

Kelly Brogan Transcript

0:00:01 - Annncr

Julie Ryan, noted psychic and medical intuitive, is ready to answer your personal questions, even those you never knew you could ask. For more than 25 years, as she developed and refined her intuitive skills, Julie used her knowledge as a successful inventor and businesswoman to help others. Now she wants to help you to grow, heal and get the answers you've been longing to hear. Do you have a question for someone who's transitioned? Do you have a medical issue? What about your pet's health or behavior? Perhaps you have a loved one who's close to death and you'd like to know what's happening? Are you on the path to fulfill your life's purpose, no matter where you are in the world? Take a journey to the other side and ask Julie Ryan.

0:00:43 - Julie

Hi everybody, Welcome to the Ask Julie Ryan show. It's where we blend spirituality and practicality to help you live a life of purpose and joy. We have Dr Kelly Brogan with us on the show today. Kelly, a psychiatrist with a systems neuroscience degree from MIT and a medical degree from Cornell, completed her psychiatric residency and fellowship at NYU Medical Center, where she later became a professor. I have so many mostly female clients who have issues with depression and anxiety or prescribed antidepressants and don't feel better, so I thought we'd just ask a mental health expert, someone with sterling credentials, what we can do to heal both physically and spiritually. As you can imagine, I have a bazillion questions for her. Please remember to subscribe, leave a comment and share this episode with your family and friends. Now let's go talk with Kelly. Kelly, welcome to the show. I have been talking about you for years. Anybody that follows me knows I recommend you all the time, so it's such a treat to get you for a little bit of time to chat with you today. Thanks for making space for us.

0:02:03 - Kelly

Oh, it's a pleasure to reconnect with you in this forum. Thanks, Julie. Yes, you bet.

0:02:09 - Julie

You say, quote when we can move beyond the fear of symptoms into curiosity, we find that all illness without exception. Is you telling you about you inviting you on the journey home to self end quote? Can you unpack that for us? What do you mean by that statement?

0:02:32 - Kelly

Yeah, so I could see how that kind of sentiment it's like a nice idea, right. But what does it actually look like when applied to somebody's lived experience? Because when you develop symptoms of any kind, whether it's hair loss or joint pain or gas and bloating or insomnia insomnia is one of the most you know potentially humbling I've found, actually, in my patients when you encounter these symptoms, it's very difficult I would say mastery level to connect to anything other than fear and rejection, right? So it is so indoctrinated, so programmed in us to experience our bodies as separate, to experience our bodies as someone else's domain of expertise and even mastery, and to imagine that our task is to, like, subdue the body. So it's not a nuisance, it's not a problem, it's not getting in our way, right? And if you think about even the way we are in school, right, you got to raise your hand to go pee, you got to wait to eat until you're told that it's okay, and then you're shuffled off to your doctor's appointments, where somebody else does the testing and knows better than you do what's going on inside of you, and so that fragmentation from the body of the self is really pretty well baked in by the time many of us develop our experiences of what could potentially be chronic illness in our of us develop our experiences of what could potentially be chronic illness in our, let's say, 20s or 30s and for me it was my 30s my first diagnosis of, you know, so-called Hashimoto's thyroiditis.

And that is when we are presented with this opportunity to stay on our own team, and what I've come to conclude is that that looks like. However, you can get there, getting to the place where what you're experiencing symptomatically is not actually a problem to solve. So that's so much easier said than done, but I actually do believe that's the goal of what we call health. It's getting to this place where you can, with curiosity, begin to decode the dialect of your body, like what actually is being expressed from your subconscious terrain, through your body as symptoms, and what is it that you can adjust, change, lean into, explore, expand into, to respond to that call it's. Like you know, there's a quote actually I don't know whose quote this is, but that your illness is an existential question that only you can answer.

I love that because it's true. It would be so nice if somebody else out there could just tell us how to make this body stop doing what it's doing, but it's really you. It's you. It's not separate from you, it's not somehow. You know something under your you know dominion. It's actually literally you. So, however, you can get on your own team and stay on your own team. You actually then resolve the victim consciousness and powerlessness that informs your nervous system that there is a reason to be in stress, physiology and so like. The big plot twist is that only through that do you end up being in the regenerative state of your nervous system that allows you to resolve symptoms. So that's why the journey to you know, resolving victim consciousness, to breaking that triangle, to coming into curiosity, is ultimately synonymous with the healing journey. But it can only be achieved if you no longer imagine that the point of the journey is to make the symptoms go away.

0:06:30 - Julie

It's like it's a game, right, it's like the ultimate quest. Well, it's the catalyst to get people to explore things. When they come to me, they come to you when they've exhausted the traditional medical routes. They've seen multiple doctors and gotten multiple diagnoses sometimes, and certainly multiple treatment suggestions and plans, and they still have the same symptoms. And so they're saying, oh, my goodness, what's next? And that's what gives them the opportunity to reach out to you or to me.

And I always say nobody heals anybody else, we all heal ourselves. It's spirit working through you and me to help that person facilitate their own healing. And I always give the example to Kelly of if you've got a big cut in your leg and you go to the emergency room, the doctor's going to stitch it up, but the doctor doesn't make your skin grow back. You make your own skin grow back. Furthermore, it's been my experience that everybody that has anything going on that's medical. There's always an emotional component 100% of the time. So we figure out what that is and it helps some people because we can fix body parts all day long, but you got an emotional thing going on that's caused an energy leak. What's the point?

0:07:51 - Kelly

Yeah, it's interesting, it's so funny to me when I think back. You know I'm trained as a psychiatrist, so theoretically I would have been trained in some material related to emotions, like you would think right, because we literally treat mood disorders and behavioral issues. I never actually appreciated that emotions had anything to do with so-called mental illness, because I was really encouraged to see the body as like a machine right, there's buttons and levers and there's too much of this chemical and too little of the rest. And that psychopharmaceutical perspective really bypasses any need to develop a relationship to your emotions.

And I think that's probably why, when I started to focus my practice on helping women to come off of medications that they'd been on for sometimes decades, the underlying emotional drivers of whatever that adaptive mechanism we're calling their symptoms was still there, like literally decades later it would come back, you know, in these waves that felt totally often to these women, overwhelming and would usher them into like a dark night of the soul. But those

emotions do not just dissipate, right, like they store themselves until and if that energy, I suppose, is ready to be integrated, I suppose is ready to be integrated. And yeah, now of course I've come to probably allow the pendulum to swing fully to the other end, where, anytime I encounter a symptom or a seemingly biological phenomenon, my first question is you know what is the emotional conflict that's driving this? Like? What is my body attempting to show me about my inner world that I am otherwise, like, unaware of? So yeah, it's an amazing frame shift that it's hard to make when you are indoctrinated, medically for sure.

0:09:57 - Julie

I do want to go down that, do a deep dive on that here in a couple of minutes, but the thing that I always teach, too, is that emotions are an internal GPS system and they're leading us, and when we have something that's a less than optimal emotion or something that feels badly, it's worth exploring. It's your spirit going. Hey, you need to pay attention to this. This is something that's causing a problem, that's manifesting as a symptom. So which is part of the reason why I love what you teach, because it really resonates along the same lines as what I teach as well. You certainly are an overachiever girl. I mean, my God, you got all this alphabet soup at the end of your name, and all from prestigious universities and programs and things like that. Are most women, do you believe, overachievers and under receivers?

