



The Value of Functional Medicine Approaches for the Future of Mental Healthcare

Guest: Dr. Kelly Brogan

Niki Gratrix: Hello everybody, and welcome to the Trauma and Mind Body Super Conference and I'm super excited to welcome Dr. Kelly Brogan to the Summit.

Dr. Brogan is a holistic psychiatrist, she's the author of The New York Times bestselling book, *A Mind of Your Own and Own Yourself*. She's also the author of a children's book, *A Time for Rain*. I do want to mention she's the co-editor of a landmark textbook, which is *Integrative Therapies for Depression*.

I can introduce you just by also saying you are with NYU Medical Center, you've trained there, you graduated from Cornell University and you do have a B.S. from M.I.T. in Systems Neuroscience.

So, super bright, intelligent lady here who has some really important messages for both the functional medicine community and the psychology community. So Dr. Kelly Brogan, thank you so much for taking part in the Summit.

Dr. Kelly Brogan: It's a great pleasure. Thank you.

Niki Gratrix: Lovely. So I wanted us to start with some of the big picture here, can you help people to understand the problem with the paradigm, or the framework that conventional medicine approaches mental health. In the sense that they say it's like, oh, you have a broken brain, it's a closed system, the problem with that and the implications of that.

Dr. Kelly Brogan: Yes. So I have dedicated a lot of my sipping tea time to considering this subject, because it's an important bit of context that I have spent time on both sides of the aisle. So I was so much a believer in the pill based model of management of all symptoms, from psychiatric to chronic disease of all types that I specialized in prescribing to pregnant and breastfeeding women. That's how necessary I thought these medications were.

I was in my essence, the same person then that I am now. And yet now I have a completely different mindset around the nature of illness and what might be the most empowering way. So it's not necessarily the best or worst, but the most empowering way to interface with it.

And I think what has shifted for me is the same thing that shifts for everyone who finds natural healing or holistic medicine, or what sometimes inaccurately dubbed alternative medicine. That shift is from one that I know and I think your audience will understand these terms, characterize as a childlike psychology to an emancipated individuated adult

psychology. So this system, as it is set up, we could say, the system is broken, but many say actually the system was made this way. This is exactly how it is meant to operate, where we as citizens, we as patients, we outsource our agency to the parentified authority that might appear in the form of the FDA, a president, of our doctor, or the principal of a school.

All of these systems that are hierarchical in nature, where there is somebody on top who knows better for you than you know for yourself. So you go to consult them or maybe you passively absorb what it is that they are mandating or recommending and you're not ever enculturated to check in with yourself about what it is that you need. And so this is, we are ripe for this kind of dynamic because I think socio culturally, particularly in America, that's pretty much all I can speak to, but I know that this is endemic the world over.

We are not initiated in our adolescence to adulthood. We never confront the illusory self, that false understanding of who we are and push past it. We never develop a relationship with fear and learn how to navigate that terrain. So we basically put on adult clothes, even though we're still wearing our childhood programs. And it's only when you see you have a rupture of that idealization and you experience something that challenges the truth, that says these authorities know best.

When you have that lived experience of rupture and your truth is fractured, then you can begin to understand who it is that you really are. And that process of self-discovery is what I call health, it is what I refer to as wellness.

So it's not some destination where you're symptom free forever and perfectly radiant and healthy and vital. This borrowed illusion is itself a process and in that process everything that comes your way, every experience that you have, is an opportunity for you to learn more about who it is that you've always been, deep down, under all of the layers of indoctrination and programming. And so that model is not available to everyone, it's only available the moment it's available.

So to say that people should, which I did when I started up, to say that people should look to lifestyle medicine instead of medication, because medication is founded on fabricated and bought science and medication has untold adverse effects that are not going to be advertised in direct to consumer advertising, or physicians who are products themselves of the system, and this is what you should do instead. That's what made sense to me once I learned the truth about my own specialization. But now I have a deeper understanding of, particularly in the current climate, that you only can take the personal responsibility that you're ready to take. And you cannot take one little molecule more and that readiness is very ineffable.

