Introduction to Bio Optimization Summit

Welcome to the bio optimized summit. I am Dr Amy where we are exploring the next level of physical and mental health, you can reach through intentional and targeted bio optimization today, I am so excited to share with you.

Dr chris Bjorn all who is an amazing person and she has written a book that we're going to talk about today beyond the label. But first I wanted to kind of give you a little background for her.

So you know why I wanted her to specifically talk on this subject and she is a naturopathic doctor and she has not only authored three books now that I'm aware of, but she has also founded a natural terrain naturopathic clinic in Edmonton Canada.

And so she has regularly interviewed for her content for writing and then has written this book beyond the label that we are going to be talking about today.

And so welcome, dr chris so excited to have you on. Yes, it's been, I know it was really exciting to to finally connect with you have been following for a long time together, crossed many times. Yes, and so much of your personal experience I have either personal professional experience with.

So this is such a meaningful time to connect with you and talk about how our worlds intersect on so many different levels and such an important topic right now, especially with mental wellness and people really struggling with the new changes and the isolation and the change in connection and relationships and so lives that they felt were manageable before they were at a certain level of wellness, mental wellness and now they're really struggling and many of them may not have any diagnosis, but just aren't on that aren't on the spectrum where they want to be in terms of mental illness and mental wellness. And so this is such an important topic.

Why Dr. Chris Wrote Beyond the Label

And let's talk about the book beyond the label. What was your motivation for writing this book? Yeah. You know, I, so when I was struggling, so just out of the gate, I'll just mention that. So I've been given lots of labels or diagnoses.

So anxiety, depression, I had an eating disorder and then bipolar disorder type one, and that one in particular, I really struggled with. And so the motivation to write the book was partly because when I was struggling, there weren't a lot of solutions found from a natural perspective.

It it was mostly from the Western perspective and I really had wished that there was a book like this out there. So it it took me a long time to to put it out in the world partly because I wasn't public about that bipolar diagnosis.

Um and so that's really, that's really was that was the main motivation was to help people understand that there is another way another path, another, um supportive, it can just be a supportive way to manage your health.

Um and for me that didn't, that didn't exist at the time that I was struggling. So, yes, especially that diagnosis has been uh, so difficult for many who have been given that diagnosis, whether it's accurate or not just because there hasn't been many solutions for that other than the message that they need to be on medications. And this is gonna be forever.

And that is that's a hard pill to swallow For many people unintended, right? Yeah. It's it is. And and for me it just didn't sit right. You know, like I whenever I asked the question why, like why is this happening to me?

The answer I got was well, as genetic and because I am adopted, I couldn't look to my left or right to verify the truth of that statement. And so there was a part of me that didn't accept it as the truth and continue to look for answers.

And the book is really a culmination of all of these, of all of these answers that are I think to be found or solutions that can be available to you. Um and it's it's I guess I want to emphasize because this is a big controversy, right?

For a lot of people because you're you're, you're told the party line is medication is the only way to manage this condition. And then here I am out there saying, well, you know, if you look at all of these 10 steps and you do a lot of the inner work, maybe you don't need to take as much medication perhaps, or maybe you don't, you know, it's very hard for me to say not to take medication because I know that that goes against the grain for so many people, but it's possible.

It really does. And the message that I see being given to my patients who have been given that diagnosis, I don't give that diagnosis out. But many come to me who have been given that diagnosis and they are seen as being noncompliant if they're not following the medication regimen that they have been prescribed and they don't follow it for several reasons.

one may be that the medications that were prescribed to them don't make them feel good. It causes either side effects that don't make it worth it for them or it makes them feel weird or funny in other ways and it's not a good fit.

And yet there's no not other medications being offered that might be a better fit. And so they just don't take them at all.

Labels, Medication, and Root Causes

But then they're being seen as noncompliant and adding that to this label that they already have and makes for providers, whether mental health providers or health providers almost leary, just looking at their chart because here's a patient with a label with a diagnosis and then this label of being noncompliant. Yeah. And I think what what healthcare providers need need to do instead of putting that label on them is to actually understand what's happening to you and what what happened to you to get you to this place and and perhaps what you have experienced in your life is just that like these are experiences that draw you closer to you to help you get to this place of healing.