0:10:55 - Kelly

So that phrase came to me, yes, as I was beginning to recognize that I'm not alone in my experience as a product of a lot of feminist ideology. No, what I was raised to believe was that not only can I do what a man can do bleeding but actually that I can do it better. And I went on to prove that right. I enjoyed many of the fruits of feminism, not the least of which are evidenced by the fact that I am totally independent. I am a single mother, I'm self-sufficient, I take care of myself and my daughters and my household, all by my lonesome. And you know, when I have been married, somehow I did the same thing, right, like I still did that even in the marital context. And so you would think, wow, I have achieved like true independence, I'm really free.

And so what I started to observe is that most of the very powerful women powerful, I'll put in air quotes, right so as recognized by this capitalistic society, those who have achieved this level of self-sufficiency and independence most of these women were also around me, even like my friends and colleagues were also feeling extraordinarily burned out, right Wired and tired, bitter and resentful, that there came a point, even in my own personal life where most of my communication with my girlfriends was complaint-based right. So we were getting together, we were commiserating through our challenges and our struggles. It's not like we were celebrating and in total pleasure and enjoyment and really living up, you know, this life that we had been offered by the freedoms that we enjoyed. So I'm very interested in in myth busting right, like I love to identify where now I do, where I believed wholeheartedly that something was the case and it turns out that it just wasn't right, like it turns out that it's different.

0:13:17 - Julie

For example. Give us some example.

0:13:20 - Kelly

Yeah. So, for example and again I am an extreme example of like polarity swapping, right so I used to believe that a scheduled C-section was like the only reasonable thing for a pregnant woman to do. Like it made no sense to me why a woman would like endure discomfort or the inconvenience of like childbirth. Okay, and then I became like a home birth advocate, to the extent that you know, I invited in 2016, I remember I wrote a blog on home birth and I invited this troll wave of like unprecedented, you know, vigor, and all of these women actually came after me. There were like aerial shots of my home with death threats. Like it was very intense. It was probably a pharma astroturfed effort through Jezebel actually, which is like this feminist

outlet. That was actually very dissonant for me because I thought of myself as an advocate for women at the time and I know our mutual friend, christian, has like similar experiences right when like I think, well, wait a minute, I'm here for you, I'm here to support women. But then it was actually women who were pushing back, and that's when I started to see like oh, wow, it's like woman on woman. You know hate, you could even call it it's woman on woman aggression that is really driving a lot of our sense of isolation and disconnection. So that's one example. There are many. I used to.

I took birth control for 12 years, thought it was, you know, god's gift, and then I, you know, spent many, many an hour writing about the untold story of birth control from again just a biological perspective, the risks and adverse effects, let alone, you know, the psycho-emotional and more mystical dimensions of what it is to shut off your endocrine system. To that extent I have come to believe, as a woman who put her career first, before her kids, before her husband, that actually what has always been my priority is my relationships, right, that in this pinnacle of my professional trajectory, I don't feel what I thought I was going to feel. It's like when you get to the summit of the mountain and you think you're going to see something up there, and then you get there and it's like not there, and the feeling I have at this point is like I want to like yell down the mountain like ladies, it's not up here, right, it's not up here. What we were told is up here, it's not up here. And so in that revisitation, I guess with my inner priorities, which have always been my relationships, arguably my marriage, my children.

I have resolved a gaslight that I have been running on myself right, which is that I should feel fulfilled through my productivity, through my output, right Through my participation in the corporatocracy, and somehow what I found is that I actually have felt exhausted, burned out and had a long litany of martyr-like complaints about how much was on my plate all the time. And so when I look at what my role is in that, a big part of taking responsibility for that dupe, if you will, is my inexperience with receiving right, like how I was not ready and again, I would argue, on even a nervous system level, even before an emotional level, I was not ready to be provided for by a husband, right, I have not been ready to just rest into being and have that be my actual worth. I have not been ready for slowness, for quiet, right. I've not been ready for so many aspects of my femininity that are where my aliveness lives, where my vitality lives, where my sense of fulfillment lives, where play and pleasure and creativity thrive. So I've come to understand that there is a kind of safety that I can bring to my literal system and a kind of responsibility that I can take for my experience in relationships.

That actually is a shift into a very different way of being a woman than I thought was my goal and it's led me to some surprising places, including largely disidentifying with ambition and a sense that I have like a mission and a purpose, and anybody who's, you know, known me for a while probably, you know, thinks of me as almost like synonymous with mission, like I've been this very mission driven activist for a lot of years and that's really it's extinguished in a pretty powerful way at this stage in my life where my priority at this point is my daughters. You know, my priority is the joy that I feel when I have, like, a living room full of teenagers on a Friday night, you know, and the grief that I have been working with and processing around breaking up my family, you know, back when, and initiating divorce and relinquishing the opportunity in my lifetime to ever have that experience of building with a family, which now I see as being one of the more, you know, sacred and therefore under attack entities in our social fabric. And I absolutely participated in my way in the ideology that says, like your actualization is all that matters. Like, you know, get yours and just clear everybody else out of the way. And now I see things so differently where I see marriage as this covenant, as an egregore. You know, that two people devote themselves to that is not about whether it's serving you necessarily as an individual. It's what you get, the belonging, the safety, the security as a woman and your children, what they get from that institution. And so, again, that's another way that I have flipped, you know.

So I get to inhabit these very different perspectives and I could probably list, in fact, in my own podcast, the first episode I recorded is 25 ways that I've become that which I've judged. So I have a lot of practice being wrong, you know, and not not really experiencing that as like a problem. You know, I've gotten pretty good at saying like, huh, okay, I guess there's another way to look at it. And it spans so many different subjects from, you know, again, the medical and scientific. That's a huge topic. All of my scientific inquiry, basically everything that I learned in my, you know, pedigree education, I've come to question and examine and at this point, nothing, there's pretty much nothing you could bring, you know, to my attention that I would say, nope, not, that's, that's settled. You know, there's nothing to see there, which in some ways, is really what allows me to feel a lightness right and to release the certainty that really was a defining feature of my personality, and probably my shadow, for the better part of my adult life.

0:21:13 - Julie

Well, that's a lot to unpack. I have several questions about all of that. First of all, I'm grateful to the Gloria Steinems and the Bella Abzug's and those women that came before me that made it possible for me to get into the business world. I'm a generation ahead of you, so I was a quota filler when I came out of school. I went to work for a huge medical supply company, the biggest one in the country, and I was the only woman in my whole region of the country and they had a corporate quota.

This was a multi-billion dollar company to come in, so I felt like I needed to work extra hard, be extra smart, make the numbers to be able to compete and keep my job with the people with whom I was working, my colleagues. And then I started my first company at 25, because that was like a bunch of nonsense To do that. I figured it out early on. I would imagine that you also when you were in medical school probably there were not too many women in psychiatry at the time, I would imagine or certainly specialize in what you were doing. So I'm interested to hear did you feel the same thing when you were in school?

0:22:38 - Kelly

So I am. It's interesting the generational perspectives you know, because my mom did not work and she, I believe, shares probably a lot of your right like just sort of the collective experience that women were in the midst of. I yeah, I was in, I was in the shift because I went to MIT actually, and I was, you know, it was almost almost half men and women in my generation, which was pretty unprecedented prior, and I would say it was almost the same in psychiatry. What's interesting, though, in medical school. What's interesting, though, is that I was one of the first 300 so-called reproductive psychiatrists, which means that I was one of the first, literally in the world to specialize in prescribing to pregnant and breastfeeding women, which says something about because at the time I don't know what the current stat is, but at the time it was one in four women of reproductive age were either pregnant or, you know, considering conception, and they're taking a medication psychiatric medication, usually an antidepressant, but not exclusively and so I was in a position to start to grapple with how to help women make the decision. Now, my training, of course, in the conventional system was to, like, I guess, afford them a sense of ease and peace as they continued their prescription right. So that was like. The bias was to look at the registry data, which was a passive reporting system to the pharmaceutical companies, and to basically reassure them that even on these meds, babies were being born with 10 fingers and 10 toes, and you know that the need for specialists in that area tells you something about not only the growing interest in so-called women's health, but also this population of women who were becoming more and more unwell. You don't have one in four women in the prime of their lives unwell to the extent that they're considering taking a medication that is largely unstudied, if not completely actually unstudied from a scientific perspective during a pregnancy.