It's something that I've tried to inspire, I probably even try to coerce at times and it's only available to you when it's available, but when it is, there is such a more beautiful life experience that is awaiting you.

And the fear and this vigilance of the other shoe is going to drop at any moment. And this sense of just pervasive fight or flight that permeates our normative experience just dissolves away.

Because now you're living in a world where there's fundamental meaning, where your symptoms have had purpose, they're messages from you, for you, about you and there's nothing to worry about, there's nothing to be afraid of. When you understand that it's only in the proper conditions of a collaborative lived experience in a community, where you're healing the relationship to the natural world, that you're going to feel OK. And if you don't have that in place, you might not feel OK and that's appropriate.

So it invokes that Krishna Murti quote I often reference, which is, "that it's no sign of health to be well adapted to a profoundly sick society."

Well, I believe that those who've been labeled as mentally ill are themselves the messengers who are, have been delivered to this planet with this exquisite sensitivity to all that is misaligned. And their symptoms are, they're the canaries in the coal mine. They're here to tell us, no what we're doing it's not working, it's not working for me and because I'm sensitive, this signal is meaningful and that these folks, once they are aligned with their own power, have this visionary capacity to take us somewhere that's something like a wild unknown that we can envision from our current place and that is what health has to offer.

It's not just the absence of these symptoms or alternative ways of managing the symptoms. It's a totally different paradigm of human experience.

Niki Gratrix: So I love that and you've hit the nail on the head.

So to literally draw out what you're saying there, we're saying the old paradigm is, people with mental issues are thinking, they're being told they just have a broken brain or chemicals that are out of balance that can be fixed with a pill. And what you're saying no, you are mismatched, you're not, who are you? How are you living your life? Do you understand yourself? How well are you matched with your environment? Is it a supportive environment?

It's a process, it's not something that can be fixed with the pill. This is why conventional medicine has failed, but people can only open to that new paradigm, as you say, when they're ready.

Dr. Kelly Brogan: Yeah. The analogy that keeps coming up for me, because a lot of, we're talking about medicine, but this same emancipation of thought applies to education, economics and politics and government. So I'm very passionate about sovereignty, that's the thread and now given the current global climate, I have the opportunity to say, okay, yeah. I've emancipated myself from the medical system and helped many, many others to do that. But am I really emancipated from these other systems that then, I tantrum against and blame for not meeting my needs, you in the way that they should.

Whereas some of my neighbors might idealize them and say, well, of course they're doing exactly what is needed and you should comply. So we're all in these different stages of child or adolescent comportment towards these authorities. The analogy that keeps coming to me, it's like, if I was a 45 year old woman still living in my parent's house and my parents were abusing me physically, they were starving me, I was shoved in a basement and never allowed to come out. And you could say, well, if I felt anxious and depressed and was feeling

suicidal, you could say, well something, you should be medicated, right? You need treatment, something's wrong with you. Or you could say you need to leave, you can leave. But I might say, no, I can't, I'll be homeless. Well, how can you tell me that? I can't do that. And I might say that as part of this kind of Stockholm syndrome that emerges of bonding with the otherwise identified aggressor.

I might say that until the moment where I say, I'm going, no matter what happens, it's going to be better than this. And that is the point at which I have met every single patient I've ever worked with in a decade. Is this sense of I don't know where I'm going, but I know that where I have been and thought I needed to be is not the best I can do for myself. So it's a reclamation of self valuing, that is at the core of moving through the fear that naturally would present itself through our conditioning and programming at the moment we are liberating ourselves from dysfunctional patterns.

Niki Gratrix: Wonderful. So can I ask you, what would you say with people who have mental health issues whether they've got depression, bipolar or anxiety and depression? What would you say as a psychiatrist, as a mental health professional, what should be the standard of care screenings that you would do?

