fine. You're, you're one of the people that's just fine. Yeah. And if it's yes, well let's get you in therapy. Maybe you need some SSRIs or mm-hmm. <Affirmative>,

Chris (00:45:13):

Whatever. And it's just not true. It's exactly the same scenario. It's a, it's a spectrum right now. Can you change your mental kind of, you know, the way you feel in the moment. Yeah, you can, but you're more likely to do that more often the more sort of training you put behind it. Mm-Hmm. <affirmative> mental training. And so for me it was adopting that realizing also too, that those spec, those exist on one spectrum. It's not a mental health spectrum in a physical health. It's a whole health, whatever you wanna call it, holistic health spectrum. Those things interplay with one another. Right. They feed off of one another. But to me, so much of it goes back, it is all ultimately about your mental health because the only way you experience anything is right. Mental construct. Right. Like, the way, the way I feel feeling my body, anything I do is, is a mental construct.

Chris (00:46:05):

It's just happening here. Right. Like it's, it's, I'm experiencing it. So you know, look, I think I started with some basic meditation, which I'd never done before till probably my mid forties, which is crazy to me. I just, it's one of these things that I, it's been around forever. Yeah. Thousands of years people have been meditating and like, I never thought it was a thing to, that was necessary. And it was like something the hippie-dippy people did. Or like, you know, it was an eastern practice, so it was like, you gotta sit lotus position in the corner and burn an incense stick. And I'm like, that's not me. Right. Screw that. <Laugh>. But yeah. So it was just, you know, coming the realization like, yeah, that's probably a good idea. And understanding what it was too. I always thought it was sort of this empty your head thing.

Chris (00:46:58):

And I was like, well, I don't. But finally clueing into the fact that your stream of consciousness, your thoughts are ju that you don't think 'em, so to speak, they just sort of show up in your head. It's not to say you can't actively think about something or focus on something, but that idea that the thoughts that, that the what's normally going on in your head is essentially just a stream of information, like a, like a radio station. Yep. Was such a revelation for me of like, and you don't have to pay attention to it. You don't have to internalize it and say, that's me. You can just say, those are thoughts and I can either use 'em to my advantage or I can completely ignore them. And I think that was such a, that was so revelatory for me to adopt a, a little bit of a meditation practice.

Chris (00:47:45):

For me though, the whole mind fitness idea just, it goes be so far beyond that. And I think that that's where our current idea of sort of mental health, like ways you can do it on your own is limited. It's sort of just about that. Right. Mindfulness meditation, very trendy and it's great, but it's like one piece. So there's other things that you can do that I try to do on a daily basis. So I get up in the morning, I journal for like five min, I actually, and I'm a terrible journaler <laugh>. I'm like, it does not come naturally to me, but I do the five minute journal. So it's like I found something that I, I like, I can at least do this for five minutes. Right. Like figure out a, a baby step that you can take. And so I do that. I read the daily stoic.

Chris (00:48:34):

So I, I just like, you know, a quick stoic kind of thought to go for the day. I, I haven't been doing it lately because of the five minute journal, but I would, I used to do a statement of gratitude and statement of intent. So I would write something on a yellow sticky that was a statement of gratitude and then a statement of intent and put 'em somewhere where I could see 'em. And the idea was if, if my mind started to drift to sort of thoughts from the past, regret any of that, trying to replace that with that gratitude feeling. And then if I started to go towards the future, anxiety, worry, replace that with a statement of intent. I haven't been doing that lately just because it's sort of doubled up a little bit with that five minute journal.

Chris (00:49:23):

I'll read for about 20 or 30 minutes just to kind of get my mind going. So like, I, to me there's a big piece of this, but just like mind development, like just keeping yourself smarter. Yeah. Like, one of the things you can do forever is make yourself smarter. Your body is eventually going to deteriorate, sadly, but your mind can really be sharp and be, and do more the older you get, which is a gift. Right. So you have to dig into that. And then I'll do a game too. Like, I do wordle in the morning. The New York Times game just takes like five minutes. Again, it's just something to kind of get like the problem solving part of my brain going. Yeah. and then I do exercise as well that, you know, helps you mentally. I'll do some breath work, different things. The breath work I like, there's a lot of breath work that is out of like deep inhales and things like that, which depending on what you're trying to do can be very effective. Like a lot of whim Hoff stuff can be effective where you're sort of like charging up your nervous system. I find with sort of chronic illness, a lot of what you're trying to do is like, calm your nervous system. Yes. Your nervous system is on

Caspar (00:50:31):

Overdrive. Right.