Okay, something is wrong here, but of course we never ask that question. You know why. We just manage, manage, manage, manage. That's what allopathy is about, and I don't think there's anything wrong with that. That is the perspective that worldview owns, right? It's like I sometimes joke, like you don't go to the butcher for a vegan meal. If you want to manage your symptoms and you know, get help with that you go to that system. If you're curious about the why, if you think that your symptoms have meaning, as we were discussing earlier, if you think that it could be fulfilling to adjust your environment, your relationships, your lifestyle and then see how your body responds. There's an entirely different approach, as you know, right so, and you would go there, you would not go to the conventional system for that, and vice versa. So I think that that was probably the first indication that something wasn't working, do you think?

0:26:01 - Julie

most women because that's your, you know, that's your niche. Do you think most women know that that other possibility exists? Or there's a shift, certainly in more and more finding out about it, just because of the podcasts and the YouTube videos and all of that, that independent informers are out there in mass and they're increasing. But do you believe really that most people would think, well, I could do that and go to my regular doctor, or I could do this? I think most people just go to their regular doctor and they don't even think about it because that's what we've been trained to do.

0:26:42 - Kelly

It's a really good question and I probably have a pretty biased perspective, but I have, again, generationally spanned the sort of medical paper you know as a way of disseminating information culture all the way to. You know Instagram and TikTok as a means of understanding what's even possible with your health, right? So I have watched the sort of citizen armies of patients who considered themselves injured by the system and would start like remember chat rooms, right, like they would start like chat rooms and they would start to talk about how they experienced psychiatric meds and how to come off them. I learned everything that I know about and I had a decade long clinical practice specialized in deprescribing, in helping women come off meds. I learned everything I know from patients because this is not something that you learn from your training institution, right? So I learned that because patients started to talk to each other.

People started to talk to each other about how they were discontinuing these meds, how they sometimes needed to use a jeweler's scale to discontinue their medication by a thousandth of a milligram a month. I had never even conceived of this as even remotely possible and that is how I learned that, through one lens, these medications are the most habit-forming meds, chemicals, substances on the planet that make something like crack, cocaine or OxyContin or alcohol or cigarettes look like a breeze to discontinue. So the sort of mycelium like this underworld of communication was really initiated by patients. It wasn't until I remember it was 2014 that I first saw in the medical literature some conversation right, it was actually a group out of Italy, fava that some conversation about this phenomenon of medication discontinuation and that it shouldn't be called that. It should be called withdrawal.

0:28:57 - Julie

Let's go ahead and dive down that hole. What are the statistics? How many? Since we're talking about women, let's you know. And if you know the men, that's fine too, but most of this audience is going to be listening and watching to us as women. What's the percentage? One in how many are on, or have been on or have been prescribed an antidepressant or anti-anxiety medicine?

0:29:22 - Kelly

Yeah, so where I left off, it was one in four, and I imagine that it's probably higher than that at this point, which speaks to your previous question, which is like do people actually know that

there's another way? And in my world, yes, it's like everybody knows that there's another way, and I've done my part too, because I love outcomes. It's like my old mind right. Like I love proof, I want to see it in black and white, and that's how I was convinced, when I resolved my Hashimoto's, that something real had happened, because I saw in black and white my antibodies go to zero, I saw my TSH normalized. I couldn't deny that something had happened right.

So I contributed in my own way to the medical literature, case studies, case reports, an IRB approved randomized trial, so that I could say you think bipolar, you know related medications cannot be discontinued. You think schizophrenia is a lifelong illness? Right, you think that suicidal depression cannot be. You know something that is transformed and transmuted into a medication-free existence? Right, here's the proof. Even if it's possible for one person, then perhaps our theory needs to be revisited, right, that's the whole nature of science. So my sense is like well, yeah, doesn't everybody know somebody who was depressed and then resolved it through non-pharmaceutical means? Or doesn't everybody know somebody who was on meds and then came off it and is doing great? No, I guess the answer is no.

0:30:58 - Julie

I have a ton of clients that are on it that I've lost count of. How many over the years have said I've tried to come off of it, I can't come off of it, and then I send them to you and send them to your information. Why are the patients not told that by the doctors? Do the doctors don't understand that, are they? Is it just that they've been so brainwashed by the companies, the manufacturers? One in four women. I mean that's just nuts that they're prescribed that and I know they're not all prescribed that for depression it can be well you've got this ache or you've got this pain, or you've got hot flashes or you've got whatever. Let's talk about that for a minute. Can you talk? Tell us about? Why are antidepressants prescribed? What do antidepressants do and why are they so addictive and so hard to withdraw from? Why are antidepressants prescribed? What do antidepressants do and why are they so addictive and so hard to withdraw from?

0:32:15 - Kelly

So it's probably a red flag in terms of our scientific understanding of their mechanism, meaning what are they actually doing that these meds are prescribed for a laundry list of clinical indications, from migraines to PMS, to phobias, to OCDs, to personality disorders, to menopausal symptoms a huge range. I mean you can have a bad breakup in college, which is actually how a lot of my patients in their 40s got started on meds, and just to sort of take the edge off. So, with benevolent intent, right, these prescribers offer this as a support. And the DSM, as I'm sure you know, many of you have heard of, you know, this big book of diagnostic criteria that psychiatrists use has been ballooning in size. Every edition, right, every edition has hundreds more pages, which means that there are hundreds more reasons that you can be considered a candidate for a psychotropic medication. Now, I remember like homosexuality was in this very book.

Okay, so there's all sorts of interesting things. Oh yeah, the sordid history of psychiatry is a whole other conversation. But interestingly, there is something called the bereavement clause, which is, like, you can have depressive symptoms, right, you can even meet so-called criteria for major depressive disorder, and there used to be a clause that said but if you're grieving right, like if your husband just passed or your child or your best friend or your dog, then we suspend the delivery of diagnosis during that window. That clause was actually lifted several years ago, such that now you are a candidate regardless of what the causal and sometimes it's very identifiable causal vector is. So you can see that the net is just bigger than ever of who could be potentially helped by these meds. So we are told that these meds correct a chemical imbalance it's called the monoamine hypothesis that these meds actually fix something that you probably were born with, that got triggered at a point of stress in your life.

And we are one of three countries in the world that allows for direct-to-consumer advertising. So we get spoken to by industry with little pictures of our brain cells right and little bubbles of chemicals flying between our receptors, so that we are actually indoctrinated into this notion that it's understood what so-called depression. Let's just focus on that, although we could have this conversation about literally any mental diagnosis, but we are given the impression that we understand what depression is and that it has to do with these chemicals. Like if you go out on a street corner and you ask a random lay person what causes depression. Invariably they are going to answer something that has to do with chemicals or serotonin. Even they might even know this. Why would they know this term? Right Like now, everybody is a biologist, apparently, and that is because of the education that is purveyed by industry, and for good reason, in the form of commercials, in the form of advertising on bus stops or on TV or whatever. And then you go into your doctor's office and you say, hey, you know, I heard that Cymbalta can help me if I'm hurting, right, so you become this proactive agent in the pharmaceutical model of medical care. But we're told that these meds correct this imbalance, which.