You talk in your book, your latest book about The Five Pretenders. Perhaps we could talk a little bit about those and also, what other things would you screen for that should be standard of care for anybody with a mental health issue, what they think is mood disorders and so on.

Dr. Kelly Brogan: Yeah. So while, like I said, I believe that symptoms are very meaningful, that they're never random and they're never a sign of weakness. I also acknowledge that we are in a moment in our human experience where we are not aligned with our optimal wellness and we shouldn't be feeling well. I mean, especially now, that to feel well would be to shut down some part of your essential humanity that itself rejects what is happening.

If you punch the clock in at nine to five, you have to commute an hour and a half, to leave your kids in some daycare that feels sterile and terrible. You have an unfulfilling work experience. You're underpaid and you come home and you're yawning the whole time and you think, well, I must have chronic fatigue. Again, could it be that that fatigue is a way that your soul is saying, 'no, this is not what it's about and you can claim more than you have'. So while there is that context, that's important. I'm a big believer in kind of a Maslow's hierarchy of needs.

So let's start with the physiology. Because to go on some deep spiritual quest to find out your rightful place in the ecosystem of the planet, is very difficult to do when you have brain fog and constipation, hair loss, and joint pain and you haven't slept in nine months, and you're eating ravenously all day long.

It's much easier to do when you have, when your body's clear, not only because it relieves you of the white noise and then the burden of those messages that are like yanking on your skirt all day long, like, pay attention, pay attention, but also because then your body becomes what it has always been, which is an intuitive vessel so that you can literally read your body.

Your body tells you yes or no. Your body tells you to go in this direction. That's not safe for you. It becomes a truth meter. So that you don't have to rely on what can ultimately be a very cooptable and impressionable, suggestible, instrument which is the mind.

So there's a lot of reasons to get clear here first and that's why I focus, it's kind of a low hanging fruit. Like, I've focused on the power of these very reversible physiologic imbalances to somehow magically remit what seemed to be psychiatric pathology. I've had the privilege to witness outcomes, including with recidivistic schizophrenia, for example.

We have an outcome from Scotland of a young man who was so medicated and so disabled that his mother, bless her heart, was considering, at his request, euthanasia. So in five weeks, he had more than 50 percent remission of symptoms and he's been ever since in the process of coming off all of his medications. We've had cases of lupus reversal, in 18 years of lupus and in a matter of weeks in terms of clinical symptoms. All manner of psychiatric pathology, from suicidal depression to bipolar disorder with accompanying mania and psychosis, to OCD, to protracted grief reactions.

So all of these are very, very traumatic. The first thing that I think that might have been going on there literally is gluten sensitivity. So it becomes very mundane, very pragmatic. Because there are a lot of reasons why we are increasingly sensitive to processed foods like wheat. And has to do with not only the spraying with one of the more toxic compounds on the planet called glyphosate, produced by Monsanto since the 90s of this crop. But also because of the loss of diversity in our microbiome, where now we don't have the aid of these bacteria, that we have a synergistic relationship, symbiotic relationship with, require to break down disulfide bonds of wheat, for example.

So when you are entering into this neuro inflammatory state through your breakfast and lunch every day, if you can reverse that in the space of two weeks to a month, then maybe you don't need to go into your deep ancestral lineage of trauma that's never been metabolized. Maybe you don't. Who knows? But why not start there? Because that's a huge one.

Sugar, blood sugar instability is another huge one. I've had cases of multiple panic attacks a day resolved. Again, it's always the same time parameter, which is why I focus on it a month. And really all that was going on was blood sugar instability. It's a proper physiologic reaction to improper dietary inputs. So are we going to blame the body and say, what's wrong with you that you're having these symptoms? Or are we going to say, thank you for letting me know this wasn't a good fit and there would have been many downstream to quell it.

Another big one is micronutrient deficiencies. So something as simple as B-12, if you have a chronic ongoing deficiency, there are cases in the literature where this can literally lead to symptoms of catatonic depression. That can be reversed with a couple of, in the case of this particular case report, injections of B-12.