Chris (00:50:32):

And if you think about it when you're calm, you're not breathing like, like, no, that's not how you breathe when you're calm. So most of the breath work I do is literally trying to make my breath as quiet and as calm as possible. Like, I'm literally, it's the quality of the breathing that I'm worried about. It's not even really like the, a lot of times we, there's different type box breathing and there's what is it? 4, 7, 8, or whatever it is, right. Like where it's mm-hmm. <Affirmative>, like it's four hold for seven out for eight, something like that. And tho those are all good, you know, again, and like if it works for somebody, great, I do less counting breaths and I do more focusing on the quality of it. Mm-Hmm. <Affirmative>, how, how calm can I breathe through my nose only and how, just how quiet and relaxed can I make this?

Chris (00:51:25):

And that was a good thing for me too, because a lot of meditation starts with breathing, focusing on breathing. And again, a lot of it's always like deep inhales and deep exhales. It never really worked for me. Hmm. I found a lot of help when I started focusing. I can focus on my breath a lot easier when my intent is to calm, like literally make it as quiet as possible. Like, how would you breathe if you were like sleeping? Right? Mm-Hmm. <Affirmative>. Like, what is that like? Or if you were trying to, you were in a room with somebody and you were trying to breathe in a way where they had no idea you were there. Right. Like that. So those are some of the things I do. I also do skill work. I'm a big believer in sort of developing a skill. Mm-Hmm. <affirmative>. Cause it, it connects your body with your mind in a way

where you're learning something that's building new neurons. So for me it's piano. I'm, I'm, I'm a musician. I played guitar for my whole life, but I've been playing piano for about three years or so. So I'll do that at night. So yeah, I mean those are some of the things that I, I've added to sort of the mental repertoire of exercises that I do.

Caspar ([00:52:29](#)):

It's really interesting cuz you know, you're speaking the truth that a lot of people probably don't like journaling. They don't like this idea of sitting, I don't quietly. Right. Yeah. In the morning it's usually like, all right, check your phone, get going. You're late for work. You gotta like, just run through. I've found that, you know, the people that really are more committed to healing, find that morning ritual, whatever it is, and stick to it. Yeah. You know, in that sort of daily stoic, you must do this, this is your responsibility. Just get up and do those things and you will be rewarded the rest of the day for doing them. But I also find it really interesting that the technicalities don't matter as much as the quality to you. And I find that actually quite empowering to a lot of people cuz the, like 4 78 and everything, like you're saying, you take a, all these different techniques you could do the, technically you could do them, but are you focusing at all about the quality and about what your intuition is kind of telling you at the time?

Caspar ([00:53:29](#)):

Yeah. Your body knows what it wants. Forcing, you know, an a a a stronger inhaled and exhale, which is more sympathetic nervous system activation. Yeah. It may not be for you. You could read all about it and have the technicalities and apply it, but it is more about what is the quality of what my body wants? And then of course the intention of, right. This is healing for me. Now what am I asking for? And like you said, most people have autonomic nervous system dysregulation where it is sympathetic. They're on, they're anxious, they're, it's too much and they're burning out. They need to get the parasympathetic. So that is a slower breath. But you know, the numbers are nice that'll guide you, but it really should be about the quality and tapping into to what you feel.

Chris ([00:54:11](#)):

Yeah. And it's created for me, a way of, of it's really helped my meditation. Cuz meditation is one of those things that people, a lot of people don't wanna do. It. It's like, it's boring.