What's interesting to me is that when I started to research this, I tapped into the bountiful resources that were pre-existing my inquiry, including people like Peter Bregan, who had been at this for decades, talking about how there is literally no evidence. I'm talking about post-mortem studies, cerebrospinal fluid studies, genetic studies, inducing depression and tryptophan depletion studies. There is no evidence that supports this chemical imbalance model. There are researchers like Joanna Moncrief who, as recently as two years ago, combed the entire body of available evidence and came up with the same exact conclusion. Hey, it's time to abandon this theory. It's only ever been a theory, right. It's time to abandon this theory, because there's no actual evidence that a serotonin imbalance has anything to do with depression. Okay, so then what actually is going on? We really don't know. We really don't know what these meds are doing, and what I have observed in my clinical practice is that they have an adverse effect profile that, at least in my case, made me put my prescription pad down because their efficacy is paltry. It's actually not. It doesn't surpass active placebo.

0:37:47 - Julie

I was going to say is it placebo? People forget and they it's a placebo effect, that they think that it's working. Yeah, and it's real. Tell us what some of the side effects are.

0:37:58 - Kelly

Yeah, so the two, I would say the two. It's funny to call these side effects, but they're just effects, right? The effects that actually led me to put my pad down entirely forever. I never started a patient on meds again. It wasn't so much that, peter sorry, robert Whitaker's research in anatomy of an epidemic, wasn't so much that I began to learn that these meds actually are inducing the very chronic illnesses that they purport to resolve, which, if you look at any anti-medication, that will be the case. You take an antacid and what happens is you actually develop more resistant reflux and good luck when you stop that N-acid, right, so it's because it's going to be rebound, it's going to be even worse, and that's true for antihypertensives, it's true for any anti and it's interestingly, spiritually, probably an indicator that there's no winning the war against the self, right, there's only actually perpetuating in a zero-sum game, exactly that which you were hoping would just somehow go away. Okay, so that's not actually why I said I'm not messing with these ever again.

It was when I began to learn about the data on impulsive violence and I started to be contacted by citizen activists like Kim Witzak or David Carmichael, and I learned about their personal stories of in one case of murder okay by a father of his son, when the father was medicated suicide, when there was no previous history of suicidality. After, you know, her husband started taking the medication for run-of-the-mill stress that I felt in my own body like an alarm that I'm

still working out. You know, a decade and a half later, like there is no risk stratification, so you don't know if you will be the one who ends up, you know, engaging in this impulsive violence towards yourself or others because of the effect of these medications. And what's even scarier is that you could end up looking like you're doing better, like in David's case. People thought he was actually doing better and he was contemplating and cooking up this scheme that resulted in a homicide.

And this is actually. There's a paper by Lucier and Crotty that was like the defining medical evidence sounding the alarm around this. So this is not just anecdotal. You know this is reported in the medical literature and, what's even worse, it's in the package inserts. This is reported in the medical literature and, what's even worse, it's in the package inserts.

0:40:48 - Julie

What I was told. I have a neighbor whose husband died by suicide and he'd been on antidepressants and was when he died. And not quite three years later their late 20-something son died by suicide and he also was on antidepressants. So two people in the same family, both men, and she knows without a doubt that's the first thing she said to me when I went to her home after her husband died. She said I know it was the meds. And then she said I tried, tried, tried, tried to get my son off of them. He tried and he couldn't get off of them because they were so addictive. And then he ended up not only taking his life but he left a two-year-old and a wife as well.

0:41:42 - Kelly

So both of them. I'm amazed that she, yeah, can connect those dots because there's so much programming and I was a part of this programming, you know that says, oh well, it just unmasked, you know the suicidality that was already there, right, I literally was coached by my attending physicians in my training to say that and it's because this signal was already evidenced in the scientific and medical literature. So we needed some way. And this, I don't believe this is conscious. Like this is just how the system grapples with itself and tries to maintain its stability. But there are people like David Healy. I mean he's probably one of the biggest whistleblowers in this arena. I mean he studied stable volunteers and demonstrated that you could induce suicidality through these medications. I mean that's a pretty gold standard. You know method to attribute causality to the medications, and so, like, what are they doing? I really don't think we have any idea.

0:42:45 - Julie

And the mass shooters? The mass shooters. I know that there's studies that are talking about that. Many of them have been on these types of medications as well, which piggybacks on what you're saying. So some of the side effects are, and why are they so hard to get off of? Why do people and I know, the first time you and I spoke, you said I'm like a midwife for people that for women that are trying to get off their antidepressants, and nobody except you that I know of I'm sure there are others, they're just not in my purview of people to help because they don't know what to do. It's just a foreign concept. What are the side effects other than suicide and homicide? Two biggies. And how does one? Why are they so addictive and how does one withdraw from them? Can they do it on their own, without help?

0:43:45 - Kelly

Yeah. So when you look at this profile that we're exploring, which is the possibility that they're actually not effective, that they are rife with very unsavory risks, and we're not even talking about the usual you know headache, you know gastrointestinal issues whatever. You know headache, you know gastrointestinal issues, whatever. We're also not talking about the fact that they induce other diagnostic potentials, like a Yale study came out that showed that one in 23 people started on an antidepressant then somehow magically become bipolar Again.

I was taught that this is because they always were bipolar and the antidepressant just unmasked it. Well, that's not actually what the literature suggests that there's an induction, right, that there's actually a causal dynamic here. So we're not even really getting into that. When we just focus on the discontinuation experience that most not all that most people have, continuation experience that most, not all, that most people have, we have a very complex conversation to open up, because it helps us to see that these medications are actually influencing and impacting biology, emotionality, right, psychology, that there are all of these layers, and I would argue and I have certainly no evidence for this that it's a spiritual phenomenon, right, that there is an access that gets shut down by these medications how, I have no idea, right, because all we know is they affect cortisol receptors, perhaps they affect these monoamines. We don't know what these medications are doing, but they have an influence on consciousness. They are consciousness altering such that most people.

0:45:34 - Julie

Is that why so many of my clients tell me they just feel numb?

0:45:38 - Kelly

Yeah, exactly that's what I was going to say.

0:45:40 - Julie

She said I just feel numb, I don't feel happy, I don't feel sad. I kind of feel like I'm walking around in a fog most of the time.

0:45:47 - Kelly

Right. And if you, as you said, if your emotions are your GPS and you are disconnected in an important way not entirely, by the way, or I wouldn't have had as many patients as I did, because they probably would have been like, okay, this is better than what I had going on but if you're disconnected enough that you feel this sense of like a kind of apathy, then your soul has like kind of left the building right. And I wonder if that's why so many of the women that I supported in discontinuation of these meds would eventually come into contact with their creative passions again Singing, painting, writing, right. They would open up animal sanctuaries, they would come into their hearts again in a way that allowed them to feel alive and connected to source, god, whatever you want to describe it as.

Certainly back in those days I wasn't thinking in those terms, but I witnessed it over and over and over again. So the discontinuation phenomenon when I first learned these things that we've been discussing, I put down my prescription pad and I offered every single patient in my practice the opportunity to discontinue and to work with the lifestyle medicine choices that I had worked with to resolve my supposedly chronic illness, and I didn't like mandate those lifestyle changes. I just sort of was like, hey, let's try this. I ended up basically running like an outpatient rehab within weeks and I had patients who were so medically medically unstable that I didn't know what hit me what did that look like?

