

Caspar (00:00:00):

What if the struggles you face aren't flaws to fix, but are messages guiding you to a deeper understanding of yourself? Today's guest is a holistic psychiatrist, New York Times bestselling author and self-proclaimed reclamation queen. She'll share her journey of healing autoimmune challenges and postpartum depression, exploring natural approaches to recovery, the effects of antidepressants, and how reclaiming both body and mind can lead to an authentic and empowered life. This is the Story of the Reclaimed Woman with Dr. Kelly Brogan. Dr. Brogan. So nice to have you on. Oh,

Dr. Kelly Brogan (00:00:34):

Such a pleasure to be here.

Caspar (00:00:36):

You know, when you hear about that, that word, like holistic psychiatrist mm-hmm <affirmative>, it kind of triggers this, wait, wait a second. How do those two words come together to one psychiatry, as, as most people know, it, is kind of looking at the mental and psycho-emotional state, and then providing a prescription to address that. Can you talk about your journey? Because obviously you learned the conventional side of it that led you into the holistic side of it.

Dr. Kelly Brogan (00:01:03):

Yeah, thank you. I would've rolled my eyes at the phrase holistic psychiatrist not too long ago, you know, <laugh> maybe 15 or 16 years ago. And when I was in my training. So I very, I'm very conventionally trained. In fact, I was inspired to become a psychiatrist because I worked a suicide hotline in college, and I volunteered there, and I was so unable to hold the distress of these callers in my literal nervous system that I remember the feeling of like relief and a sense of safety and arguably control that I enjoyed when I could refer them to the mental health center when I could refer them to a psychiatrist, when I could be sure that somebody was gonna medicate them soon, and that the problem would be gone. Right? And, and here I am, and perhaps I helped some folks, but here I am thinking, you know, I'm doing this altruistic thing, philanthropic thing.

Dr. Kelly Brogan (00:02:01):

And when I look back on it, I'm like, wow, that, that was an early indication of how little tolerance I have for human suffering and how much I needed there to be a quick fix. So I say all of that just to illustrate how much of a believer in the quick fix in the magic pill I was. And in my training in New York City, you know, I worked on in many different hospitals one of which was Bellevue Hospital, and there are 13 locked psych wards there. I had a lot of experience, you know, putting people into these spaces against their will and, you know, engaging in electroconvulsive therapy and things that the average person on the street would never imagine actually is going on in this moment in, you know, highly regarded prestigious hospital centers. So I was a total believer and got very good at polypharmacy as it's called, which is like prescribing multiple medications at once.

Dr. Kelly Brogan (00:02:59):

And I actually specialized in prescribing to pregnant and breastfeeding women, because back in, you know 2008, 9, there was a burgeoning population of women who were on these meds thinking about pregnancy or maybe unexpectedly pregnant. And there was no literature, no, no scientific evidence to suggest whether this was a bad thing or a good thing and what they should do. So I was one of the first 300 to really look at how, to I say this, like, it's like a little snarky, but also true. It's like, how does scientifically justify continuing to prescribe to these women? That was my specialty. So I, you know, combed the literature and I, you know, became aware of the registry. So registry is like, if you have a bad

outcome, you call the pharmaceutical company and you say, this happened. It's a passive reporting system. And at the time, that was primarily what we could offer women in terms of, you know, reassurance that there wasn't gonna be some horrible outcome if they continued taking their meds.

Dr. Kelly Brogan (00:04:02):

So it really wasn't until I was postpartum myself. So this was in my fellowship year where I continued to specialize in this very same population that, you know, reflected my own demographic. And I was diagnosed with my first and only actually medical condition called Hashimoto's thyroiditis. I was diagnosed on a routine physical, and I had this experience of cognitive dissonance where I had this like, kind of voice come up that said, well, I'm not taking a prescription <laugh>, like, and I'm certainly not taking one for the rest of my life. Like, where is the escape hatch? You know, I gotta get outta here. And of course, that was confusing, right? And potentially hypocritical because I was writing prescriptions every single day for women who were likely to stay on these meds for the rest of their lives. And at least that's what they would be encouraged to do.

Dr. Kelly Brogan (00:04:56):

And so I ended up seeing a naturopath, which was extremely out of character, as you can imagine, <laugh>. And I don't know what, you know, how I felt the hand of God kind of a thing, because it makes no rational sense that I made that choice. I, it's was almost like a secret mission, you know, because I simply didn't wanna walk my prescription down to CVS every single month. I wasn't interested in doing that. So, fast forward, you know, the space of like eight to 12 months, and I came off of thyroid hormone. I watched my labs go into the normal range in black and white on paper, and I became as my, as my daughter and my teenage daughters would say, I was drunk because I could not comprehend. So it's like another experience of dissonance. I couldn't comprehend how these simple changes that I had made, largely dietarily, could possibly have put this otherwise recidivistic illness into full remission.

Dr. Kelly Brogan (00:05:58):

And you would think I would be like celebrating, right? Like, this is so exciting, you know, I don't even need a prescription anymore. And instead it began, you know, a pretty archetypal heroine's journey where I was enraged. I felt the betrayal, you know, of the bad mommy daddy. I felt like it was incumbent upon me to exact some sort of remedy <laugh> you know, so I, I took out a \$2 million life insurance policy. I collated, you know, what would become thousands of hours of research into my first book. A Mind of Your Own. Mm-Hmm <affirmative>. And I tapped into a grassroots movement of many, many, many you know, patient advocates, if you wanna call 'em that, who had been, they perceived wronged by this system that promised them, you know, some sort of amelioration of their symptoms or some sort of treatment, what even is a treatment, right?