Caspar ([00:54:22](#)):

<Laugh>

Chris ([00:54:22](#)):

Super cool. And it, it made for me, it created something that was legitimately interesting to, to focus on. And it went beyond again, like, so you can sort of, a lot of times again, the, the focus is on breath, but it's just like, just focus on your breathing. Yeah. Okay. What does that mean exactly? Right. So for me, it's giving a, something I'm trying to do with my breath that a is not about counting or numbers at all. It is, it's really done a good job of connecting, I think, my mind to my breathing mm-hmm. <Affirmative> consciously and being interested by that. Because what I'll do is for the first couple minutes is just analyze it. Mm. Like where is it right now? Is it stilted? Is it smooth? But do I feel like I'm actually gasping for air Sometimes That's true. I find myself, I'm like, wow.

Chris ([00:55:12](#)):



It's like, it's almost like I'm gasping for air here. And that's really helped me in even the meditative practice because it just, it gets me into the right mindset there of being legitimately interested in that. Which is what you want. You want to be interested in sort of what's going on in here and get connected to that. There's another practice that I like to, I'll do it midday, not always, but sometimes if I'm feeling like I'm that odd, that sort of sympathetic nervous system is ramped up and that's either N S D R or Yoga Nera I find really effective. Right. Anesthesia is nons sleep Deep rests. Andrew Huber's got a thing on YouTube about that. Yoga Nera, it's basically the same thing, but it's sort of body scanning where you're, you're being calm but you're, you're actively trying to relax parts of your body. Yeah. Like one piece at a time. Your, your left big toe and then your left middle toe, like boom piece by piece by piece going through your body for about 10 minutes, which I find really effective. I think that that's a great practice too.

Caspar ([00:56:21](#)):

Super calming. I know, know, sometimes that's practice as you're trying to go to sleep. Right. Staying in the No and doing that as well. Yeah. It's really good. And just, just really stealing the mind in a sense. Cuz you gotta think about it like middle, big toe. What does that feel like right now? Let's, it's funny. Let's

Chris ([00:56:34](#)):

Go there. It's, it's, it's the thing that I came up with on my own independently, like years and years ago where I would when I was having trouble sleeping, I, I just was like, well, maybe my body's like too tense right now. So I'm trying to, it's funny, I didn't know it was a thing at all. I sort of made it up on my own. It's this exact practice basically where I would just st I would do exactly that. I'd be like, okay, let me focus on, I wouldn't go toe to toe, but it was like, let me focus on my calf and mm-hmm. <Affirmative>, try to relax that as much as I possibly can. Literally get like sink into the bed mm-hmm. <Affirmative>. And it was incredibly effective. Yeah. Because it, you, you can do it. It's like you don't even realize how much tension you're holding onto when you think you're relaxed, you know? Yeah. it's like conscious relaxation. Yeah. Really effective.

Caspar ([00:57:25](#)):

And that's the thing. It's once you start to apply these things, the, the, the mental techniques, it's, it is somewhat painstaking, but not in the same way of going to the gym. Right. You don't need to get up, go to a play, start lifting heavy weights, start sweating. There's some challenge to it. Of course, stealing the mind is not easy. Our monkey mind is always on yelling things at us, telling us, this is stupid, let's get outta here. But it's, it again, to me it's like, all right, you work out to have great body to have that health. Your, your mind needs it so much too. We need that mental capacity and something to work it out. I think we've gotten to a point where we've totally neglected it and that's why you're seeing so many mental health issues.

Chris ([00:58:06](#)):

Yeah,

Caspar ([00:58:07](#)):

Absolutely. And we compounded it with so much kind of this, this fear porn in a sense of everything coming at us and really getting us overstimulated. It's like, it's, it's wild. Yeah. And I, I know this is a big part of what you do in your work is, is talk about that mental health aspect and let's, let's really get into

mental wellbeing. And you have a podcast, you got a company around like rare sense. Can you talk a little bit about that?

Chris ([00:58:31](#)):

Yeah. I mean, it's kind of all of this put together, right? So my, like, my thing was, I just I got to a point where I had, I was on, I was at least on the road to healing, right? Where I'd sort of turned the corner, I'd hit the nadier of my sort of suffering. Like almost the point where I'd killed myself. And and I thought, you know, maybe I should share some of this stuff, especially for veterans because I just feel like there's so many other veterans that are in the same head space because they've gone through, they've spent a long time in a very hyper aware, aware like hyper-vigilant state, right. Hyper arousal and they're extremely gritty and work very hard. And now they're outside of this, the military, whatever. I mean, it can apply to kind of other professions as well.