Um and to maybe look at, okay, well what what what is going on with you and and how can we support you in that versus okay, you're noncompliant. I'm not going to help you. Right. Right. And I'm so glad you bring this up because this is what I see as well in my work, especially with families with adopted Children or Children with other types of trauma attachment disruption where their environment created a nervous system which is imbalanced and it's gonna show up in different ways.

And there's a lot that can be done to change that to rewire that to create flexibility and health into the nervous system without giving a medication that just shuts the whole thing down.

Just dampens the whole thing. And so what I tell families is, look, I understand that you they have been given a diagnosis a label. Been told to take medication and yet you've come to me because you don't want that and you want to actually address the root cause. So let's do the work of the relationship of the rewiring for secure attachment and then we'll see what the new baseline is because it's so different once we actually work with the conditions that created this.

That's right. That's right, yeah. I mean one of the big things that what you're talking about and what we talk about in naturopathic medicine is really is what is the root cause, Right? So what And so in some cases, like especially in the case of adoption, you have to go back to utero in utero, right? Because that organism when you're developing in the mother's womb, you're experiencing everything that she's experiencing.

And just by the nature of the fact that a child is adopted, that we know that that mother was stressed from from the fact that whether she was in a bad, you know, relationship or was product of rape or there was um, you know, she's just young and not financially set up.

But whatever it is, whatever it was, it's it's a stress in and of itself to have to make that decision to give up your

child, Right? And so the organism, the baby is nervous system is going to be wired with with more cortisol, which is a stress hormone circulating through the mother's veins.

And that's going to affect the fetus and the baby when you come into the world, right? And then, right? And then you come into the world and all of a sudden goodness me, that voice that you're used to and that is not no longer there.

Well, how do you think that baby's gonna respond, right? They're not gonna be it feels abandoned. It feels terrified because the only person voice that they knew that was any kind of a resource is now no longer available, right? They're gonna be in a more sympathetic, right? That sympathetic state, right?

That sort of stress stress stress state. So it's it's interesting like I um I just have finished doing a program with Gabor matty who talks a lot about trauma and this, you know, in the in utero experience and I opened my book with the discussion about this and and so we really don't want to gloss over this.

But the, you know, the experiences that happened to you in those early years, you know, before the age of 10 inform your world and they inform the beliefs that you make and these may not be conscious, but I can tell you that the beliefs that I formed were and and some of them are perceptions like they're not, it's not, you know, they're not absolute truths, but it's what which is what allows the change and the growth to happen because they're not absolute truths, but what they do is drive the operating system of the brain and and and it informs how you behave and operate in the world.

And for me, I because I felt like, you know, I wasn't wanted and I'm not lovable. I have a whole list of these core beliefs in the book. But I'll just leave it at those two for now. And uh and so to overcompensate, I became an overachiever, right? Right?

And you see that a lot, it's quite common a lot, especially in professionals, high performers, there is this underlying insecurity that drives their need to produce to perform in order to feel like they are worthy of attention and love.

Yeah. Very common. Very common. Yeah, yeah. And but but like you're saying what's underlying that is this these faulty core beliefs. And eventually for me, I had to take a look at that and to create some, create some change because it's, it's for me, I ended up sort of burning out, you know, you can only burn the candle at both ends before you're gonna run out of a candle and, and you're gonna flatline and that's essentially what happened to me.

And then, but because of the symptoms I was having, it was then called that was diagnosis depression and anxiety. Um, but what I think would have been helpful at that time was understanding the behaviors that got me there.

Nobody asked me about that. And, and also what I talk about in the book is essentially, there's three on the physical level, there's three macro systems within you.

So you have your neurotransmitters, you have your hormone or neuro endocrine system and then you have your organs of detoxification and your immune system.

Trauma, Adoption, and Early Nervous System Wiring

So when someone's run out of gas, so to speak, it's not neurotransmitter based, it's more that hormone system? Um, so when, you know, we just mentioned a few minutes ago, what's the root cause? So, always wanting to look at that, and especially when somebody starts an antidepressant and they don't feel better, you know, normally, if it is a neurotransmitter problem, serotonin, uh you know, or gaba or dopamine whatever neurotransmitter, maybe you theoretically, you should feel better taking that support, and if you don't, that should be a clue that, well, maybe this is not the right macro system.