Dr. Kelly Brogan (00:07:00):

Mm-Hmm <affirmative>. And what they experienced instead was maybe worsening symptoms, ongoing symptoms, new symptoms. And I felt aligned with that, you know, with that message, because I hadn't ever been told that lifestyle mattered, that nutrition mattered. I hadn't ever been told you could put a chronic illness into remission. Literally, never one time, ever. And I certainly had never been introduced to the concept of actually what's in the literature called narrative medicine. It's this idea that your illness actually means something <laugh> to your life. It's not a random thing that happens to you. And the materialism that underpins conventional medicine, and what I would now refer to as scientism meaning the belief, almost the religion of science as the defining, you know nature of reality, it doesn't allow any room, you know, like psychiatrist means a doctor of the soul. I never heard the word soul one time ever in my training.

Dr. Kelly Brogan ([00:08:01](#)):

It wasn't a part of what we were looking at. We were looking at this concept of receptors and chemicals. And honestly, most of that is, is pretty bogus pseudoscience, and I don't use that word lightly. And so that anger really led me to mm, a passionate pursuit of what these symptoms, what a diagnosis could potentially be inviting you toward, right. And how to interact with that. And I, you know, worked with the template of my own healing experience, and began to apply that to patients, began to specialize in de-prescribing. And when I say specialize, I just mean I did it a lot, <laugh>. There was nobody to teach me really that I could tap. And I learned mostly from my patients about how to help women come off of these meds that they'd sometimes been on for decades. And that also introduced me to the concept of a, of the dark night of the soul, which of course, I never <laugh> even contemplated.

Dr. Kelly Brogan ([00:09:03](#)):

I was very secular. I was actually an atheist most of my, you know, teenage and, and early twenties years. And so when I began to watch, you know, these women move through these crises with this fierce commitment to never sending them to a hospital <laugh> I learned that these crises have a sort of anatomy to them, right? There is a predictable, you know, sequence of stages. And they would come out the other side like a phoenix rising. They would come out the other side with this reclamation energy, this experience of selfhood this connection to something way bigger than them that now was like fueling their every step. And it became the reason I would wake up every morning, <laugh>, you know, this, this was it was my connection really to the divine. It was my connection to what it was that I was here, you know, to support and do.

Dr. Kelly Brogan ([00:10:10](#)):

And, and help me to remember that in the most confusing, disorienting, nihilistic moments of our lives. You know, allowing that to exist, allowing that to simply be is the necessary is a necessary step toward a more expanded definition of who it is that you thought you could be. So the I to answer your question, this concept of, of holism is, is really just taking the whole person's experience into consideration. But of course, I never started a patient on medication ever again, not one time, ever after 2010. So it's not like I was really practicing as a psychiatrist in that sense. And I, and I think the defining ethos that I began to adopt, that I still stand for today, is that your quote unquote healing, right? This idea of healing, it's not my favorite word to use, but that this idea of healing will come when, however it is that you get there.

Dr. Kelly Brogan ([00:11:12](#)):

Of course, I have my own <laugh>, you know, approach and methodologies. But however it is that you get there, it will come when you no longer see as a problem. Yes. Whatever it is that is actually happening to you. And if you're, you know, bleeding rectally, if you're, you know, not sleeping for months on end if you have brain fog and bloating and hair loss in the physical arena this is the deepest work somebody can do, right? Because we experienced divorce and death and loss and financial struggles. And, and you can do the same work in any, with any challenge, of course. But when it comes to the body, the temptation to triangulate against yourself, against your body is so programmed and conditioned into us that breaking that spell becomes, you know, a advanced mastery <laugh>. It's sorcery almost that you're, you're practicing, of course, I never spoken these terms when I was, you know, a clinician, but I really see it on that level. Like, you are playing a very advanced spiritual game, and you're only in the position to do so because you have what it takes to engage it. You know? So it's, it's sort of like, you know will you No, no.

Caspar ([00:12:24](#)):

It's always so interesting to hear a doctor's journey into this, this realm of even spirituality. I mean, most of us know that there is body, mind, spirit. We say these words a lot. We kind of embrace it. There's a

little bit of the woowoo you could say in that. Of course, there's science behind it. The biochemical, the PNEI system, right? Consciousness and receptors also, you could say, could tap into all of those elements. But it, but it's almost that when you go into medical school, 'cause my father was a conventionally trained doctor. Mm-Hmm <affirmative>. Anesthesiologist, chief of pain services, you know, he would give all the, the different epidurals and pain pills and everything. And he witnessed that firsthand, the revolving door. And also a lack in himself of, I'm not truly helping these people. I'm giving them crutches and bandaids. They're coming back worse and giving more crutches and bandaids.

Caspar ([00:13:14](#)):

And this isn't what I got into this system for. But I realize also that when you go through the conventional system, you're kind of programmed, this is the way to do it. Don't think outside the box. Put these blinders on over seven years of medical training, residency, everything else where you come out the other end. Even if you had this idea of holism and believed that inside your intuition told you there needs to be something more, it's so drilled into you. And it is difficult for doctors to break free of that, because in a sense, it makes sense that you're taught if someone has depression, antidepressants, that's just logical, right? Yeah. But when you dive in deeper and you take off the blinders, you start to see a different picture. And I'd love for you to, to go into that idea of antidepressants, because we were kind of sold, at least I know through, through the medical side of things in education, that there is a chemical imbalance that is your problem has nothing to do with spirit, purpose, anything traumas, that is it. So it's a very one-to-one connection that you need to be on these SSRI antidepressants. But that's not the case. I know a lot of people are wising up. It's still the majority of conventional medicine is very much into here. Quick fix is, let me give you a prescription for an antidepressant. And you do shift, of course, you feel something when you take this powerful drug. But can you go into that a little bit more of the, the truth really behind antidepressants and why you kind of moved away from that? Hmm.

Dr. Kelly Brogan ([00:14:47](#)):

So when I was moved to question what it is that I was taught because of my experience putting Hashimoto's into remission, of course I turned toward the prescriptions that I was writing every, every single day. And I asked the simple question, have I been told the full story? And it turned out that there were several renegade activists, truth tellers like Peter Breggan, for example, who had been, you know, sounding this alarm for decades already. And what I was able to access was the existing literature, again. So remember, I was not spiritually oriented, I was not interested in theories. I was very practiced at going to pubmed.gov and analyzing a paper. So I walked across a bridge of scientific evidence, you know, from my belief in the chemical imbalance theory and pharmaceutical treatment of so-called mental illness. Mm-Hmm <affirmative>. All the way <laugh> to the rather polarizing belief that these medications perpetuate that which they purport to resolve.