So are you going to go on five medications? This woman was heading to electroshock therapy. It's like putting a Band-Aid on a piece of glass in your foot and taking a Tylenol. Like, just take it out, so that's another big one.

One that I have very intimate experience with is the role of thyroid physiology. Because that's how I entered into this realm, was that I was diagnosed with Hashimoto's autoimmune condition. And I learned through the literature that thyroid imbalance, whether it's hypothyroid, hyperthyroid, a mix of both. Which is called thyroiditis or Hashimoto's, which is the autoimmune cause of these different states. That has associated so many psychiatric symptoms that it almost reads like the diagnosis of depression with anxiety. So the overlap is so tremendous. So, again, are you going to treat Hashimoto's with Zoloft? It's just not intelligent medicine.

So first, it's very basic diagnostics that you could even do yourself. However, the treatment, so to speak, in quotes, is the same no matter what. If a starting point, which is what I would foregrounded in my work is pretty much the same no matter what, because it's just a reclamation of your lifestyle choices. And you're gonna do that no matter what the ideology is. It depends on how curious you are to see that it wasn't what you were told it was, which is something's wrong with you, and particularly something's wrong with your brain chemistry.

And then the final category is really medication reactions. So when I began to turn over all of the stones and explore all of the assumptions that I had made in my mainstream training, I learned that patients are in no way equipped with the full story. They are not offered informed consent because the doctors themselves do not have the information and there is nothing but disincentives to seek out that information independently.

So the only time doctors ever do that is when they themselves have had a health brush with the system or have experienced the very low ceiling of what the system can offer them personally. And that was my experience as well and because of that, learning about the psychiatric side effects that are documented of antibiotics, of vaccines, of acid blockers, of birth control pills, that if you don't know about this, you'll never connect the dots.

And I saw this so many times with women on birth control, for example, where they would start birth control, develop symptoms consistent with bipolar or develop generalized anxiety or develop insomnia. And because the dots were not connected and something like birth control is considered like an almost over-the-counter entitlement, they would then get shipped off to a psychiatrist and start on a new medication that itself has a whole huge arena of side effects that are probably not sufficiently disclosed - including the habit forming nature of these psychotropic meds or their propensity to induce mania or violence or worse.

And it's a domino effect that is initiated and patients are just sort of shuffled along from specialist to specialist. And that's why we're in this beautiful moment where if we take responsibility for our health, we can educate ourselves to the extent that we desire. And then we can make our own decisions. So even if the expert tells us that what we are experiencing or what our perspective is, is invalid, we know that we are the ones driving our own car. So in the end, we decide who gets it.

Niki Gratrix: That last point there, the problem with pills, that is pretty horrendous. It's great that you have this amazing positive outlook because it's actually pretty dismal really what's happening on the medication side, it's actually quite devastating.

The more I've researched it to what's happening with people and the side effects and the hell of coming off of some of these things. And the medication of children, which seems like we could be creating a lost group of children that will be hard to recover, because the medication may be doing permanent damage.

Which is something that Professor Bessel Van der Kolk spoke about in his talk. So just to lighten that a little bit, what would you recommend to somebody who's thinking about getting onto meds? Don't go there.

Dr. Kelly Brogan: I mean, it's not obviously for me to say go there, don't go there. It's more to make clear that it's not the nature of the system for patients to be informed. So you must inform yourself and that feels like 'urgh', when I'm already struggling and sick now I have to go do medical research? And obviously, that's why I have it and many others have done our best to collect this research in digestible forums, from blogs, to books, etc. So that you can decide for yourself, does this resonate? Let me explore this three hundred something page book and see if it tells a truth that I believe, because that's what I'm, over and over and over again, I have been given the feedback that I haven't actually provided information.