Right. Right. So, yeah, there's so many factors that can be an underlying reason or even a contributing factor to a depression or anxiety, whether or not that is diagnosed right?

But genetics and I love dr Walsh's work, because what he's been able to show me is there are genetics that will make a child more sensitive with their nervous system.

And so, you were talking about, you know, the perception versus truth and I keep coming back to a person's felt, since there felt experience, is there truth because they felt that.

And so when we have someone who has one of these biochemical imbalances, say methylation or one of the others, the Coppers thinking balance, they're going to have a nervous system that's already more sensitive and so it it their experience going through childhood might be very different than their sibling because they have a different felt experience in their body and are experiencing the level or the lack there of of attention and guidance and mentorship from their parents differently, but it's it's this felt experience that really shapes their nervous system.

And then, like you say, it translates not only into the neurotransmitters in the brain chemistry, but then the hormones and the cortisol and how well are we detoxing our system because that's gonna pile on in terms of the burden that the body and the nervous system is having to deal with. So it's not it's not as simple.

Just take a pill and I'll see you in six weeks. No, exactly. And and you know, we're complex systems right, where everything is interconnected. So, you know, we wanna, we want to um you know, keep that obviously in mind that it isn't just okay, I'm gonna fix one thing and everything's there's a domino effect, Right? And so but the same token, if you improve something that also can have a domino effect in a positive direction, so any change that you make is going to affect your system, but we want to hopefully make change in the right direction.

Yes. And one thing that you did mention that I'd love to talk more with you on probably after after this summit and when we can connect again is this nervous system development of an infant and child.

And from my understanding with working with Peter Levine and the somatic, experiencing work when infants are born, their nervous system is not developed to be able to regulate itself. And so normally it does require a lot of interaction contact regulation from the primary caregivers in order to keep its nervous system developing in a healthy state rather than being in these extremes of distress.

And not only will the infant go more towards sympathetic, but their nervous system at that point is wired to really go into the freeze quite a bit where they give up calling out for help because they don't think that anybody is there.

And especially in a circumstance where you have a child who's being adopted out or there's been any kind of abandonment or neglect. That tendency to go into the freeze is going to be pretty strong because yeah, they they've gotten that message that it's not worth the energy to keep asking for help. Is that what you see?

Do you see, do you see people with these types of history's having a stronger tendency to kind of get overwhelmed and go into the I just can't take it, I I want to quit the freeze, the free state. Yeah, absolutely.

And and and also not only that, but just just into that withdrawal, like they just collapse the collapse and the withdrawal of the freeze. Yeah. And and really it's it's so it starts in order to kind of to move into healing with that, it's about first bringing awareness to that, that's how you're responding and then bringing some compassion to trying to understand and doing this, you know, with somebody who's skilled like you um to to help you understand?

Well, when did that? You know, when when did you first remember feeling that way? And and how far back does that go? And in some situations? It does it goes back to it takes time. Like, I know for example, through this work that I was doing recently, Gabor mate talks about how depression is often about what are you pushing down? What are you depressing within you?

What emotion are you depressing within you? And he was saying to me that, you know, perhaps in my case, it's anger and anger is not an emotion that I resonate with at all. I've been actually quite afraid of that emotion.

Yeah. And so after he said that to me, I was reflecting on it and doing some some more work with a therapist. And so it came out for me that actually this anger, I was angry at my biological mother, and I just made that connection,

like, literally two months ago, up until up until then, I never never even considered that, right? So, really powerful, really powerful.

You know, and and giving some space to that anger and allowing myself to feel it and to be to be upset because it's it's because because what's gonna happen, you know, you're just a vessel, right? You're a container.

And these emotions need to be expressed. And if you if you stuff them, they're going to hang around within you and they're gonna create energetic disturbances within you versus allowing that energy to flow through you, right. Emotion is, you know, e for energy in motion, we want to allow it to flow. And then I often say to people, the healing is in the feeling.