Dr. Kelly Brogan ([00:16:02](#)):

Mm-Hmm <affirmative>. So that's <laugh> pretty shocking, you know? And the book that actually led me to that conclusion is called Anatomy of an Epidemic. Mm-Hmm. And in that book, there is an analysis of non-industry funded data. So when you learn how to look at data, you wanna know things like, who paid for this <laugh>, you know, study, what kinds of conflicts of interest, what is being reported in the summary, also known as the abstract versus like what actually happened in the methodology. So in non-industry funded data, that means that the pharmaceutical industry did not participate in the, you know, the actual design and implementation of the study. And in this literature, the conclusion, the analysis of this literature concluded that the epidemic of prescribing of psychiatric drugs of all types, you know, but we could just talk about antidepressants. It's really the same story with benzodiazepines, with mood stabilizers, with antipsychotics, that the prescribing and the ever escalating rates of prescription is actually directly correlated with ever escal, let me, let me say it again.

Dr. Kelly Brogan (00:17:15):

With ever escalating rates of disability, you know, so that when we are drowning in these prescriptions, we are also struggling with, you know, depression being one of the, the top causes of disability worldwide. Wouldn't those be inversely correlated? Right? Like, wouldn't you have more prescribing and less disability? And that's where the actual analysis of the literature, looking at the efficacy of these meds, looking at their undisclosed, often as a prescriber, I was not in a position to disclose this adverse effects pro profile and risk profile. Mm-Hmm <affirmative>. Right? Leads you to question like, what are these meds actually doing? And is there scientific evidence for their role in treatment? Right? So the concept of a chemical imbalance, or the monoamine hypothesis as it's sometimes called is really an assumption. It's a myth. You could even say it's a notion, it's an idea, it's a concept that for 70 years has not held up to scrutiny, right?

Dr. Kelly Brogan (00:18:28):

So there are many theories about how this got floated, you know, into popular consciousness and into the scientific arena. But regardless, you know, studies on postmortem subjects, studies on cerebral spinal fluid studies on so-called receptor analysis, Studies on people who are depleted in things like tryptophan, which is a precursor to serotonin. Like they've tried so hard to prove that serotonin, for example, has anything to do with depression, let alone that it's absence or deficiency drives is causal in the manifestation of, of what we call depression. And the literature has not borne fruit. Mm-Hmm <affirmative>. Okay? So <laugh>, amazingly, people like Joanna Moncrieff as recently as, I think it was like two years ago, you know, she did a meta-analysis where she looked at everything <laugh>, and she looked at every single study out there, and again, came to the same conclusion that there is no chemical imbalance that we can call depression.

Dr. Kelly Brogan (00:19:31):

Okay? So, so people are still making this effort. Why are we needing to more than even one time debunk this and dismiss this? Why? Because there's an entire industry with vested interest in this theory. Okay? So we are currently, anyway, one of three countries that allows direct to consumer advertising. So it allows pharmaceutical companies to talk to lay people about their biology, right? So you can learn from a bus stop, you know, poster about your so-called synapses and what's happening with your biochemistry. And it's a very it's almost like the, the, the childlike delight of it being so simple that you could depict it mm-hmm <affirmative> in little pictures. And also what I've come to study more and more over the years is the nature of victim consciousness that gets invoked, right? This, this idea that it's poor me, so sad, no fair, I didn't do it right, that you get to rest into when you seek out the savior of the system.

Dr. Kelly Brogan (00:20:39):

And the only problem with this is that the villain you're fighting in that triangle is yourself <laugh>, right? So you fragment, you split into the part of you that has a very good reason, the best reason, the most benevolent reason for bringing forth what we are calling these symptoms, whether it's fatigue or brain fog, or even things like hallucinations, right? The very best reason that actually this is a means and often an effective one of keeping you safe in an unsafe world, or at least one that you perceive to be unsafe, right? So you split between that part, and then the part of you that says that's bad mm-hmm <affirmative>. And the part that says that's bad is the self rejecting part that allies with the system. And so the chemical imbalance theory is a very convenient way not to take responsibility. It's a convenient way to also invoke this wound that I think we're all walking around with, with, which is, there's something wrong with me.

Dr. Kelly Brogan (00:21:40):

You know, I'm damaged, I'm broken. Right? If, if I can see, oh, well, that's what's missing from me, that's what's off about me. It's just my chemistry. I meet a lot of needs, you know, through this approach to my human experience. But if there is no literature suggesting that's actually the case, you know, then what are these medications doing? Well, when I began to research these medications I was prescribing all the time, I found that they actually aren't effective. That's weird, because I was prescribing them all the time, and lots of women came back <laugh>, right? And they said, you know, I'll continue this. And yeah, it's helped with this, it's helped with that, you know, I feel less preoccupied with whatever it was that I was focused on. And you know, maybe I have a little more energy or whatever. So there's, as you suggested, there's often an effect, right?

Dr. Kelly Brogan ([00:22:34](#)):

But what actually is this medication doing to relieve the presenting symptoms? And that's where I invoked the research of Irving Kirsch, who is arguably one of the placebo effect experts in the world. And he determined, specifically looking at antidepressants and unearthing some of the locked file drawer data that pharmaceutical companies were hiding through a Freedom of information act, he found that these medications are actually not more effective than placebo, and specifically something he called active placebo, right? Mm-Hmm <affirmative>. So if you've been conditioned by these companies and their advertisements to anticipate side effects, then when you're given a medication that gives you dry mouth or a little indigestion or maybe a headache, something happens inside, like this inner pharmacopia, you know, is accessed where things actually do change. And it's because you believe that you're being treated right? So the power of placebo, placebo effect is, is never more appreciated and honestly, probably better studied than in psychiatry where because of the analysis of data that looks at the active placebo effect that looks at, you know, the, the trials that were used to approve 11 or 12 of the most popular antidepressants, and concludes that what we are calling the effect of these meds is actually the belief that they are effective, then we're left to consider, okay, well if it's maybe a little helpful, what's the big deal?