Chris ([00:59:33](#)):

Obviously firefighters, first responders or really anybody. And they're suffering in ways mentally and probably physically too, as either as a result or it's tied into it. And the only tool they really know is go harder. Yes. That's the message they get. Yeah. That's what made them good at their job. Suck it up, suffer in silence, just go harder, work out harder, get up earlier. And that's good. Like that can be a good message. We need that at times. That's, again, that's what made us successful at our job for a very long time. But it's not the solution for everything. And I think we get this misconception that that's the answer. It's like, Hey, you're suffering. You're, you got massive anxiety problems. You're having panic attacks or you're have survivors guilt or you're super depressed. Just go run 20 miles. Yeah. Okay. Like maybe that was will work for you, but it's still not gonna help you process any of the things you're dealing with.

Chris ([01:00:33](#)):

And it's not gonna set you up for a way to truly deal with things when it goes south mentally. Right. But that's the only thing a lot of people know. And that was the only thing I knew. And so there were just kind of all these lessons learned that I was like, I think this could help people, especially if I'm, instead of sort of like telling 'em what to do, I'm just sort of sharing what I did and, and really showing the vulnerable side of it. Right. Not like, Hey, look, look at what a kick, you know, thing I did or whatever. It's like, look at how screw here, this is how screwed up I was and here's what I still deal with, right? Like, this is me in a very open, honest way. And I got a lot of good feedback on that.

Chris ([01:01:22](#)):

And so I started writing a ck that was kind of that stuff. It was just, here's what I deal with, here's what I have dealt with. Here's some things to think about and, and kind of put mushed it all together into this mind fitness idea, which is, it is the idea of mind body fitness, right? Like kind of what you guys do as well. That this, this holistically interconnected concept of like, this is a spectrum. It's totally, it's all one, it's not one or the other, but very much led by our minds. And most people don't know how to train their minds at all. And it goes way beyond just mindfulness and trying to bring that into sort of like the common culture primarily to help people like me, but it can expand to the, to everybody, right? Because I just think it's such an important thing that we all have a mind and like the fitness of our minds is absolutely paramount to our existence.

Chris ([01:02:21](#)):

And so if you can realize that and then sort of tap into your own training methodologies to, to keep yourself mentally fit, the rest of everything gets so much better. And it, it's, I always liken it's the physical fitness. You go to the gym every day so that the other 23 hours of the day are better, right? Mm-Hmm. <Affirmative>. So you feel better, look better. And it might be sort of painful for that one hour you're there, but it's so that the rest of your existence when you're not exercising is better. And it's the exact same thing. Like if you can adopt some of these practices, sprinkle 'em throughout the day, it's, it makes the rest of life better. I don't meditate to become a master meditator. Mm-Hmm. <affirmative>. And I'm probably not one of these people that's ever gonna go on like a 45 day by myself, 10 hours a day type of thing.

Chris ([01:03:11](#)):

That's amazing. Actually, the people that do that, I find that's astounding that people can do that. Maybe I will, I don't know. But I do it so that the rest of my life is better. That's why I do it. Right? So I'm more aware the rest of the time and so that I have tools that I can turn to when, when I'm having one of those days where it's like, man, I'm just, I'm out of it or I'm, I don't feel well or I react inappropriately to something or I find myself engaging in road rage or some, some nonsensical reaction like that. Right? so yeah, that's, that's kind of the idea. It's, it's, I just feel like people should be empowered here to feel like they can, you have so much power, I think mentally, and you're not really told that a lot. What you're told is you need drugs, you need therapy when it comes to your mental health. You again, you have problems. Do you have a illness? Mental illness?

Caspar ([01:04:13](#)):

Right?

Chris ([01:04:14](#)):

It's like, yeah, everybody's got some level of mental illness. It's just a silly way to think of it. I mean, I'm not saying there's not legitimate mental illnesses out there, obviously. Like, you know, you can go to the far end of the spectrum here and there's absolutely things that, you know, but the vast majority of people are just dealing with life, right? Yes. And, and we can deal with that. Like, and there's ways to deal with it. And if you just can realize that like there's, you just, people could get so much better.