So, yes, there's hundreds and hundreds of scientific references that undermine, terminally undermine the efficacy of these medications. So they do not work in the way that you were told through marketing and PR campaigns. And the reason that you believe that they do is because there is a whole file drawer, locked cabinet that is only subpoenaed in courts of law, and is only recruited through Freedom of Information Acts, and intrepid investigators like Irving Kirsch, who have unlocked the file drawer to say, OK, if all the studies are on the table, then what efficacy are we looking at? And if we understand the nature of the placebo effect, also the fact that these studies are done without what's called active placebo.

Which means that when you start to have side effects, dry mouth, constipation, headache, you say, oh, I'm getting the treatment. And when you're in the sugar pill arm, you don't have that experience and you have this crestfallen disappointment that you didn't get put in the treatment arm. So this disparity, when analyzed accounts for 88 percent of what we are calling medication effects. That means that there are only 12 percent of people who have some measurable benefit. The other 88 percent have no benefit and all risk.

So if you don't know that there is literally not a prescriber on the planet who has been formally educated around this and for good reason. Remember, the system isn't broken; it was made this way. Then you're probably not going to consider the risks. So if the medications aren't working the way you've been told that they're working, or for the reasons that you've been told that they're working, which has something to do with their ability to rehabilitate your brain chemistry, as if it's some sort of a spider web and you just pull one little thread and you're just going to fix that one little thread and then the rest is going to stay totally static. Then you're not going to have an interest in the risk because you're gonna be focused on the benefit.

So the risk, everybody knows there's risks to medications, that's not new. But we all take medications because we imagine that the benefit outweighs the risks. But what if the risks are legion, right? What if the risks are so manifold that you wouldn't dare, ever, under anything, you would do anything but not start one of these meds? And when I talk about those risks, I'm not talking about G.I. bleeding or some kind of potentially deadly rash, or exacerbation of an underlying condition, or a cardiac event.

I myself am focused on the the risks that include impulsive violence, including suicide in people who have never felt suicidal a moment in their life, because that's the group that has helped us to understand that the intoxication state that these drugs induce can lead to impulsive acts of violence. So it's not an exacerbation of something underlying or just that they're not getting better so now they're considering suicide. That's what I was told in my training is going on in these cases. But the research now tells a different story, so that's quite a Russian roulette. When I met people like David Carmichael, who I presented with years ago in London and learned that he strangled his own 11 year old son to death while being treated with Paxil.

Niki Gratrix: Wow.

Dr. Kelly Brogan: You learn about these cases. This is not an isolated event. Then you think, could it ever be worth it? He was in an altered state. And then you look at what has been my area of focus, which is the habit forming nature of these meds. And does this mean one hundred percent of people who take these meds take years and medical disability to come off them? No, of course, I have a skewed exposure of the people who maybe tried to do it themselves and failed.

But let's say you take this medication because it makes sense to you at a given time. But then you get to a point in your life where you're like, who am I off of these meds? Or, you know what, I don't really know what it's doing for me? Or I feel my emotional bandwidth is really narrow and I kind of want to explore a bit more who I am. Then to come off of these medications as millions of people on the Internet are attesting is likely to be one of the most challenging and arduous experiences of your adult life.

Now, there are ways to make that more manageable, but there is no, in my opinion, no substance on the planet that is as habit forming physiologically, let alone, psycho-spiritually and emotionally, as psychotropic medication. Because I don't see having to come off of OxyContin, or methadone, or crack cocaine, or alcohol by a thousandth of a milligram a month over years. Which is sometimes what is required just to maintain medical stability, neurological stability in these patients. And they are being told, oh, look, it's your illness that's coming back on board and you see you need these meds, that's the evidence.

So there is ongoing abuse, it's really, it's not intentional. I don't believe that it's intentional almost ever, because, again, I've been that prescriber and I know that wasn't my intention. It's a brainwashing that we undergo in the cults of conventional medicine. And until and if you can liberate yourself from it, you don't see like, wow, what an operation. But people are waking up to it and if you knew what it would look like to come off I sometimes think if I

could just share one video of one of my patients in the darkest time of her experience, where I have one in mind where she literally is a grown woman on Zolof off for 30 years. Who literally looks like an autistic child with her nails out to here, hasn't showered in probably six months, not able to eat solid food, not able to hear any noises. I mean, I say this because no one else is talking about this from the clinical perspective, how bad it can look and because I am committed to never prescribing again, never starting patients on meds again, I've never done it in 10 years, I've seen how ugly it gets.