If you're not allowing yourself to feel then right, how are you going to hell? Right?

Core Beliefs, Overachievement, and Burnout

So if you need the right, you know, environment that you need the right, you know, a safe container to to do this, but I just want people to, You know, it, you know, I've been I have had so many depressive experiences over, you know, I'm 53 for for many, many years and never once that I consider anger and not in Utero experience. So it's quite powerful it is very powerful and it makes me think of a couple different things.

One would be Peter Levine talks about depression as having to hold down the life force that is present in wanting to come out. And so very similar to this idea where where there's there's there's anger, there's an there's an energy there and the deeper the depression often the bigger the life force that is inside someone.

And it's exhausting to not have that integration and ability to to feel and process those because it's so overwhelming and there are so many people who want to be, you know, bio hackers optimizing their biology performing at their highest. I certainly was one of those and I had no room for feelings for emotions. I saw them as problems, exactly anything that affected my ability to focus and to work and to get get it done right? I saw as a problem and feelings and emotions were one of those. And so this work very sounds very similar to the type of work that you have done to, to bring yourself into a good place.

I've done that work as well over the years and it has actually allowed me to be more present, get more done because I'm not having to fight the emotions, I'm not having this internal tension in battle and I'm not, I'm no longer hating that part of me that has feelings.

Exactly, and that's a really big piece that there's a couple of things I wanted to say. So about, that's the one thing I want to say is I've mentioned this, it sounds similar to what Peter Levine is saying, maybe just maybe a lesser scale, But for me, some of my depressions, I have felt like it's almost like a battle between my soul and my ego, right? So it's like, it's like my ego wants to go west and my soul wants to go east and I'm stuck, right?

I just, I'm just stuck paralyzed in that freeze mode, not knowing which master to listen to. And so if you're putting that into the context of Peter Levine's work, then it would be that soul is that life force, right?

You know, wanting. Yeah, So just, it's just for me it's been um as soon as I started to follow the path of my heart versus my ego. That is when also another layer to the healing happened as and then the other thing that I want, jeez, I think I lost the other thing I wanted to say, so that's okay, I'm sure, I'm sure it'll it'll come back if it's important.

Yeah. So I like how you're talking about layers of healing because that has definitely been my experience as well. And I'd like you to talk more a little bit about that for those people who want want the, you know, one fix and done and then I'll be all better and I won't ever have to do any of this work again and I can go on with my life and really like put whatever it is behind them, right?

Whether it's depression, whether it's a label, whether it's early childhood experiences. Many people just want to put it behind them and never have to do anything ever again. And I think that for many people, that's why they they there is that pole to just taking a pill because if they can take a pill, then there's not much work involved and they

really can feel like ah yeah, I'm dealing with that, I've dealt with that, I can now move on to the rest of my life and that's not really how I've seen that it works like it requires a maintenance of what you've learned in order to stay in a good place, but then, like you're saying at at certain points in your life, you come across this next layer that you never even knew existed, right for you recently. It's discovering the anger uh which for me is awesome. Like I'd love to talk to you more about that, but but whatever it is like for other people, it may it may be something else, but there's there's always like this next layer in this next level and rather than being a burden, I have found it exciting because I realized, oh my goodness, like there is even a next level that I can get to in terms of my physical and mental wellness, awesome, let's do this, right? Right? Yeah.

And I think what we want to, you know, understand is kind of that onion analogy if you visualize yourself as an onion, there's lots of when you, when you cut an onion open or you're peeling an onion, you're peeling different layers off to get to that center and and that can be the journey of healing.

And I think what we want to understand is that, you know, your it's not about the destination, it's really a journey and so it's not that you're trying to get to a certain point and then, you know, okay, I'm done, I don't have to do anything more, it's really just about uncovering, it's really about uncovering who you are in any moment and what it is that life is presenting you with. Two to deal with.

So relationships are a great example of mirrors and and of of what it is that perhaps, you know, our shadow side, so things that we have to to work on.

So when we talk about shadow sides, it's you know, you know what's in your awareness and you know what's in your consciousness in terms of the way you think.