Caspar ([01:04:43](#)):

Yeah.

Chris ([01:04:45](#)):

Knew that and, and believed it too, you know.

Caspar ([01:04:48](#)):

Well, I think it fosters a lot of compassion when you realize we're all dealing with our own out there. Of course. Like, there is no one, even the people we think are like perfectly happy and, you know, always talking positive, like they are dealing with too. Let's be honest. Everyone is once you realize that, you start to realize there's nothing broken inside of me. Right.

Chris ([01:05:08](#)):

There's nothing

Caspar ([01:05:09](#)):

Wrong with me.

Chris ([01:05:10](#)):

Here's, that's exactly it. That's this term I use too. It's like that's the, that's the belief people buy into is that I'm broken. Yes. That's, right? Not broken. Right. You are mentally unfit. Right? That's it. Yeah. Like, it, it's just like you, you've been sitting around eating Cheetos and drinking beer every night and not going to the gym for a long time. Yes. With your mind. That's that analogy. That's it. You're not broken. Like, you know, and, and you possess all of the tools to like train your way out of that, you

Caspar ([01:05:43](#)):

Know? Well, you're like mentally overweight, you just gotta get back. You just gotta go to the mental gym of sorts and that's it. And it's really not that difficult once you do it on a daily basis and take it slow and you, you'll see that improvement as your mental wellbeing becomes stronger and stronger. So I, and

Chris ([01:06:01](#)):

It's, it's a slow process too. That's the other piece. Yep. It's just like that. It's like, you're not gonna do this once and, and be like, oh yeah, I've meditated once and man, I feel so much better now. Mm-Hmm. No, it's just like going to the gym. You're gonna, you might, it might be a little worse for a little while Right? You're gonna be like sore to some extent. Oh yeah. But it's like over time you will see these improvements if you commit to this.

Caspar ([01:06:25](#)):

Is that what you wanna leave with? Like veterans and, and others that, that idea, listen, you're not broken and you have all these things out there that can help and assist you. Let's all be in this together and kind of, you know, get, get ourselves on the wellness path. Is that what you really want in this mission?

Chris ([01:06:43](#)):

Yeah, absolutely. Right. Like I, I want people to realize how much power that they, they have realize they're not broken, realize they're not alone either. Yeah. At your point, like, everybody deals with this kind of stuff so that when, you know, when you get to that, when the darkness, I call it like the darkness comes in. I re by the way, I realize the, the sunlight is like reflecting

Caspar ([01:07:05](#)):

Off, no, this, this actually is really cool. If you're watching video, it's like you're going from light to dark

Chris ([01:07:09](#)):

As

Caspar ([01:07:09](#)):

You speak.

Chris ([01:07:10](#)):

And <laugh> sun is a, I got, I have a glass desk and it's reflecting off of that. But yeah, it's, you know that they're, they're just kind of like not alone in, in this fight either. Everybody deals with that. This, and you shouldn't feel guilty or bad or anything about whatever it is you're dealing with. More than likely, you just have never been taught how to work on it on your own. You have a very, very limited toolkit. Right. Your only toolkit is like mental toughness. Mm-Hmm. <Affirmative> like what we think of mental toughness and that's great. That's a good tool, but you need other ones, you know? Yeah. so, and once you get those, you'll be able to deal with like, if you're truly like, get to like a suicidal ideation type state, you can deal with that. Right. And that's not to say you shouldn't call somebody or whatever else.

Chris (01:08:08):

Like absolutely. Those are good things, but like you can disassociate from that feeling Right at the time or, and work with it in different ways. There's a whole, it's just, you don't have to give into that. Right. Because I think a lot of times that's what, that's what happens with people. They get like, they get it, it's just they spiral down and they don't know how to work their way out of it. Right. And they think that all hope is lost. And even that is just a, that's just a thought. Yeah. That's just a belief, right. That you don't have to buy into.

Caspar (01:08:38):

Do you think it's, or do you know if, if it's tougher for veterans just because of the stigma of that emotions of speaking of emotions, I mean, listen, even the masculine macho guys, I know. It's like I'd never do therapy. That's, you know, it's stupid. I don't need that. Yeah.