These people deserve holistic residential facilities to recover in, with the support of an entire informed staff to care for them. And instead they're left by the wayside to do this like, lone warriors in their own homes. If you knew that, would you start a medication that has less than 12 percent potential efficacy and all of these risks? And then you say, well, what about the long term? What if I do nothing?

There is not one single long term study that suggests that being treated with medication is better than doing nothing. Now, I'm not advocating doing nothing, but if you want to know what the science says, it does not say that taking medications improves your long term outcome. Remember, these studies and all the cooked books are typically eight weeks, maybe twelve. And we're talking about the fact that these patients get put on these meds for decades. It's like an acid blocker. Yeah, it's only approved for six weeks. But like, why are you not going to have reflux if you haven't changed your diet? You're gonna still need it six months later. And that's why people take something like Prilosec for years and years and years, while it's totally distorting their gastrointestinal microbiome and inhibiting their B-12 absorption and all the rest.

So the real life experience, what does that look like? And this is where Robert Whitaker's work was life changing for me, and he wrote a book that I read in 2010 called *Anatomy of an Epidemic*. And because of that book, I never started a patient on medication again. I couldn't ethically do it because of what I now knew.

So don't wait for your doctors to learn that you can learn that, and you can also understand how to reframe this like nothing is wrong with you. Nothing is wrong with you. And in fact, if you are struggling immensely, something is probably very right with you because what of the people that just punch the clock, right? 'Oh, everything's fine here, look at my, like, totally unfulfilling life experience and all of these unexamined conflicts that I'm living in the midst of, and my eight cups of Starbucks a day, and my convenience food, and I'm yelling at my kid and I'm fine. What's the problem? Nothing to see here.'

Are those people healthy? So there is a refrain that can confer, I think, a validation that otherwise people seek from their doctors. And otherwise that validation comes in the form of, you were right, something is wrong with you, and it's called OCD or it has this ICD 10 number or whatever. And it feels like, you see, I knew something was different about me. But there is a higher level of validation that can come from the understanding that your symptoms are here for a reason, they're here to wake you up.

They're here to align you with your power, and that's why the women that I've worked with come through this birth canal of coming off of meds, they come into this understanding of who they are, they become activists, they become healers, they become artists that's so

common, and they understand, wow, 'I thought that the aspects of me that were weakest and most broken, I just didn't know how to work with that. I didn't know how to work with my energy. I didn't know how to be me trying to pretend that I was someone else', it wasn't working and that was called mental illness.

So it's a conceptualization that can then, I think, free people to just look at medication as like a distraction. Like this doesn't even make sense in this different mindset.

Niki Gratrix: Love it. Love it. Brilliant. So we talked about all sorts of things we want to be standard of care.

You talk quite a lot in your books, don't need to go into it too much here, but just mentioned like the environmental toxins is another big thing that you help people a lot, on how to clean up their environments to help them mental health as well. So that's another big thing to look at and you can talk a little bit more if you want to on that. Or, I would recommend you a book for people to look into that.

Or, we could talk just a little bit more, it's incredible that childhood trauma, emotional trauma in childhood, which is attachment trauma and developmental trauma. This is the other epidemic, this silent epidemic that nobody's talking about, addressing. That should be the main standard of care. OK, there's the physical environment, toxins and all of that. What was your social environment like when you were growing up? It's incredible to me, especially with the ACE study, which we talk about a lot, the data's even there. How can we not, this is why we're doing the Summit.