Nervous System Freeze and Emotional Healing

But then there's these shadow beliefs that are again are operating in the subconscious mind that often go way back and it can be, you know, even to this in utero time.

Um so an example of for people to, to, to contemplate whether they have a shadow belief is to say say say you want something, say you want to change your job, but then you never do anything about it, right? That can be because there's a shadow belief at play. So that's an example from my life, I was said for many, many years that I wanted to quit my job, I wanted to change my career, but you know, year and year out, I would never do anything about it.

And it was because there was no surprise to you there was a deep rooted belief and there was a fear of rejection. Yeah, right? I didn't want it felt safer for me to stay in the current conditions of my job that was sucking the life out of me rather than risk rejection looking for another job that was much more terrifying. So for me it's been the fear of spotlight, the fear of being seen because for me that was not safe as a, as a child, it was not safe to be seen.

So that's that's my shadow belief that I've got to work with in my professional life because it got to the point where it's like, hey, to grow, you have to be seen, you have to put yourself out there and it's very similar, right? Like it all comes down to the rejection that that I fear that I will experience if I if I am in the spotlight and people actually see me.

So yeah, I'm so glad you're talking about shadow beliefs. Yeah, So that's that. So I guess the reason I was partly mentioning that was that sort of answering this question about the this healing peace and I feel that I'll, you know, I don't know that the work is ever done.

I mean, maybe it is maybe, you know, you get to a point and it is done perhaps, but I mean, the work that I was doing with, he still is talking to a therapist.

So I think that we need help and I think that there's people out there to help us along the way and we're all just guiding each other ultimately home and that home is back to you and it really is a decision of how far you want to go in your wellness, right? I mean, at any point, yeah, you can stop and you can maintain where you've gotten but

there is more work available if you want the next level, there's always something to improve on.

But if you're, you know, if you're of that mind set or or there's also it's also you know an opportunity to to sort of rest within where you are and it really it's it's so individual to write, it really just depends on what's happening for you.

Yeah. So that would be something that I would be really curious about dr chris is what are your practices that you have found in your years of doing this work that are your routines to maintain the level of healing that you've been able to accomplish in your physical health and mental health. Yeah. Yeah. So what I talk about in the book, I talk about, there's 10 steps to to look at and most people start at that physical level.

So things looking at diet, sleep, exercise and and managing stress. So, for me, um the diet is a really important piece of the puzzle. And what I want people just quickly to understand is that everything that you put in your body is gonna inform it in one way or the other.

And so we're wanting to make sure that we're giving it the right messages and when I was struggling, you know, I was deficient in key amino acid, which is called tryptophan and tryptophan in the body gets converted to serotonin.

So every time I went off an antidepressant, I ended up back in the pit of depression. And part of the reason was because I did not have nutritional building blocks to even make this main neurotransmitter that I needed.

So really important diet for me is um but because I've had an eating disorder, I'm also I'm not, I'm more of an 80, 20 person. You know, I don't need to, you know, I want to be careful that I'm not and especially when you are working with people who have had eating order histories, we don't want to be, you just have to gently move into that piece by not, I don't want to create another problem.

Right? So yeah, so it's more about increasing the support of foods that are good for you and making sure that, you know, simple things like half your plate is vegetables and you know, avoiding white products and pop and sugar and the diet.

And then the other piece of sleep, especially with bipolar disorder. You know, I don't necessarily know that I have that still because it's been a long time since I've had a psychotic event. Um but anyway, I feel that one of the ways that I prevent that from ever happening is managing that sleep piece.

So I'm very um that's really important for me to make sure that I'm maintaining a proper schedule with that. So rhythm and routine is really important um in terms of the sleeping and the eating and exercising, that's so important for your adrenal glands. It's important for that regulation of the, of the nervous system. Um and then that the exercise, it's hard to pick one thing right? Like it's all important.

It's all important sleep and you can start just start with one of those steps to begin with and then, but then the exercise, So movement is your medicine.

And you've probably heard this quote, I'm not sure who it is to be attributed to, but the quote is that pharmaceuticals are the most over utilized prescription for depression and anxiety and exercise is the most underutilized prescription.