Chris (01:08:53):

Yeah. I think it's a lot of things. It's, part of it is probably that is a little bit of stigma, although I think that's changing. Yeah.

Chris (01:09:04):

Two is, again, I just think that like, you just, you don't even realize how to deal with it. Right? Like it's just, you know, again, you, you, you really only have one way of going about things. And that's just to suck it up. And like, and that's, that's a really bad idea from a mental health standpoint. That's a, that's a great idea when you're, when you're training or when you're operating in the military, right? Mm-Hmm. <Affirmative> like that's, that will save lives and that's important. But when you're by yourself with a bottle of Jack Daniels, you know, every night self isolating, that's not good advice. Suck it up is terrible advice in that time. So I think it's that. And then honestly, I just, I think actually with the military, I can't, I have no evidence to support this really. But I think there's a toxic, like a physical toxicity component to it as well, like in my case, you know mm-hmm. <Affirmative>,

Chris (01:09:59):

It wasn't just mold. I think there's other things like it's, it's that Jenga puzzle thing, right? And it, and each person is different too. You know, you might have like childhood trauma that you never dealt with and you just have compounded that. And then the other thing is, I think the hypervigilance is a big piece of it too. You don't realize that your body is in a fight or flight state. In fact, you don't even think it is. Like if you, if you told somebody yeah, you're in a fear state, they'd be like, no, I'm not. I'm not afraid of things. Like really? Do you like sit down at a restaurant and place yourself in a place where you can see the entire restaurant mm-hmm. <Affirmative> and think of yourself as the protector of anybody. Like if someone c charges in with a gun, does that go through your head?

Chris ([01:10:46](#)):

Well then you are right. You know, you're not afraid, but what you're, you're telling your body is that you're in danger. And that's the exact same thing, right? That is what hyper arousal hypervigilance is. And when you spent a profession where you were in physical danger a lot mm-hmm. <Affirmative>, you know, and that applies to I think a lot cops, firefighters too. You spend a lot of time subconsciously telling your body it's in danger. And that will have disastrous consequences on you physically over time. And so you have to figure out ways to reassure yourself that you're safe. You know? Because you probably don't even realize it. You know, I didn't, I didn't realize it

Caspar ([01:11:28](#)):

Most don't,

Chris ([01:11:28](#)):

I mean, your face, right? Like you can see, like if people walk around and they're always like this. Yeah. I didn't realize it. My wife said to me, she's like, I was looking at our wedding pictures. Your forehead is so relaxed. And I was like, I thought that was such an interesting comment. And so I started looking at myself in the mirror and I'm like, well, she's right. I'm always like,

Caspar ([01:11:48](#)):

Mm,

Chris ([01:11:48](#)):

This, which is a total sign of tension

Caspar ([01:11:51](#)):

Hypervigilance.

Chris ([01:11:52](#)):

Yeah. That's, that's danger right there. So I even do that, that's like another practice I do is like a, I, I guess I call it like a fa I don't know what, what I, I need a name for it, but like a facial recognition meditation where it's like I'm trying to feel my face and relax it as much as possible, you know? Because yeah, I'll still do it. It's like I'll, I'm walking around like, like this Right. Eyes really wide open without even thinking about it. And that's an autonomic physical response that has happened through years of feeling like you have to be on alert. Yeah.

Caspar ([01:12:33](#)):

I think that's why it's important for everyone to just pause during a day where we're all super busy, super running around doing things and just be like, how am I feeling? Let's, let's actually take a scan. Am I tense in my neck? Am I back? Am I breathing shallow right now? Am I, you know, is my posture good? All these things that you do over and over that yes. Aren't good for us. And then, are my thoughts really positive, kind of relaxed thoughts? Are they actually anxiety ridden looking at the past future, everything, thoughts? Yep. Just take stock. It's not going to change overnight, like you said, but in time as you become more aware, you have the ability to change that around and start to break the trends of that.

Chris ([01:13:17](#)):

Yeah, absolutely. I mean, I have a, this tendency, I, I hunch up my left shoulder.