0:47:40 - Julie

What did medically unstable look like?

0:47:42 - Kelly

I had patients breaking out in full body rashes bleeding rectally. I had patients with night terrors, sometimes with insomnia, that literal insomnia, not like oh, it's been tough to sleep, like literally no sleep for weeks on end. I mean, this is medically unstable, right. And so I started to reckon with how little experience I had, or any of my superiors had, with what it actually looks like to discontinue these meds, because what I was trained to say was you see, you need to be on them, right? And so that was like the confirmation bias that would suggest that any instability that came in the wake of discontinuation was evidence that you actually need the

medication and should stay on it. Although what I kept hearing from these patients is I've never felt this in my life. This is not my old symptoms coming back, this is a whole new animal. Like what is this? What's going on? So that's when I also started working with my mentor, dr Nicholas Gonzalez, around this time and I decided okay, listen, why don't we first get the body like very well resourced? Okay, why don't we first stabilize your nervous system? Why don't we first decrease inflammation, up nutrient density of what you're eating, calm your system, and then we'll start the taper process and see what happens. Well, that is what led me to the outcomes that I ultimately enjoyed was because I first and foremost asked people to do what eventually became my protocol, and then we would slowly taper off medications.

Now I know I had colleagues who didn't believe in tapering at all. Right, I had one colleague in particular who said you know what, when you find out what you're taking is rat poison, you just stop it. You don't taper rat poison, you just stop it. So I know that there are people who can just stop it. You don't taper rat poison, you just stop it. So I know that there are people who can just stop it. But for the most part, when you talk to people who are in the medication discontinuation world, we usually achieve that through a slow and gradual taper. But what I'll say is and the first two weeks of my program are all about mindset Because what I'll say is if you're doing this afraid that you're going to get evidence that you're broken and mentally ill through this process, right, if there's even a little part of you that is unacknowledged and unheld, that is skeptical that you can do this successfully, it may actually be the case, right, what?

I spent a lot of time and I credit my mentor, nick, with this conviction that I had, like true zealotry, that I still have to this day, that anything can be healed, that there is deep meaning and purpose, that this is the beginning of the most beautiful chapter of your life and you can do it. Okay, I agree, that is an essential piece that you know my patients did not go to the emergency room, they didn't call. You know, they never paged me Like there was just there was an ethos of you've got this, repaged me Like there was just there was an ethos of you've got this. And it's funny because now I'm very interested at this stage in my career in, you know, in childhood trauma and parental dynamics and father and mother conditioning and all this kind of stuff, and I think about, wow, like I was really holding, like a benevolent father energy, right, and what a good dad does is looks you in the eyes and says go do it. I know you can. Right, I was not a particularly nurturing clinician.

0:51:36 - Julie

They hear that from somebody, they hear it from you, they hear it from me. I have so many clients where the healing has happened. And then they'll come back and they'll say, oh my God, you know it's so miraculous. And the first step was you telling me yes, this can be healed and, yes, you will completely heal from this, because they've never been told that by a physician or by the literature that they were exposed to or anything else. And you know as well as I that they were exposed to or anything else. And you know as well as I absolutely everything has the capability to be healed. But somebody needs to hear that from somebody. And certainly it's easier for us to hear that from somebody who's a stranger, who doesn't know us. Even if it's a physician that they've gone to, maybe for a year, they feel like, okay, this person kind of knows me. But somebody who's a complete stranger oftentimes has more of an impact than somebody who's familiar with them. Would you agree with?

0:52:33 - Kelly

that I totally agree. And it's interesting because, you know, I haven't accessed your gifts, your level of gifts, but one thing that I was very able to do, and I was aware of it, was that I could meet a woman I'd never met before, right. So she comes in my office in Manhattan, sits on my couch and I could see her like. So she's all like kind of crumpled up right, like sort of contracted, and she's at very often the end of her rope and she's invested heavily in getting here and it's a very kind of like stressful moment in her life, right, and I could almost see,

literally but I could certainly see energetically her like grandeur, right, like it's like I could see her in her full glory, like her hair lustrous and laughing. It was like I could feel that and perhaps because of that I could say to her with total authenticity there's nothing wrong with you.

And I've been told that that sentiment and my conviction around it was probably all that was ever needed. The rest of it was just ritual, right, the rest of it was just, you know, because we are, I think, as a species, really entrained to need these rites of passage, right. So you go through those motions and it gets you to the place that was already a potentiality in the moment that you were about to give up, right, and so if somebody, especially, like you're saying, a stranger, can see that, why would they have any incentive to see that right? Like, why would they even be wired to see that they don't love you? Necessarily, right, not yet anyway.

And so I do think that was a part of it, and, of course, then it became more and more crystallized for me, not only as I got the outcomes that would affirm that anything, even the most you know, quote unquote severe experiences, are healable. But then I worked with my mentor, who was, in my opinion, one of the most powerful figures in modern medicine, and he had 27 years of impossible outcomes, and that helped me, along with my own experience, to come to the conclusion that we design, maybe semi or subconsciously, these illnesses so that we can access power, so that we can reclaim dimensions of ourselves that we would never have the opportunity to make contact with absent. This journey, it's a hero's journey. It's a hero's journey and it's yours to walk if you've been presented with this opportunity and if you choose to believe that there is a journey here and that it's not just a reverting back to your old normal that you're seeking.

0:55:28 - Julie

I've read a couple of articles recently about the methylation pathways and that some people aren't able to detox as easily as others, and there's research that's showing that sometimes that's why people have depression and anxiety and all of that. I'd love to hear your take on that.

0:55:53 - Kelly

And then, furthermore, I've read papers about how, when we're small like even in utero, up to the age of about two if we're exposed to different stressful things, that the neural pathways can be laid differently so that it makes us perhaps more prone to anxiety and that kind of a thing I'd love to hear your opinion on the, as we referenced sort of earlier, on the biological underpinnings of, if we want to call it, mental illness although I really don't use that phrase has really, uh, evolved, because I, you know, I was trained to believe it was all biological and this chemical imbalance needs to be remediated by other chemicals. And then I sort of shifted, as you can see, like in my first book, a Mind of your Own, I really talk a lot about MTHFR mutations and these kinds of physical imbalances, whether it's thyroid or food intolerances or micronutrient deficiencies or adverse biological effects of other meds you're taking, which is actually a hugely common driver of subsequent mental illness diagnosis. Other meds are things like beta blockers for high blood pressure, et cetera, antibiotics. I really, over these more recent years, have come, as we were saying, to believe I'm just not super sure any of that is as a powerful driver, as you know, early patterning when it comes to emotional needs. And if I understand that your experience of shutdown, your experience of the world as adverse right, your experience of the futility of your will, if I understand that as an adaptive response to your early childhood trauma, then it's a matter of really just creating present-day safety in your system so that you can perceive that you're not actually in your childhood anymore, right, and then equipping you with the soft skills to stay with yourself whenever you're experiencing worthlessness or powerlessness or a sense of helplessness right, so you don't have to test MTHFR to meaningfully shift your experience of yourself as an individual. And so that's why it gets confusing.

It's like where do you begin? If you're telling me it could be your somatic responses that are driven by your trauma. If you're telling me that it could be attachment issues, like you were referencing in the first three, even years of life. If you're telling me that maybe it's physiologic imbalances or maybe it's toxicity in your environment or maybe it's toxicity in your environment and it's the fluoride in your water that's driving you know what's going on, that we're calling mental illness. Like where do you begin? And that's why I've come, because I have a very practical mind, that's why I've really come to the perspective that, okay, why don't we just always start at the beginning? Why don't we always start with the basics of lifestyle medicine? Because you can make dramatic shifts, as I've evidenced, in a month, okay. So why don't you just send a biological signal of safety to your system?