Dr. Kelly Brogan ([00:24:07](#)):

Just try it. Take the edge off. Right? And that's where I encountered the literature on adverse effects that led me to put down my prescription pad forever. Especially that I, I literally, as I mentioned, never started somebody on a med again. And this literature, I mean, it, it sent a chill <laugh>, you know, up my spine. It, it was exposing the propensity that these medications have in a very unpredictable way. So no prescribing doctor is like risk stratifying for, maybe it's you, it's a total Russian roulette Yeah. Of these medications inducing violence towards self and others, right? So the activation, sometimes it's called akathisia. There are several different theories about why some people are affected and others aren't, that have to do with metabolism of these drugs. But you can appear even like you're improving, okay? And what's going on inside of you is a total fragmentation from reality.

Dr. Kelly Brogan ([00:25:14](#)):

The reality that you had lived in. You know, I, I spoke in London in 2016 with David Carmichael, who murdered his own son, okay? Who was 11 years old, and he did so after he was started on a routine antidepressant for work-related stress. Okay? So whatever state he entered into where this made sense to him was not something visible, and no red flags were raised, you know, everybody around him in his life actually thought he was improving. So I didn't need to hear about more than just one, but I was contacted by many, many, many people who had this experience. You know, Kim Witczak is another lovely woman that I had the privilege of getting to know over the years whose husband committed suicide in their home after never having had a suicidal thought in his life after he was started on routine medications, right?

Dr. Kelly Brogan ([00:26:09](#)):

So when you look at why these medications are prescribed, and again, if you remember what I was describing about how I felt when I worked that hotline, I obviously understand why it feels good to say, here, I can help you here, I have a solution for you. Why don't you just try this? Right? But I didn't know about these cases. I didn't know that there was actually published literature suggesting that these medications can cause and induce states of, you know impulsive violence. And if I had known, I'm not sure what I would've done with that information, right? Because there wasn't really any way to say, well, you're at risk and you're not. So I, my impression, <laugh>, I haven't prescribed for many years now, decade and a half, but my impression is that to this day, if you go to your primary care doctor and have a seven minute appointment covered by your insurance, you could be prescribed one of these medications and you too will not know what awaits you, right?

Dr. Kelly Brogan (00:27:07):

Week three or four, right? And this, this phenomenon can also emerge in the discontinuation process, right? So the discontinuation process is also extremely, not always, of course, but destabilizing to the system in ways that are very unpredictable and can be. I mean, I could tell you stories like it's, I wouldn't believe it if I didn't see it with my own eyes what it is to sometimes come off of these meds. I mean, there's, there's nothing that compares. I don't wanna hear about Oxycontin. I don't wanna hear about crack cocaine. Literally nothing compares because it's like whatever these meds are doing to your consciousness mm-hmm <affirmative>. Is, is, is a, is a relevant dimension of the adaptation that you're making on a soul level, on a psychological level, and then on a biological level. And when all those threads are yanked, and of course, you know, that's why people go very slow in these taper processes.

Dr. Kelly Brogan (00:28:05):

There's a whole new you that has to be born, and that is the dark night of the soul that I referenced. And you know, if you, if you move through this with, you know, the, the courage that you obviously have to even consider coming off these meds, there will be a yield, there will be a payoff, there will be a reason that this all makes sense. But that's very hard to access when, you know, you're, you're struggling with the, the literal medical destabilization of the discontinuation of these meds. So I would say those are some of the reasons why I said, you know what? I'm out the game <laugh>. I am not prescribing these meds anymore. And I am only going to, to de-prescribe them. And in that process of like exposing all of this, I began to learn, you referenced it earlier about like a, a pretty old at that point system of understanding the body and studying the body called psycho neuroendocrinology.

Dr. Kelly Brogan (00:29:04):

Psycho neuroimmunology. And really the connectedness of all of these different arenas of the body, like the gut <laugh> and the brain, for example. I mean, back in the day that was like very radical. I remember before I got de platformed off of Google search, I was like, you know, first page organic results for gut brain 'cause it was that undiscussed, you know, it's that untalked about, like, everybody knows about like sugar highs. And everybody knows, like, you know, it's probably not a great idea to have like a big gulp soda <laugh> every day. But the, i the notion that what we are calling serious mental illness could be, you know, potentially driven by exposure to food intolerances or blood sugar instability, or micronutrient deficiencies was like very novel, even though in the literature it wasn't, right. So when I went to look, I easily found, you know, like a, a paper I remember from the New England Journal where it was a woman who was a vegetarian for like 20 something years, and she developed these psychotic symptoms.

Dr. Kelly Brogan (00:30:09):

She was given electroconvulsive therapy, an antidepressant and an antipsychotic before they figured out that she was B12 deficient deficient. And they, they gave her some B12 by injection in this case, and she, all of her symptoms resolved, you know, like mm-hmm <affirmative>. If, if that's in the literature, why

did I never hear about that? Now, of course, I know why I didn't hear about it, you know 'cause It's the nature of the system. And, you know, after many years of being like a righteous, angry bitch activist <laugh>, I finally, I finally snapped out of it, you know? Yeah. And, and not entirely. 'cause obviously getting <laugh>, I can I get my panties in a bunch about this, but I, I snapped out of it and I said, oh, right. Like this industry, it's just a business. It's,

Caspar ([00:30:53](#)):

It's just

Dr. Kelly Brogan ([00:30:53](#)):

A business. Okay? And when you go to engage this business, that's what they're selling. Okay? It's like going to a butcher and being like all, you know, righteous, that they're not selling a vegan dish. That's not what's for sale there, right? No. So like, maybe there's not a problem here. Okay? And so that psychology that I referenced earlier, that shift in consciousness to where you're putting so much of your energy into insisting that something be different, you can take it all back in an instant if you can recognize your role, your responsibility, and your choices. And so that's when I really started to shift my focus into, you know, the inner work that honestly, I was in many ways avoiding through my activism. So it was like a meta <laugh>, you know, phenomenon. Mm-Hmm.