Caspar ([01:13:22](#)):

Mm-Hmm.

Chris ([01:13:23](#)):

And I still do it. I'll find myself doing it. I have to consciously like drop it. I don't know why it's left side. All my, all my issues are on my left side for some reason. I don't know why exactly. But

Caspar ([01:13:33](#)):

I'm sure there are people there that can tell you like reasons that may be the left eye

Chris ([01:13:38](#)):

Probably. Yeah. Yeah. But it, it is weird. Like all of the sort of physical stuff I have tends to be on the, on the left side of my body. But yeah, that's one of those things that, and that, that only came about through some awareness over the last couple years. I was, I've probably been doing it for a very long time and never noticed.

Caspar ([01:13:54](#)):

Yeah. No, it's, it's really important that we start to pay attention to these things. Cuz over time they start to take their toll on us and really pay attention to our thoughts and mental wellbeing. What's, what's next for you, Chris? I mean, you're on the path of health right now. You got the podcast, you're helping, helping people out. Anything else on the horizon?

Chris ([01:14:14](#)):

I mean just continuing with that content in terms of that, trying to make it as I mean I keep trying to expand it. So I write, I do a sub which is an article right now. I write an article every month. I do. I have a book recommendation every month, which is around sort of mental health or just kind of even sort of physical stuff. Chronic illness or ways to think, philosophy, that type of stuff. Anything that would relate to mind fitness. I keep trying to figure out ways to expand that to get more content out there. I've got some ideas. I don't want to let 'em out of the bag yet, but cuz right now it's all free. Mm-Hmm. <affirmative> some, I mean, at some point it'd be nice to have a subscription mo model to that because it

Caspar ([01:14:57](#)):

Was nice to monetize on things.

Chris ([01:14:58](#)):

It does cost me a

Caspar ([01:14:59](#)):

Lot, but it's, it's a lot of work. People don't realize that those free newsletters are never really free for you. Meaning a lot of time. Yeah.

Chris ([01:15:06](#)):

Yep. Now all that being said, like I realize people are being subscription to death these days. Yes. And so I try to, it's one of those, it's a little bit of a yin yang, like, you know, figuring out a way where it's not gonna break somebody's bank, but at the same time, yeah, there is a lot of work that goes into it. So then the podcast is part of that too. I do like one to two podcasts a month. I'll put those on YouTube as well. They're on all the streaming platforms. I've got a challenge that's on the websites, like a 20 day challenge of sort of beginner's mind fitness type things. And then I started actually I released one yesterday. I started recording kind of like meditations that for people to use too. Just my own things because there's meditation apps out there, there's, and those are good, a lot of 'em are great, but I have kind of things that I do that I think people might like to try. So we'll see. I don't know how far that thing can go, but I hope it, it helps people, you know? Right now, like I said, most of it's totally free. So I to tap check

Caspar ([01:16:03](#)):

It out. What I've learned is, is you do these things a lot of times for other people. It's really therapeutic for yourself too. Oh,

Chris ([01:16:10](#)):

Absolutely. Yeah.

Caspar ([01:16:11](#)):

Right. Like I've realized that I started this podcast, you know, a few years ago. It was really against it at first and people were just like, yeah, just share it. And I was like, all right, I'll do it for everyone else. In the end it was for me, it was for me to connect to certain people, get certain, you know, ideas and even hear things that I needed to hear and get things out. So yeah, I find absolutely to be incredibly therapeutic also for that mental side of like, all right, little fearful of this. Like lean into it, become stronger that way, but also understand this is all part of the journey.

Chris ([01:16:39](#)):

Yeah. And for me it's also encouraging other people to speak up as well. Yes. Right. Like whether it's other veterans or first responder, whoever, it doesn't really matter. But having them feel comfortable speaking up. And that's, you know, and it doesn't need to be about, like for me a big thing is like I'm not really interested in talking about my active duty military time. I think that that's protected information that shouldn't be public. That's my own choice. However, I think the veteran experience absolutely should be talked about. Mm-Hmm. It's not military time. It's a totally different subject and it's important because it's gonna help other veterans. Yeah. And I think that that's so critical. And to your point, yeah, I learn things along the way too. Podcast guests I have on, they'll teach me things that I wasn't tracking on. I also find that when I write articles, I almost learn as I go. I'll have an idea generally what I wanna say, but when I really put it down on paper, I have to think through the actual argument I'm making and make it cohesive and cogent and it'll help shape my thinking. Like by the time I'm really done with the article and publish it, I have a better idea of like what I was actually thinking on there. You know, it's, it's just more structured.