0:59:42 - Julie

What is that? How does one do that? What's biological medicine?

0:59:46 - Kelly

It's quite easy, right, so you eat whole foods right, you eat nutrient-dense, unprocessed foods. And then you look at your exposure to toxicity through your consumerism so you buy maybe different detergent, different soaps, different cosmetics that are clean. You filter your water right, so you're lowering the body burden of toxicity that's been accumulating. And then you begin to start to program your system. I recommend three minutes that's it of contemplative practice. You start to program your system every day. It's okay, it's okay, it's okay. And then you psychologically brainwash yourself that there's not a problem here. And when you do that for a month, you're pattern disrupting. Right, you're laying fresh snow on the mountain so you can ski new tracks. Behavioral pattern disruption like this is a portal to change. I'm not even sure how change can happen without a major disruption to your routine.

1:00:59 - Julie

And doesn't it lay new neural pathways in the brain when you do that on a repetitive basis?

1:01:05 - Kelly

In my experience, it takes a month.

1:01:09 - Julie

That's encouraging.

1:01:11 - Kelly

It goes like this it gets a month right and, especially in your adult life, like everybody deserves one month of what I call a reset right. So when you start there, then you can assess okay, do I still have insomnia? Am I still having panic attacks? Are my joints still throbbing? Do I still have insomnia? Am I still having panic attacks? Are my joints still throbbing? Do I still have constipation, like what's actually left now that we've cleared the slate?

And what I find is that when that slate clearing happens, you're better able to see the landscape of your life with, you know, what I call sober eyes, and in the neurobiological literature this is actually called neuroception. It's how you perceive safety in your environment and how you assess. You know what might be needed in terms of a stress response. There's also something called interoception, which is how you assess your inner body, your inner escape for signs that there is danger. So when you start with the basics of lifestyle medicine, you are beginning the process of reclaiming your neuro and interoception so that you can see more clearly and what you thought was like you know, a totally dysregulating and destabilizing relationship in your life. Maybe now you can sort of see like oh, I was reacting like you know, out of fear in that moment, like, let me try again. You know there's a pause. You know out of fear in that moment, like, let me try again. You know there's a pause, there's a moment, and it translates into your capacity to relate with greater responsibility and resolved codependence

and your habits of micromanagement and control, whether it's in your romantic relationships or as a parent, begin to shift, but you didn't take any. You know, as a parent, begin to shift, but you didn't take any. You know coaching lessons and you didn't go to a counselor or a therapist, like all that happened was that somehow you were able to be aware in a moment where you would have been fogged out previously, like. I'll give an example In my own life, I remember there was an experience that I had with my daughter.

I remember there was an experience that I had with my daughter who was like a tween at the time.

Right, and I had, I had learned about this question that you can ask your kids if you really want to like support them, and the question is tell me if there is something that I've done that still is bothering you, okay, so this was like I don't know, maybe two or so years, two, three years after we had moved from the Northeast to Miami, I had gotten divorced and ultimately remarried, and she told me a story that was about my role in the transition that I just referenced and a lot of conflicts that were part of that related to my family of origin, where I was pretty much the villain right, where she experienced me as being selfish and just disruptive and disrespectful to, let's say, my parents or whatever.

Meanwhile, my story was that I was the hero, right? My story is that, like I'm ending cycles of generational trauma and look at me, like I'm so conscious a mother and I'm so courageous that I, you know, look these truths in the eye or whatever. So I was able to insert enough of a pause to remember that the worst experience a child can have is to be coerced and convinced that their parent's reality is the only reality, right? So because I was able to just like literally seconds, 10 seconds, 15 seconds, I could just pause the reflex that wanted to say no, no, no, no, no. You don't know the full story. Here's the full story.

Here's the story that's going to get you to see that I'm right about my perspective, and then I'm going to feel better because you're going to be in my reality right. So I was able to hold all of that which is, in my opinion, nervous system capacity. I was able to hold that insert enough, and it doesn't mean my heart was not racing, doesn't mean my throat was not clenching, it just means I was able to hold it and be with it and not need to do something with it, and I was able to instead say what I think are the three magic words of parenting. I was able to say tell me more. And it changed. It makes me want to cry.

It changed our relationship from that point on, you know, and it's not like I would even say anything was wrong with our relationship, but I was in a habit Now my girls are, you know, teenagers and our relationship, teenagers and our beautiful relationships and I was in a habit of needing to be right. That was very manipulative and very subtle. That would have ultimately led to a divergence in their teen years. I'm pretty sure, Because I'm familiar with that dynamic right when you need to share a reality with your parent in order to get love, and I actually think that it was the nervous system level healing that I did, that allowed me to see and recognize that moment, to bring awareness to it and to respond with receptivity instead of control-based reflexes.

1:06:46 - Julie

Which is how most of us are raised and how most of our parents and grandparents and great-grandparents and generations have all been raised, and some of that comes from just being protective because there were wolves out there outside the house.

1:07:02 - Kelly

I actually think it's always from benevolent benevolent intent right. And even if that benevolent intent is to help yourself to feel better, that's a benevolent intent right, like even the most harmful things that ever happened between parents and children. Ultimately, I believe, have

benevolent intent and we do things for good reasons that make sense at the time that we do them and as we mature as a species, you know like we have more and different choices, but perhaps not until and if we can be with ourselves. Like you know, in my last book I talk about the only spiritual practice I think I'm joking, but like that you'll ever need which is, I call it, entering through the upset. It just means that when you're upset, you choose to prioritize being with yourself, sometimes for a minute or 90 seconds, and that is the only thing you do. You don't voice note a girlfriend, you don't send an email, you don't write the text Okay, you don't do the meditation or the left nostril breathing. You literally just be with yourself in that minute and you track. It's like somatic work, like you track what's happening inside with your awareness. That is a huge pattern.

Disrupt for women, who have been largely enculturated around the idea that we have to fix and solve everybody else's problems, including our own, and that how we feel is secondary to what's needed right in the situation, what the situation is demanding of us. And so when you say no, no, no, how I feel matters actually to me more than anything else. And so when I feel upset which could be minor or major, that's my priority. I'm going to literally drop everything. I'm going to go and lock myself in the bathroom for a minute, minute and a half, and I'm just going to be with myself. I call it for me. It's really helpful to like invoke a container. So I call it self-husbanding, because I imagine, you know, if I had a great, devoted husband here, what would he say? He'd say, hey, baby, what's going on, I got you Right. And I can invoke that feeling inside of myself. It's like my spine literally gets longer.

I imagine myself gazing within with devoted attention and presence, and then I simply monitor. I'm not labeling, I'm not trying to do anything, I'm literally just offering my gaze to myself, and it has changed my life to make that the most important thing that I do in the moments that I feel upset, because otherwise you will stay in the repetitive pattern and you'll be in these experiences of so-called anxiety or depression, because there is a kind of futility to the old responses that we're used to invoking as you become an adult, and that futility is signaled through these symptoms that are saying no, not that, not that approach anymore. Right, not the avoidance, not the withdrawal, not the shutdown, not the reactivity or the hypervigilance, not that. There's a new response that is reflective of your actual power as an adult, your actual resources and the actual environment that you're in. But until you can orient to the here and now through your neuroception, it's very hard to break those patterns, understandably so. But when you're ready, it'll happen.