Dr. Kelly Brogan: Yes. And I think we've normalized that. And again, that's why I invoke the Stockholm Syndrome reference quite often to help us understand how it could be that as grown adults we continue to turn towards a system that has shown us no evidence that it understands what wellness might be, has shown no concern about our experience as human beings, and in fact, quite the opposite, is deeply invested in subsidizing, controlling and managing the very exposures and financial socioeconomic infrastructures that have kept us in this state of necessary unwellness.

So that's Stockholm syndrome, at the root of it is this inability to understand that our experience was meaningful. And I think it's so normalized that we have. 'Yes, sure. Yeah. My uncle touched me once or twice' or 'sure, my parents hit me whatever, didn't everybody have that experience?' If we weren't like, serially gang raped, like whatever we went through was this kind of fine.

I've had that thought myself, so I know that that's operative, and when I scratch beneath the surface with literally 100 percent of the women that I worked with in my practice, have what I would characterize as a trauma history, one hundred percent.

And if you don't have discrete events that you remember with the flashbulb accuracy of a retrospective. then you probably have the conditional parenting experience that can still itself lead to a total distortion of your behavior, and your relationships, and your ability to experience yourself well when carried into adulthood. So we are a mess, right?

We're just a mess and I still feel like that work, so healing childhood trauma, going back into what's sometimes called soul retrieval. Going back into those places and understanding how to metabolize them, in a way that wasn't available to you at the time, I still believe that that work is the most available when your nervous system has experienced some basic physiologic stability.

Because even with, if you look at EMDR, or other modalities that are most helpful with that invoked physiologic trauma response, like if you think about a memory and you have racing heart and, these modalities are extremely powerful. And I don't think it always has to be done this way. But I do believe that if you have cultivated that witness consciousness, which is much more available to you when your blood sugar is stable, when your gut is healed, when your hormonal balance is the bedrock of your day to day life, then you can self soothe and you can dialog with that part of you that is back in your six year old self, with so much more personal empowerment than if all you know is fight or flight.

And I know that there are intrepid healers who come through meditation. Let's say I'm trained in Kundalini yoga and I know there are plenty of people who have had all sorts of physiologic stuff going on. And they've worked through meditation and they've made tremendous gains when it comes to really completing their experience of ongoing trauma and resolving it. Like shrinking it into the small place that it deserves to be at this point, as a part of our narrative, rather than this huge looming reality defining, dark cloud.

But to acknowledge that this is operative for all of us to one extent or another. And honestly, I'm not super sure this might be a bit of a controversial perspective, I don't know. I'm not sure how much it matters what the nature of our trauma was. Because our psyches and our consciousness are so attuned to allowing us to experience only what we can handle, that that's what dissociation is. And so when you're in a heinous, ongoing experience of, let's say, sexual abuse. I believe that there is a part of you that absence itself, a very important part of you.

So that there is a baseline that we kind of all make contact with, which is itself probably the fear of death. It's probably a contact that we can make from when we're 2 years old to when we're in our 20s or beyond, where we feel so overwhelmed by the presence of mortality, the presence of that death fright, that if you feel it a little bit or a lot, is there such a thing?

It's kind of like that universal experience can be invoked through so many different means, an imprint on our systems. And it's really the adaptation to that experience that defines our different trajectories and potential labeling with pathologies.

But the experiences, it's almost universal, we all know what that terror is, I imagine, consciously or unconsciously. But I think most of us can consciously access at least one moment in our childhood where we touch that space and we have that in common. It's just that it fuels the divisiveness in our later life that exists, because we project on other people that aggressor. And we experience identification again with these authority figures as being the idealized protectors. And that's what's going on now with so much of the social divisiveness and the current crisis is that we're infighting. It's like an abused toddler is going to beat up their sibling, and both of the toddlers are gonna be vying for the abusive parents attention. So there's a lot to unpack here.

Niki Gratrix: Yes. That has been an awesome, awesome interview. The last thing I just wanted to comment on, just to draw out something you said that was so good.