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

Yeah. No, there, there's a very good case to be made that, you know, through these actions and a pharmacological intervention, we're losing our divinity slowly and surely we're losing our connection to our even intuition. And a lot of that started with, we, we have a very strong belief system at a very early age. I went to hear Bruce Lipton speak about this, that both, most of our belief systems are really ingrained by age seven or so. Yeah. And when you hear your mother, your father, people around you saying, listen to your doctor, listen to, you know, you know, this and that, you have that belief system already ingrained that the doctor is going to tell you, they go through so much schooling and training, they know what to do. But then you look at the pharmacological, the, the pharma industry, and you start to understand, I have a business background.

Caspar ([00:32:25](#)):

I understand fiduciary duty to your shareholders. That's what I was taught over and over. It's not like, help the customer. No. That's, that's very down the line. You have a legal obligation to make as much profit as possible for the people that are investing in you. Millions of people that invest in Johnson and Johnson, and Merck, and Pfizer, right? And what better way to make money than to keep a lifelong customer that will need more of your product as they take your product and have more issues that you need, that the average American's on four or more prescriptions, that's just gonna go up and up, more shots, more boosters, more everything that bring those profits in. And that's the level of success for them. You being healthy is not successful. You being a, a well adjusted, balanced person that is mind, body, spirit, all balanced and well, is not a winning game in that system.

Caspar ([00:33:22](#)):

And even as we learn this more, as we hear more, I do find that people still latch onto their belief systems. And sometimes there's even, I feel an element of guilt or shame, which are very low consciousness levels of, I got duped, right? Yeah. I took the shot and now I'm hearing all these, you know, months, years later, it's really bad. And maybe this is the reason I'm feeling this way. Now, you, you are, you, you talk about reclamation, reclamation, queen, all this and that. How do people start to shift away and reclaim their power, their divinity, when they're stuck in shame and guilt, which we know are just low consciousness



fields that are ha very hard to get into a healing state, or at least a state where you move beyond your old belief systems. Mm-Hmm <affirmative>.

Dr. Kelly Brogan (00:34:11):

Yeah. So I have come to see a lot of the, the human journey, the heroine's journey, the hero's journey as, you know, a series of stages that become available when your system has the capacity to work with certain kinds of energies. So that's sort of like an esoteric way of saying that I look through the lens of the nervous system. That's my training. You know, I was a neuroscience major before I was a psychiatrist, and it's a bias that I have, right? We don't understand what the nervous system is. We really don't. And a lot of the biological assumptions that we made, <laugh>, you know, collectively scientifically, are now not necessarily holding up to, to scrutiny, right? So the notion that perhaps this system is like an electrical network that allows us to channel and move and interact with our electrical environment, to me is, is pretty compelling.

Dr. Kelly Brogan (00:35:14):

Mm-Hmm <affirmative>. And it seems like there are ways that you can order <laugh> harmonize that you can bring resonance to this system. All that I know is that when you focus on grounding, right? That system, when you focus on bringing safety to that system, you have a far greater capacity to work with the energies of shame and guilt like you are referencing. Because shame, for example, is such a powerful, energetic experience. Literally it's literally the energy that you feel in right, in, in your inner scape, whether it's your heart racing or a sinking feeling, all of the psychological wires that are tripped that say, do anything to stop this. Right? There's no witness consciousness. There's no part of you that is interacting with that as, you know, a mother would a newborn right? There, there is just a blending with that experience and the fight, flight, freeze, fawn, that gets you from the place of feeling a little bit of it to not feeling it at all.

Dr. Kelly Brogan (00:36:24):

Yes. Okay? So that defensive structure. So when your system is more grounded, when it is more safe, there's just a little bit of space that gets introduced. And often, you know, it's like it takes a minute or two, right? But you'll eventually get to the place where you can watch yourself defending yourself, trying to prove something, trying to blame somebody, trying to be right about something. All of these primitive childhood defensive habits, you'll watch yourself do that, and there will come a moment where you have the impulse to do it, and you choose not to. Yes. And instead, you choose something more playful, you laugh, instead you just turn the other direction, you close the computer instead of writing the email, right? So that to me, you could look at it through the psychological lens, through the emotional lens. And I have extraordinary colleagues in, in many arenas, you know, like somatic experiencing, et cetera.

Dr. Kelly Brogan (00:37:23):

There's, there's, there's many paths. But my bias is when your system is stable enough, you can figure it out. You're gonna intuitively be led to exactly the modality that's perfect for you to help you build the soft skills of human relationship and feel safe in your body, in your relationships, in the world. And you're gonna reclaim what in psychobiology is called neuroception. Yeah. So it is the capacity that you have to scan your environment for danger. And when that is informed by your past, by your trauma, by your habits, by your programming, you will perceive danger where there is not danger. Mm-Hmm <affirmative>. So, right? Like, I, I use the example of like, if there's a chair in your dimly lit bedroom and you're lying in bed and it's got a pile of laundry on it, you might like, you know, freak out thinking there's an intruder, it's a pile of laundry.

Dr. Kelly Brogan (00:38:20):

That whole biological response doesn't even make sense because it's not going on in that moment. And of course, you know, if we were to talk about romance partnership, the opposite also happens where you imagine something extraordinary, you idealize, you project this perfect mommy or daddy onto your partner, and you have a whole experience with them that is not actually grounded in who they are in front of you, <laugh>. Okay? So the reclamation of neuroception allows you to see with what I like to call sober eyes, it allows you to actually see what the hell is in front of you so that you have enough possession of your system to decide and choose in the moment. Okay? So I've found that this requires an initiation mm-hmm <affirmative>. It requires some transition from your childhood habits to your adult system. So an initiation typically brings you to the brink of your belief in your capacity and pushes you beyond that so that you could imagine, you know, four days on a vision quest, I'm probably gonna die.