1:10:39 - Julie

Are there a handful, three, let's say three things that someone who's really feeling anxious and depressed and at their wits end and overworked and undervalued. And, like you just said, women. We just all are givers and it's harder for us to receive. Interestingly enough, a pattern that I see with women who have cancer, it's always that emotional pattern that they are very good at taking care of everybody else and not good at taking care of themselves or receiving. And we talk about that and I say, well, your body's forcing you to receive, even if it's from medical providers. People are doing things for you and it probably is uncomfortable and they'll all say, oh my gosh, it's so awful, I'm so used to being the giver.

What is it that women that feel like that and they're at their wit's end? What are three things that they can do on their own to begin the journey to heal? And what do they say when they're in their doctors and the doctor saying, well, how's your life? And they say, well, I'm at my wit's end and here's a prescription for whatever kind of anti-anxiety or antidepressant. Certainly that's a big number, the one in four. I've read that before. I didn't know if it was still that. That's mind-boggling to me that one in four women are on an antidepressant in this country. Ask around, what is it internationally? I'm sure America has the most. Yeah, I wonder if it's still the case.

1:12:27 - Kelly

I think, you know, the hegemony of American culture probably has really blurred a lot of those cultural boundaries at this point. It's a good question, yeah, I mean it's such a good question that you're asking too about these overgiving women. And I think it's such a good question that you're asking too about these overgiving women. And I think I enjoy uncomfortable truths because I know that they are gateways to shifts and change. And I think the Sisyphean nightmare is that nothing's ever going to freaking change and you just got to push that boulder up the hill forever and then you die.

1:13:06 - Julie

And then it's all over, yeah, right.

1:13:08 - Kelly

So if the you know, if the uncomfortable truth is a harbinger of change, then maybe we can sit with the possibility that giving for many of us is a strategy. That giving for many of us is a strategy, it is an indirect means of securing relational safety, approval and getting our needs met right.

1:13:34 - Julie

So, when you are in a codependent compartment towards your dynamics, whether that's in your romantic relationships, or Please explain what that means to those that know the word but don't know what it means.

1:13:45 - Kelly

Yeah. So a good analogy I came across at some point was like if there's a bunch of starving people in a room and there's some crumbs on the table, there are some people who are just going to take their share and eat the crumbs. We call those people narcissists, right. But then there are other people who might say, oh, I'll give you one crumb, but then when I need one, you're going to give one to me, right, because you collected a lot of them, right? So, and that kind of negotiation-based bartering is the covert exchange of the codependent, and what I mean by that is that codependents give to get.

1:14:24 - Julie

Big statement.

1:14:33 - Kelly

To get Big statement, yeah, and it's strings attached. Giving Now I'm not suggesting this is conscious, and that's actually why it's a strategy that works is because it's really. It operates automatically. So if I'm giving to get, then I might be caretaking my boyfriend right and helping him solve his problems and lending him my car or whatever it is that I'm doing. You know I'm there for him, but what I really want is for him to love me right. What I really want is to experience that he values me right.

So if you're ever doing anything and you require appreciation, gratitude or some other exchange, but that's not actually verbalized when you're offering the thing that you're offering, then it's a covert exchange, it's a secret agreement. And this is very often. What marks codependency is that we are getting our needs met indirectly by giving right, that there isn't actually potentially even such a thing as altruism right, there's not maybe even such a thing as just giving if it doesn't also benefit you. And so when we look at human dynamics and relationships through the lens of what I like to refer to there's actually a book by this title called Sacred Selfishness right Through the lens of everything I do is meeting my needs.

Otherwise I wouldn't do it because I can't suspend my needs, not even for one second, not even for a millisecond, in order to meet somebody else's needs. So it must be that even

sometimes, in meeting somebody else's needs, I'm also meeting my needs. But what happens when I'm meeting somebody else's needs and I'm not meeting mine is that I end up what Resentful, bitter, retaliative or punitive right Because I actually sacrificed myself and I suffered because of it. You can only do that for so long before that other dimension comes in to correct what's going on.

1:16:46 - Julie

And it seems to me that it's a one-sided agreement. When you're giving to get, the person to whom you're giving doesn't know about the agreement. It's an agreement that you've made up in your own mind.

1:17:02 - Kelly

Right that you've made up in your own mind, right, and this is you know.

Most people can recognize this in dysfunctional or people love to call them toxic relationships you know, because we are very familiar as anxiously attached women, you know, with this model where we give and we give and we give, and then when it's our moment to request something or to expect something, it doesn't really show up in the way that we thought. And meanwhile this man has been taking, taking, taking, taking. Well, where was the understanding that this was ever outside of the agreement, right? So there's a whole narrative, there's a whole world that's going on inside of her head that is not actually ever been reality tested, that's not actually ever been brought out into the light of day. And usually we establish ourselves very early in these relationships as the yang energy, as the one taking the lead. But then we have this yearning to be taken care of, right, we have this yearning to receive and to feel fulfilled by that experience of love. But we didn't set up the dynamic. We set up the dynamic as the giver right from the beginning. Sometimes even the initiation of the first date is, you know, is started by the woman in so many cases, right, because we're really good at that kind of stuff, it turns out. So I would say that for women who are in this kind of like experience of feeling drained by how much they're giving and doing, which are yang traits, which are masculine, you know, in many ways penetrative energies that ultimately will drain us, is my perspective.

Again, the first and most important pattern to disrupt is going to be to prioritize the little inklings that you're upset, right. So start to get to know. What does my body do when I'm upset? It took me actually quite a long time to learn that I feel anything when I'm upset, because I was so good at just, you know, discharging the reactive response, like sending the email or making sure I made my point and I didn't actually feel well. What does my body do when I'm upset, when I'm afraid that somebody doesn't like me or that I'm experiencing my own worthlessness, or that I'm being rejected or abandoned or whatever, and it turns out that I have all sorts of stuff go on right Like my heart starts racing, I start getting heat up my neck, I have tension in my shoulders, I feel an urgency to communicate so that I can feel heard and understood and seen right. So as you start to understand what's called your somatic sequence, then you can identify oh, something is not feeling good in this moment and you can I call it enter through the upset, you can start to prioritize that minute to 90 seconds of being with your upset.

Then there's like a higher level of work that you can engage if it feels exciting to you which I call wearing the villain crown, which is trying on the possibility after you've done that, trying on the possibility after you've done that that you may have the very qualities that are upsetting you and somebody else. Right, that you are a mirror to that which you are rejecting outside of yourself. Right, because we may experience ourselves as givers, but often, like I said, that wire will be tripped and we'll feel taken for granted, we'll feel disappointed and sometimes resentful, right? So in those moments it's very powerful to consider that I have. Maybe even in that moment, I'm inclined to demonstrate exactly that which I am judging right. So maybe I think

somebody's being ungrateful. Well, am I ever that? Is it possible that I'm ever that? And this is just in the quiet and privacy of your own mind and heart that you're doing this exploration.

What's even more challenging is if somebody has levied an accusation. If somebody has levied an accusation, right, if somebody has judged you and said that you are this, that or the other, and it feels upsetting to receive that, then you can try on the possibility. Maybe I am, maybe I am selfish, or maybe I am, you know, incompetent, or maybe I am lazy, or you know. And wearing that villain crown, even just for a few seconds, allows you to embrace a part of yourself that you otherwise would deny exists, and it allows you to be more of you. There's just more of you than existed when you were a narrower definition of who you know, of who Kelly Brogan is, when I was only the one who was intelligent and generous and you know all of these idealized qualities. Then I wasn't ever the one who was lazy, incompetent, selfish, manipulative, right.