Layers of Healing and Shadow Beliefs

And I know like I really get it. I know it's hard. I know I've been there like there's been days when all I've done is move from my bed to the door that's taken me, you know, 2468, 10, 12 hours sometimes to do that. But I've never come back from going out feeling worse than when I left.

So it can build on itself. You know, you create those um endorphins and and sort of that used to feel good and you get a glimpse of, okay, I feel a little bit better and so over time, I know for me that that exercise is one of the first things to go when I'm um depressed and then diet goes out the window, I don't eat. So how are you going to feel your brain if you're not giving it any gas? Right?

So so those are sort of the primary um foundational steps, and then that's where I started when I started working with a naturopathic doctor. And but then eventually I had to bump up against my thoughts and my emotions and those core beliefs that we were talking about, those shadow beliefs. So then I had to go and do that work, right? Yeah.

And what I have found is that so much of the work really is putting these routines in this rhythm into life and that's what decreases the number of episodes into depression or anxiety or psychosis or whatever it is, if we're trying to just implement this, when those happen, we're not going to be very successful because as you say, when you're in the middle of it, it's the hardest thing to start something new.

It really is the prevention of it Through maintaining this rhythm and routines that work best for a person's body and their biology. Yeah, yeah. I mean, absolutely, if you're, you know, if you're a 10 out of 10 depressed and in a in an experiencing suicidal ideations, um I'm not saying not to start, you know, movement and not to do things.

I mean, you do those things, but we want to understand that, you know at that point you probably are gonna need some medication to get you on some solid ground. But once you're on solid ground then let's get these these practices in place to sustain you. And and dr one of the doctors that I saw his name is Dr Abram Hoffer and he was a nutritionally oriented psychiatrist and you know he talked about using medication, anti antibiotics, antidepressants, antipsychotic products for that matter.

He said you know use this like you you would use a cast for a broken leg. You're not gonna leave that cast on for the rest of your life if you break your leg right, you're gonna let it heal and repair. So that's how I approach the medication.

Sometimes you know people need to get on it, it's easier to have that helping hand and lift you up. But I think once you are up we can then integrate these other pieces and then you can live without.

Right? I'm very curious. How did you find that you had a trip to find efficiency nutrition, doing a nutritional analysis is how that came about. We had to do an analysis of our diets as an assignment in nutrition.

Um And the only essential amino acid I came up low in was was tryptophan. So I didn't do a biochemical test. It was just it was a objective analysis. Using a program for the diet. Yeah. Good.

So you mentioned that your your latest level of healing was tapping into the anger that has been there the whole time, but you were finally ready to access that and be okay with that.

And what is your current area of growth that you're working on to bring your next level of physical and mental health? Yeah, so, I think for me it's really integrating this work of this psychotherapeutic approach called compassionate inquiry and to continuing to bring that compassion to myself, um you know, and and my patients that I'm working with, and I remembered what I wanted to say earlier, you know, you were talking about how you didn't um you know, you're going through the world's sort of not liking that aspect of yourself, right?

And it's an important point because I was going through the world not liking this diagnosis of bipolar disorder. And how do you think you're gonna get to healing if you if there's a part of you that you hate?

Right? So, I have really that's been the journey that I've been on since, you know, for for over 30 years is really learning how to love and accept myself even these parts that I find hard to love and accept, right? And the irony is that when I loved this bipolar part, it's like it's now received the love that it needed, and now it doesn't need to call my attention out.

It's interesting, right? Yeah. Sorry, I was just gonna say, the more that you shun away or disown these aspects of yourself the more they're gonna call for your attention. So I have an online course on parts work and this is exactly what parts work is and parts work for those that are not familiar with that term is another word for internal family systems.

And so in my work I've found it essential to do this type of parts work where you're working with these parts that you may not like so much and I have had plenty of them over my lifetime and when I first started this work there was like I am no, I, there is no way that I can ever like that part of myself.

I hate that part of myself, I'm embarrassed by it.

Daily Practices for Mental and Physical Health

It has caused me so many problems, There is no way that I'm going to get to a point where I actually like that and can accept it and embrace it as being a part of my team and yet that's exactly where you know where I've done my work with the parts work and so now I teach that in the course and integrate it with the bodywork of somatic experiencing because those two just go so well together. But yeah, this this very same idea of there's this part of me that is being shunned and when we actually get to a place where we can understand it and be able to listen to the messages that it is trying to give us then it no longer needs to yell as loud to get our attention and we don't have as many problems from it. Yeah. Good.