Caspar ([01:17:49](#)):

Oh, it's the beautiful part of I think writing in general. It is kind of taking this and applying it and putting it out. Yeah. And then analyzing it again and seeing what, what is right or wrong with this? Or even how



can I improve on it? What are other counterpoints of it starts to really expand your mind. Then you open up to other possibilities. So yeah, I think just writing in general, like you said, journaling not easy for some, but absolutely beneficial.

Chris ([01:18:12](#)):

Oh, absolutely. A hundred percent. Yeah.

Caspar ([01:18:14](#)):

Chris, where can people learn more about you? Website, social, anything?

Chris ([01:18:18](#)):

So website is rare sense.com. R A R E S E N S e.com. And that's got links to kind of everything on there. You can probably go around the various, you know, Spotify or iTunes or whatever and just look for rare sense with Chris Irwin is the podcast, the CK again is linked to the website, but rare sense.ck.com. It's free to subscribe currently. So please get on there while that's still, still the case. And then I guess like across the, I'm at this Chris Irwin, like any of my social media stuff, I don't do a ton of. I'm not the most prolific social media person. I find a lot of it destructive.

Caspar ([01:18:57](#)):

Good for

Chris ([01:18:58](#)):

You. Yeah. On most things. But I did that mainly just a block off that that handle. So I had it across everything. I do post things to Instagram, I'll repost it to Facebook and LinkedIn, but that's mainly where I do it. And it's mainly just sort of letting people know about like the latest article that came out. I'll put a video up that's kind of talking about things. But

Caspar ([01:19:19](#)):

Yeah. Yeah. I will say create content. Don't consume it yourself. Right. Don't become consumed by social media. Create it, put it out there for the world. Yeah. Don't, don't consume too much. Cuz a lot of it is a little poisonous

Chris ([01:19:31](#)):

And toxic. Well, I mean certainly some of it is good and there are, there are good that are out there. The problem is you just can get completely down a rabbit hole and just spend your time scrolling on things where you're, it's just completely

Caspar ([01:19:41](#)):

Useful. And it's designed to be that way. Right. Absolutely. Let's be honest, it's designed to be addictive. Yes. Which is not a good thing. But Chris Min, thank you so much for coming on and sharing your story and being, you know, forthright, honest, vulnerable, all these things. It's, it's really, really important that we look at our mental health, especially for the veterans. Cuz you're right. I mean, so many struggle. So thank you so much for your work.

Chris ([01:20:04](#)):

Yeah, great. Thank you. And thanks for what you guys do. I mean, it's been helpful on my recovery journey. So I tell the girls there I'm, every time I leave I'm like, I hope I never see you again.

Caspar ([01:20:14](#)):

<Laugh>, but <laugh>, I love it. That's, that's what more patients should be saying. Right? That's, yeah. It's kinda why my father got into it cuz he kept seeing them over and over when he was in conventional medicine. He is like, I'd like to not see you again as much as

Chris ([01:20:26](#)):

Absolutely, yeah.

Caspar ([01:20:28](#)):

It's Testa where medicine should be. But

Chris ([01:20:30](#)):

I really hope I never see you again. <Laugh>.

Caspar ([01:20:33](#)):

Well, I hope I do see you again on positive notes. Notes we get to share. But yeah, so I hope I never see you at the clinical, so Yeah,

Chris ([01:20:40](#)):

That's right. That's right.

Caspar ([01:20:40](#)):

Yeah. Okay. Thanks so much again. And as you heard, with the increasing amount of mental illness in America, it should be commonplace to seek treatments and help that actually work without breaking the bank. Fortunately, people like Chris are changing the way we think about mental health and bringing useful interventions to the mainstream. Until next time, continue writing your own healing story.