This idea about the canary down the coal mine, the people who have these mental health conditions, it's almost like they are the ones who are least adapted to being treated like a commodity. They don't get on with being commoditized and they are the ones who were the most sensitive, whether it was chemicals, whether it's to other people's emotional toxicity or not.

And it's such an empowering thing just to end with that, to just draw that out. Maybe you could just make the final comment on it, in the sense that you kept saying there's nothing wrong with you. Actually, it has been, it'll be a discovery of who you are and you just didn't fit the mold and everything you had was just telling you, just wake up, grow out of the medical system. Grow up and grow out of the medical system and take control and have your agency back, take your agency back.

Dr. Kelly Brogan: And you can do it. And again that's maybe all I've ever offered to anybody, because I'm from the priesthood.

So even though I don't say anything particularly unique, I perceive that people need, some people need my permission. Or they imagine they need my permission to believe in what they already know to be true. They don't need my permission, but we've been acculturated and brainwashed to the extent that they believe that they do. OK, so I'm giving it.

So here is the permission to believe what you already know to be true, which is that there is way more awaiting you in your life experience than you've tapped into.

That absolutely nothing is wrong with you, that your body is this exquisitely designed gift that communicates to you. It transmutes your subconscious, your soul to your mind, it's made that way. And they're called symptoms, that's how it talks to you. You can learn the language and it becomes this amazing relationship. And that you also have a gift to give, and so how do you know what that is? Well, conventional schooling certainly didn't prepare you to know what that is. A capitalistic marketplace certainly didn't prepare you to know what that is. But, you know already and you're going to figure out how to bloom. And if you can do that in something of an incubator of like minds that you deserve, that's the kind of support you deserve.

You don't need support from some authority or some doctor. You do need, however, to wake up to, as Francis Weller would say, like "40 eyes that know you every morning," and when most of us do not have that. I do believe that one of the unintended consequences of the current crisis is that we're gonna recognize that we deserve that and we're gonna lay claim to it.

So, Terence McKenna said that, "the artists are the ones who will save mankind." And I've echoed that within myself and through my observations over and over and over again, that we need that grand vision, we need that contact with divinity and source energy through these people who channel it effortlessly. Just being themselves radiating that light and possibility, but also who have done the shadow work.

Because we all smell that airy fairy spiritual bypass and we know that it's not actually going to help us weather this storm in the end. That it feels like it fundamentally neglects a huge part of who we are, which is the same part that we have been trying to hide in the basement.

So it's that we are all of the darkness, all of the light, and then there are special individuals, ambassadors who can help us to translate this into vision and possibility. Those are the ones who are most often caught in the gears and I know this because I'm not one those people. I am a bridge, I feel. Like from a whistleblower, like saying like, 'hey, get out of the house it's on fire, but go over there'. But then I'm pointing over there and I don't know how to get there, I just know it's in that direction, I don't know the way. And I don't even really know that I would recognize it once I got there, maybe. But there are people who do know exactly, they're already there. Like the regenerative agriculturalists, the dancers, the musicians, the poets, the visionaries who can see the bankruptcy of our current system and they never bought into it to begin with.

So they're there already, and those of you who've been captured by the system feel that rattling in the cage probably around now or in the past couple of years and listen to that. Know that that's so meaningful, it's a call home to yourself.

Niki Gratrix: That's amazing. Thank you so much, Dr. Kelly Brogan. Thank you, that was great and is truly inspiring to many people, I hope. So where can people find out a bit more about you? What's your website address? Anything you've got coming up? Feel free to share.

Dr. Kelly Brogan: Sure, I'm just over at KellyBroganMD.com. And for the moment, I'm still on Instagram, although censored.

Niki Gratrix: Really?

Dr. Kelly Brogan: Yes, but I do put it out there, too.

Niki Gratrix: OK. So everybody should go and sign up to everything that Dr. Kelly Brogan does so that we support her and so it doesn't matter if you get censored.

So thank you so much, it was really awesome. And I'd just like to thank everybody who's listening. Hope you got as much out of this as I did and we'll see you in the next episode.

Take care for now.