Can you tell me a little bit more about the compassionate inquiry? I'm really curious about that. Yeah. So, um, it really is, it's just a psychotherapeutic techniques that has um, discovered, I guess through his working with lots with trauma and addictions.

And it's really about, well, you think you would love it? I think you would love it. Yeah, it's really about the it's about getting out of the head and it's really about the, so what you work with is it is a trigger for whatever, you know, what may have happened in the day.

Um, and then you're, you're really getting into the body and where are you feeling that? And what are you feeling? And so, working with the emotions and the felt experience within the body.

And then often a question that's asked is if if so, say for example, you're feeling, you know, tension in the solar plexus area, then you would ask a question like, if this area could speak, what would it say?

Right? So, coming up with the, like you were just saying the messages from the body, what does it have to offer you, what wisdom? Because what was wisdom resides within you and and then taking it back, like, so how far back does this go?

When do you first recognize this? And recognize having this? Because oftentimes what's happening in the present moment has nothing to do with the present moment, right? And you know, rarely rarely does rarely does it. That's right.

And so if you look at that analogy of a gun, the trigger is just a small piece of a gun. But the reason the gun fires because is because there's explosives within it.

And so it's a similar within you. If you're triggered, it's not about the trigger, it's about the emotion that's unhealed within you from a previous experience.

And he talks about the two main needs of a child, our attachment and authenticity and many times in trauma situations, it is not safe for the child to maintain their authenticity. And so because the primary need is to maintain the attachment, right? So we sacrifice our authenticity and we form a belief. Like for example, for me, I may have formed a belief that, you know, it's not safe to truly be me because I might get sent back, right? So I have to I have to people please, right? I have to be an overachiever.

I have to be the best I have to be perfect to to compensate so that I maintain that attachment, right? And then you go through the world and then you wonder why, you know, you have problems. But one of the things that he says is um I'll just read this to you because I printed, I thought you'd like like to hear it.

He says, I'll make up one more point about diagnoses. So what I'm saying is that all diagnoses A. D. H. D. O. D. D.

Depression, anxiety, psychosis begin is coping mechanisms at some point. There's something about them that served some survival survival value furthermore, diagnoses don't explain anything.

They describe things but they don't explain things. And the explanation is always rooted in some earlier experience that predates the diagnosis. So these diseases are not entities in themselves.

They are processes that happen in an individual. And when we make a diagnosis, a fixed entity, like I have depression rather than so we do a disservice to the individual rather than there's a process in me that's causing me to depress or push down, which is totally is a totally different way of looking at it. So diagnosis don't explain.

They describe his first point and number two, they always begin in childhood as a coping mechanism. So I am so aligned with that because that is exactly what I have seen in working with a lot of different people and also in the somatic work and working learning how to work directly with the survival system, like we have as human bodies, we have the most amazing survival system in place and it remembers these felt experiences even before there were words to describe them, anything, anything that reminds us that is remotely similar to that felt experience that was not safe in any way that triggers our amygdala that triggers are sympathetic and for some people that just dives them right down into the freeze response.

That is how good our survival system is. And what you're talking about I love because many people do not understand this idea of attachment and authenticity.

And so they think that they did not have any attachment issues when they were kids, they didn't have any trauma. They, you know, they're they were raised by a typical american families say.

But when you actually look back at it and you realize, wait a second, were you, was it safe to be you, was it safe to express all kinds of emotions? Or were there only certain emotions that were tolerable that were acceptable. And this is the dilemma we talk, I call it a dilemma that a child faces where they they need their parents in order to take care of them because they're not old enough to go get a job to provide food on the table for shelter for clothes. And their survival system is very well aware of that. And so the primary need is always that maintaining some form of attachment, even if it's an unhealthy one, but some form of attachment just so that their physical needs can be met.

And when a parent is uncomfortable with certain emotions, certain aspects of whatever like that comes out in that relationship and a child's nervous system. Their survival system picks up on those subtleties that are never spoken necessarily.