Dr. Kelly Brogan ([00:39:26](#)):

And then you don't die and you have whole new self-concept that has to be born because you didn't die. And now you are the person who didn't die, who had that experience and didn't die, right? So, so this initiatory experience has to be elective. I think it has to actually tap into a preexisting field of potentiality, and it has to be like time limited, right? So in, in my case, in the case of my approach and, and my program, it's six weeks. Okay? So it's a container, right? There's, there's something that you're entering and you know you're gonna exit it. And that's psychologically very important, right? Like anybody who's been through a trial, whether it's childbirth or or something else, you wanna know when is it over <laugh>? Like when, when is it gonna be done? And that allows you to give more of your attention, your focus, and your intention to the experience as it's happening.

Dr. Kelly Brogan ([00:40:19](#)):

So I found that in this initiatory experience, you show up for yourself and your self care at a level that you would otherwise make a million excuses not to. And that somehow that focus on yourself, like as if you were that little newborn baby that you were in charge of taking care of. It, it's almost like if you wanna get into, you know, some of these, these more trauma-based constructs, it's almost like the good father has shown up inside of you, right? It's this energy of, I'm here, it's okay, I've got this, here's what we're gonna do. Okay? Mm-hmm. And, and when that happens on a psychological level, on a biological level, and again, my protocol, it's like dietary. It's a few minutes of contemplative practice and it's some detox. This, this is not like some very elaborate complex thing, and it doesn't really matter because it has the components that I'm referencing, and it seems to confer to the systems of those who engage this field, this shift out of the childlike stress physiology into whatever that safety signal is.

Dr. Kelly Brogan ([00:41:39](#)):

Whatever that inner okayness is, whatever that like, slower, softer, more quiet version of your system allows for you to see now. So sometimes what it allows for you to see is how you've been acting in your marriage. It allows you to see how you've been behaving as a mother. It allows you to see like how you've been betraying yourself, how you've been accepting and settling, how you've been in these habits of self betrayal and in these habits of compromise, and in these habits of self-rejection mm-hmm <affirmative>. And you actually start to develop the capacity to interest yourself in that, rather than defend against, you know, how it is that you are being experienced as, as wrong and bad. And so that's where, like after this initiation, you know, the, the relational work, honestly, most of it is about neutralizing rejection, right? Like rejection of self, rejection of other, and resolving superiority.

Dr. Kelly Brogan ([00:42:41](#)):

So in these, you know, psycho spiritual psychoemotional efforts so much more is possible when you have that sound and safe nervous system capacity that allows you not only to own your shit <laugh> but also to expand and hold more pleasure. Because I'm one of many, many, many women, you know, who have a

habit of expanding into something amazing and then manifesting an accident, manifesting, you know, some sort of like, worry or just creating, like literally I'll cook up drama. Like you can't imagine. I mean, I'll literally cook it up outta nowhere because I don't know how to hold pleasure, expansion, joy in my system, sometimes for longer than a few minutes, let alone weeks and months and years. So this, this process again I think is anchored in a system that can allow for the discomfort of some of these states to alchemize like, to, to transform, transmute.

Caspar ([00:43:45](#)):

Yeah. When, when I hear this, it really does tie back to the central nervous system, right? That balance of it. So often we stay in this highly activated sympathetic response, you know, a state where we, we are just knee jerk reactions. Everything's the end of the world. There's always a saber tooth tiger within a few feet of me, and I can't make the right decisions based off it, or even hold that space to take it. What I've learned in speaking to so many people that are, you know, seem so confident and calm, isn't that they don't have knee jerk reactions to information. It's that they're able to pause, be in a balanced state where they're not overly sympathetic, and just take it in, be introspective and say, is that truly a saber tooth tiger that I need to start running in fear for my life?

Caspar ([00:44:31](#)):

Or is that just information that is somewhat benign and I can cope with it better? But as we know that we're living in a state where everything is fearmongering, where we pick up our phone, every ping is something. If you go on social media, it's dramatic. If we go on open, you know, turn on the tv, it's dramatic end of the world type scenarios, always. I look at some of my group chats that I try to stay away from with college friends, and it's like, oh my God, did you hear this? It's the end of the world. Like, wow, this is happening. We're on the brink of World War 3. And it's just, wow. If I stayed in that, I'd be like always in this nervous state and not able to listen to an intuitive side of me, my heart, my gut so much, and, and probably make poor decisions and start to over kind of dramatize the life that is truly in front of me. Is that part of what you're doing in Vital Mind Reset is reestablishing a more balanced state where you're able to take in information without the overwhelming anxiety and everything else that most people feel these days.

Dr. Kelly Brogan ([00:45:36](#)):

So you use the, the word that I've come upon which is relaxation. You know, I, I have these two programs. I have Vital Mind Reset which for women is called Vital. And then I, I have this other one based on my last book called Reclaimed mm-hmm <affirmative>. And they go together and you do one first and then the other <laugh> to move your way through this process of adulting, really, and the system I decided to call the Relaxed Woman System. And it's because I began to to sensitize to other women's systems out there, right? And I could like, stand next to somebody in, in line at the grocery store, or, you know, a mom at my kid's school, or my own girlfriend or my own daughter, and I could feel in my system almost like, you know, a little metric, a little litmus of their state.

Dr. Kelly Brogan ([00:46:33](#)):

And especially as women, this is, you know, this co-regulation is what we do with infants. It's what your mom was supposed to offer you, okay? Mm-Hmm <affirmative>. Especially in that first year, if not arguably the, the first three years. And as somebody who, you know, went back to work at three weeks, I'm certainly not speaking from on high, right? Like having done it the correct way, but regardless, when I would feel inspired or expanded by a woman, when I would feel light, when I would feel playful, it was always because she's more relaxed than me. And so I began to prize that more than the stimulus, the excitement, the, the drama. And to recognize that I, like so many are a, I'm addicted, right? Mm-Hmm

<affirmative>. To these, these spikes in my own system. And like harmonizing, integrating that addiction takes time. It's a process.