But what if I actually can be all those things? Then I get to be more right, so you actually reclaim life force, energy in this process, and almost always there's a creative impulse that follows right. So you might go through this and you might then feel like you know what I'm going to write about this. I'm going to sing a song about this. I'm going to make a video about this. So you know what I want to talk to other people about this. I'm going to sing a song about this. I'm going to make a video about this, so you know what I want to talk to other people about this. I'm going to start a podcast or whatever it is, and the creative energy that is reclaimed when you can own your badness and wrongness is a part of this homecoming, I think. And so the rewards are there. I wouldn't otherwise ever recommend this kind of thing if the rewards weren't sometimes immediate.

Then there's this concept of titration, which comes from the somatic, experiencing world, which suggests that you want to sort of like ease into receiving, right. So, maybe, rather than imagining that you're ready for a provider or husband, right. So, maybe, rather than imagining that you're ready for a provider, husband, right? Maybe, when your girlfriend offers to pay for breakfast, you just say thank you instead of fighting with her over the bill, right, and just start. I'm going to, you know, zero things out, or at least that's a lot of what I've had to deal with right in my own entrainment. That's a lot of what I've had to deal with right in my own entrainment.

And then I would say, like the most challenging but potentially most life-changing perspective shift is to look at always what you're getting out of your greatest complaint, whether that's an illness, whether that's a relationship dynamic, whether that's, you know, financial struggles, that there will almost always be an upside to your struggle. There is a way that it is meeting needs, either to keep you small, to keep you stuck, to allow you to say no. You know, like, for example, if I have chronic migraines and I don't want to go to dinner with a friend who asked me, I don't have to practice saying a simple no, that doesn't work for me. I get to say I have a migraine, so I never have to learn how to have boundaries, I never have to actually learn how to ask for care and attention, because it's built in, it's even built into the conventional medical system that a lot of our needs are met by our struggle. So what is the upside of your struggle and what might be the downside of actually resolving that struggle?

When we look through that lens, we see there's actually not a problem here, problem here, and that rejection energy of reality is released, and then you just sort of okay, when I'm ready for a shift, I'll be ready, I'll call in the right resources and I'll do things differently, but for now that's interesting and so, again, I'm very interested. I sometimes think like if I were to define a reclaimed woman, I would say she's someone who guards her energy as her most precious asset, so she doesn't waste it on proving, on defending on email, because she'd rather look over here and consider a playful response or do something more interesting with her energetic resources. But that transition is reprogramming your conditioned behavior, and we know that that can be challenging and we also know it's totally possible. We are programmable

individuals. That's how we got into this situation in the first place, and so that means that you can you know you can reset to factory settings whenever you feel ready to do that.

1:26:38 - Julie

And, in the meantime, eat healthy and go out for a walk and get sunshine. And, in the meantime, eat healthy and go out for a walk and get sunshine.

1:26:46 - Kelly

Yeah, in the meantime, I have a program to help you with that if you're interested in setting that foundation. But yeah, the basics are the easiest place to start, because all of what I just mentioned becomes so much more available when your nervous system is stable, and I can't see that as anything other than a simple fact, right?

1:27:06 - Julie

right. Last question why did we incarnate?

1:27:12 - Kelly

Just a little tack on a little question. At the end I imagine, like so many, that it is for the sensory experience of the human condition. So if that's the case, then it must mean that I value experience for experience's sake, and the full spectrum of sensation that you could say emotion, but it's really sensation, because it's also just like what the body affords in terms of sensation that the spirit can't access right. And so if I value experience and I value the associated sensations, then there's a kind of neutrality with which I can look at whatever's happening and there's a kind of gratitude and appreciation that I can access that says bring it on. Like.

However, however, I've cooked it up in this little adventure I call my life.

It's it's because I value experience, all kinds of experience, and I'm not going to necessarily place a reflexive value on certain ones over other ones.

It's all valuable to me, and so I think for me, getting in touch with that allows me to rest back and see my life as this like glorious movie that induces all sorts of sensations that are inherently enjoyable for me, even if they seem undesirable on the screen, right Like we all watch scary movies and stressful movies and movies with plot twists, because I think we really enjoy the sensations associated and we know that it requires a physical body. You know to have so many of these sensations and that's what's allowed me to appreciate I mean something as simple as going pee or, you know, like running my nails up my arm. It's like there's so much inbuilt sensation that comes with this flesh suit. You know that it's easy to forget when we're in this mental realm, really having left the body. So, at least for me, coming back into my body and feeling the union of my spirit and my body has been, has characterized the moments where I feel like I remember why I opted in to this experience in general, great answer.

1:29:48 - Julie

You're extraordinary, my girl. My goodness, what a trajectory. It's so interesting hearing your story and how you've been led on all these different segments of your life and now how you're putting them all together to help people in a way that's just not out there very many places yet. You are absolutely a trendsetter and a leader in this field and I love that. You have all the fancy credentials, too, of academia. No, I'm serious, because you're taken more seriously. It's just how we've all been trained and you've discovered there's way more to the story than meets the eye of what we're being told, because that's what our physicians are being taught and our other therapists and, to your point, there's no malintent there. They're all doing what they believe is the best for their patients.

1:30:47 - Kelly

Yeah, I was one of them, for sure, I wasn't a bad person then and I'm a good person now. Like it doesn't work.

1:30:52 - Julie

like that that's right, but you've cracked open this shell that most people don't even know is crackable and you found all these other amazing and you found all these other amazing components inside the shell. And the shell is wonderful on the outside, seemingly, but then when you open it up, it's just even more of a wonderful, comprehensive wonderful, if that's a term. Even so, thank you for the work that you're doing and thank you for helping so many people. As I mentioned, I send a lot of people to you and have over the years. How can our listeners and people that are watching this find out more about you and your work?

1:31:37 - Kelly

Thank you so much for your support and it feels really good to be aligned in this way. It really does. And yeah, I'm at Kellybroganmd.com. I have a podcast where I do a lot of solo casts, where I, just, kind of you, have an app, as you can tell I love to do, called Reclamation Radio, and wherever I have not yet been censored, you can find me at that. Handle Kelly Brogan MD.

1:32:11 - Julie

We didn't even go down that rabbit hole of the whole censorship thing, but I'm hoping that that's lifting, are you?

1:32:14 - Kelly

noticing a difference. Yeah, the worst of it was actually for me in 2019. That's when I was deplatformed off of Facebook and Venmo and PayPal and Vimeo and it was like a whole sweep. So it was even before, you know, the peak years. But yeah, I actually just like I don't know I decided that I care about my energy too much to be bothered. It's just you know.

1:32:40 - Julie

Yeah, all right. Well, that's a whole other conversation. In the meantime, everybody, you're going to want to listen to this twice. There are so or more times. There are so many golden nuggets here that you're going to want to review it and maybe even read the transcripts, because there's so much gold here for you that can help you and help those you love in your own journey and lead by example for those that you love. In the meantime, sending you lots of love from Sweet Home, Alabama, and from Florida too, where Kelly is. We'll see you next time. Bye, everybody.

1:33:18 - Annncr

Thanks for joining us. Be sure to follow Julie on Instagram and YouTube at [AskJulieRyan](https://www.youtube.com/AskJulieRyan), and like her on Facebook at [AskJulieRyan](https://www.facebook.com/AskJulieRyan). To schedule an appointment or submit a question, please visit [AskJulieRyan.com](https://www.AskJulieRyan.com).

1:33:33 - Disclaimer

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