Dr. Kelly Brogan (00:47:35):

It's like a practice. But the goal, the place that you arrive at is that you feel more unbothered, <laugh>, right? You feel more self-possessed. You allow things to be playful instead of resentful and disappointing or invoking, you know, sort of vigilance or punishment, right? You exit these dynamics that keep you in a, a highly activated state. And you don't do that until it's actually more compelling to you to taste that relaxation. But from a somatic perspective, you know, it's called titration. You gotta, like, you gotta take it a little bit at a time because otherwise your system will collapse back to the familiar, right? Mm-Hmm <affirmative>. So maybe you have an unscheduled hour, and instead of scrolling or watching something, you get cozy on the couch and, and you spend the whole hour asking your body, what is it that you need? Right? Do you want me, you know, do I, do I massage my shoulder?

Dr. Kelly Brogan (00:48:46):

Maybe my feet are cold, maybe I'm thirsty. Maybe I wanna go under the blanket, right? Mm-Hmm <affirmative>. Maybe I wanna like, you know, run my fingers through or brush my hair, and you just ask over and over and over again, what is it that I need right now? This kind of dialogue, beginning to develop a relationship with your own body requires that you deprogram some very deep shit from childhood. I mean, we were, most of us, you know, raised in institutional educational facilities, and we were told when we could eat, and we were told when we could pee and poo, and we were told, you know, when we could speak or not, and whether we're good or bad. So in those early formative years to be programmed to this extent, it's almost amazing to me that we can even change <laugh>, you know, because there's, you couldn't design a more malevolent, you know strategy for, you know, indoctrinating the populace just to get a little, you know, conspiracy realist about it.

Dr. Kelly Brogan (00:49:52):

Mm-Hmm <affirmative>. So that's why, you know, I sometimes talk about, I, I joke that I call it urinary reclamation, that one of the most powerful things you can do. And I speak as a woman, you know, so, so I'll, I'll give this recommendation specifically to women is to start to develop a different relationship to how you pee. Mm-Hmm <affirmative>. Okay? So we have a habit as women of prioritizing somebody else's experience of our body over our body, okay? We do this sexually where we're like performing. We don't even know what it's like to attune to ourselves in bed. We do it in our roles as, as mother and, you know, employee or CEO or whatever. We are often located outside of ourselves in our attention and our efforts. And biologically we do this too. And of course, like I mentioned, it's been conditioned in.

Dr. Kelly Brogan (00:50:44):

So instead of saying, I'll be right back, I'm gonna go pee quick, or just two seconds, I'm gonna go pee, right? Instead of saying that, if you're with somebody, of course you simply say, I'm gonna go to the bathroom, and I challenge any woman listening. This is extremely disruptive to sometimes decades of, of this habit. And you also prioritize actually going to the bathroom when you have to, so you don't wait, right? Like in this interview, I'm good now, but if I had to pee at this point in my career, I would say, Hey, I'm gonna pause for a minute and go, I never, never, I remember the first time that I ever did that. I was on Luke Storey's podcast, it was three hours long, and it was the first time I ever said, you know what? My biology matters and I'm gonna go to the bathroom.

Dr. Kelly Brogan (00:51:32):

Okay? So you go, you don't offer caveats about how quick you're gonna be, and then when you are actually in the bathroom, you tune in to the inbuilt pleasure of moving from the discomfort of having to

be, to the relief of having peed in your body are all sorts of pleasurable experiences. I could literally run my nails up my arm and get goosebumps at how like intense that sensation is, right? So, so you, you do this practice, and it is a part of how you can reclaim your biology and start a trustworthy dialogue with your own body. Because if you're bringing to bear that tyrannical, you do what I say and that, you know, it's like you're acting like a, a pimp <laugh> to yourself, right? Just whoring yourself out in terms of your needs based on any relationship that's in front of you.

Dr. Kelly Brogan ([00:52:30](#)):

It's, it's gonna be impossible for you to access the magic of this vessel, which is the intuitive yes. And the intuitive no, right? You won't ever have to make a decision again. Literally no pros and cons list, no nothing, no doubts. No, I gotta talk to 10 people. You will literally just feel yep, nope, and you'll go through your entire life with that navigational compass restored. To me, I'm not sure if there's a superpower. I'm more interested in that than that. So if it comes through these, these small little efforts, these small little commitments to care, you know about your biology, about getting back in harmony with your own needs, then it's a good place to start, right? Because you can get to the, you know, healing your lineage. And, and I'm, I'm very interested in all those things, trust me. But you can get to that, and it will come naturally, it will unfold. It's not gonna be a will-based thing where you're, you know, putting it on your to-do list. It's just going to be a part of putting one foot in front of the other and trusting your own process.

Caspar ([00:53:43](#)):

You know, it's so interesting you bring that up on the urinary side of things, <laugh>, and you're, because I was literally having a talk with a friend who's a DO, an acupuncturist, about a patient I knew or somebody, and they were having problems with their kidneys and urinating everything. And he's like, kidneys are kindness. You need to be kind to yourself. Every single cell is listening to your thoughts. If you have that thought of, I can't go to the bathroom or this and that, I can't leave this situation and do that, your body picks up on it, and it, it starts to react to that. So you have to understand that you have to be kind to yourself. Your cells are always speaking and listening, and that's why you ask questions and you get things in return from it. And, and it is true. You have to reframe kind of the way you go about things instead of this shameful, or it's only gonna be a second, sorry, I'm burdening you to, this is a beautiful detoxification process.

Caspar ([00:54:35](#)):

This is cleansing my insides to become healthier and more free and purified. Right? When you shift just that little thing, everything starts to shift. So it's, it's a beautiful, beautiful analogy. And that's so funny. You brought that up. Now, Dr. Brogan, I, I wanna be conscious of your time here, but I also wanna talk to you about everything that's shifting politically and going on right now. You are part of the disinformation dozen that was blocked and love that name. It's the dirty dozen different <laugh>, the dirty Dozen <laugh>, and, and now you have, you know, RFK Jr. in line to be part of that, the MAHA movement. What are your feelings on that? Do you think we're going into a real changing time where health will be kind of brought to the forefront, will be shift? Or is this more of pandering? What, what are your feelings?

Dr. Kelly Brogan ([00:55:23](#)):

Hmm. <Laugh>. Oh, wow. So I guess the, the simplest way to summarize my, my feelings on it is that I've unsubscribed <laugh> mm-hmm <affirmative>. From everything that is going on on the world stage. When I started to really appreciate the role of mass media in manipulating and influencing and you know, really rolling out these psychological operations, I understood that there's two always the dialectic, right? There's, there's two sides, right? And, and I often of course found myself in the resistance side of things. And that's how early on in 2020, you know, I ended up making that illustrious list of actually, honestly,

pretty arbitrary names. But regardless, <laugh> and I and it, it took a lot for me to unhook mm-hmm <affirmative>. It took, you know, it took many deep personal changes. It took a lot of inner work. It took a lot of getting very real about how it is that I actually embody that, which I judge, right?

Dr. Kelly Brogan ([00:56:32](#)):

So again, this sense of superiority, this sense of certainty, this this rather immature perspective that I held, that I know exactly how reality should be, not only for me, but for everybody. And that's what also started to interest me in things like voluntarism, voluntarism and, you know, anarchy and, and looking at whether or not we actually need government, right? Like mm-hmm. Am I really waiting for the good daddy hero, you know, to, to come home and save me? Or is all of that inner reparenting that I've done to get me to this more sovereign place where I am okay, literally no matter what, and I trust myself to source exactly what it is that I need. So as I began to reclaim my energy from the dialectic of, you know, health freedom, fighting and activism, I, I really <laugh> it was extremely humbling to witness all of the ways that I was participating in the same energetic signature as that which I was fighting.

Dr. Kelly Brogan ([00:57:33](#)):

And I didn't really have to go farther. And I, you know, I have a whole masterclass on, on <laugh> disclosing all of the uncomfortable truths about the shadow of activism mm-hmm <affirmative>. But I really didn't have to go farther than my daughter telling me one day, mama, you're so afraid of so many things. Oh, wow. And here I am thinking, I'm like freaking like Joan of Arc, you know, <laugh>. I'm like, what? You know? But you know, from her perspective, it's like the EMFs and the GMOs and the pesticides and the, you know, the gulags we're gonna be thrown into and forcibly injected, and like that whole it's, it's, it's energetic, right? So, so the, the place that I was in was my body is fragile, there's bad things out there, and I need to fight them into submission. I need to even punish, right? So, so, so that kind of activism actually has a lot of villainy.

Dr. Kelly Brogan ([00:58:26](#)):

You know, in many points of my activism career, I was out for blood. You know, I wasn't gonna be happy until, you know, the industry was, it was crippled <laugh>, you know, and people were, you know, out of work forever, you know, kind of a thing in, in my efforts to expose the truth about pharma, and I'm not suggesting that there isn't a role for activism. I'm not suggesting anybody should like, you know, see, look deeper into what political partisanship is all about and who are these actors and all this stuff. I'm not suggesting any, I don't really, it's not my business what anybody else is up to. I just know for me, I got to the place where that aligning with these concepts of, of heroes out there, right was keeping me infantilized. It was keeping me in a more immature childlike state.

Dr. Kelly Brogan ([00:59:14](#)):

So I am, I'm completely apolitical. I do not vote. I haven't for some time. And in fact I'm in a community of folks who, you know, orient towards the government very differently and mm-hmm <affirmative> operate very differently and have investigated some of the commercial underpinnings of what it is, you know, that we call our birth certificates and what actually goes on when we get these licenses, you know, like my medical license for example. That kind of thing. And I love that approach too, because it's like there are all these commercial remedies available where you no longer participate in the system the way that you used to, where you thought you had to like, fight not to pay taxes because you shouldn't have to, and bad government is taking your money, whatever. Like for me, I was kept in a petulant, rebellious energy that was not serving my maturation as a woman.

Dr. Kelly Brogan ([01:00:11](#)):

So unsubscribing entirely has really liberated me to focus on what's actually in front of me. Okay? Mm-Hmm <affirmative>. Making sure that my actual relationships, my actual choices are of the highest integrity possible. And trust me, that is a full-time job. Okay. <laugh> like for me to, to distract myself with whatever is going on with the anonymous victim out there. And again, I did this for over a decade whatever's going on, and then mass media for me to distract myself with that would at my stage be an avoidance tactic. Mm-Hmm. You know, so that I didn't have to look at the uncomfortable conversation, you know, to have with my daughter or the, you know, the, the, the leap of faith I have to make in my business or whatever it is that, that refines me as an emotional adult and offers me more mastery over the domain of my responsibility, which is myself, period.

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

That's right. I mean, it's, it's a very empowering message 'cause you are the solution. No one else out there is, you are the solution and you have the ability to unsubscribe. We forget that if we don't like emails, we know we unsubscribe. Exactly. Right. Even though we all have too many emails, we should probably use the unsubscribe button more, but we have that in life too. You have the option. Right. Okay. And that's empowering as well. So thank you for sharing that message as our final one. Where can people learn more about you? Get into the courses, read the books.

Dr. Kelly Brogan ([01:01:34](#)):

Yeah, so I'm over at KellyBroganMD.com and yeah, the system of resources is available. And then I have a bunch of books that I've published, including a kids book that I published with my daughter called A Time for Rain. And those are all available in the usual spots. And thank you. This was such an enjoyable conversation.

Caspar ([01:01:53](#)):

This was great. Thank you so much for your work. Continue to put it out there into the world and thank you for being on the show. And if you're listening, be sure to visit Dr. Brogan's website, follow her on Instagram and Twitter. All under the name Kelly Brogan, MD. And until next time, continue writing your own healing story.