But it's the body language. It's the it's it's it's the nuances.

Compassionate Inquiry and Parts Work

It's it's the the felt experience that a child has when they open up, when they express healthy anger, when they go and they, you know, explore and they do something wrong. What is that response?

And that then informs their nervous system? This this is not okay because you might lose this relationship and lose your ability to be fed to be clothed and for your physical needs to be met. And so this is the attachment dilemma where, yes, it really comes down to the attachment and authenticity and the attachment will always win over even if it's an unhealthy attachment. And that's where a lot of people can have these insecurities and not think that they have attachment trauma or childhood trauma or whatever, just because it wasn't safe to be fully authentic.

That's right. That's right. Yeah. And it's it's interesting to, to to really look at this piece of the puzzle and many people will say they've had a happy childhood.

Um, but when you start asking, well, like, you know, questions like you were saying, well, we're all, you know, were you allowed to express your emotions, what happened when you were even even the process of of when people are letting their babies cry it out from a perspective, right?

Both you and I am like, right, that's just right? And I hear people and I just think, oh my gosh, like, so, so even things like that is, that's a trauma, right?

It's not like a big t, you know, sexual abuse, but it's still a trauma is an insult. It's a small insult to the nervous system. Mhm. He, there was an example that he was giving about government. He was giving about a baby that had colic and they brought the baby to see this was a different therapist.

And the therapist believes this therapist believes that colic is basically that that infant is just picking up. It's just too much energy that he's picking up from the parents. Whether the parents are stressed or whatever is going on in the environment, it's not about necessarily about a problem with the pile oryx finger in the child. I mean it could be, but in this case there was a lot of tension in the home and as soon as this child was was allowed to discharge.

And, and I don't, I don't recall what the therapist did exactly for the baby, but the parents reported that after that experience, there was, there was no no calling anymore. Did not.

And the child did not. And this baby would be crying, you know, eight hours a day. So the, you know, the, the infant is picking up this energetically, but not necessarily cognitively, but it's, it's happening in that felt experience and that's why it really comes down to someone recognizing, hey, I have, I have some insecurities around my worth, around showing up around, uh, or even I, I recognize that I have these core beliefs about myself that I'm not lovable, that, that I'm not wanted, that I may, you know, be rejected if I, if I do this. And that is one way to know that there has been an insecure attachment attachment trauma where you may not have memory of it or you may not understand why you have that, but those are the products of that.

And so that's one key to maybe maybe we should do this work. Yeah, absolutely. I think most of us are, are the walking wounded to some degree. You know, and I think it's just a matter of, of, you know, seeing if you're willing and willing and open to, to move into that space with somebody who's skilled to guide you, right? And it seems like from your life experiences, it has made you very willing and open and not only for your own health, but then you're able to kind of share that with your patients.

Yeah, yeah, absolutely. I mean, I do, I do my best to, I really, because I really feel that the mental emotional spiritual aspect is, is the most important work that needs to be done.

I mean, yes, the physical side is important and we can put the, you know, you know, nutritional building blocks and diet and, and and hormone balancing. But I really think if you're gonna get to that full place of true inquiry and healing you need to be, I think it's important to take a look at these pieces. Yeah.

And and this is exactly why I wanted to interview you and have you on this summit because this is so aligned with my work where yes, in order to optimize our biology, we have to address the diet and the sleep and all of these biological factors that do affect the nervous system and your ability to live well.

But that's not enough. And if you have trauma or if you just recognize that you've, you know, had stress or mood challenges and you're not on that spectrum where you want to be in, in terms of mental wellness, then you've got to also be addressing this emotional stuff and the body based work and how this stuff is showing up in your body because as your nervous system and survival system are wired.

That's going to show up in your physiology and your biology and being able to work with that rather than trying to just work with your logical brain on stuff that's, that's much deeper in the core, in the limbic system and in the nervous system.

Good. So for those who really resonate with what you're saying and they would want to get started, what tips, what practical tips can you give them for? Hey, this is this is a place to start.

There's so much to do.

Practical Starting Points and Closing Remarks

But this is a place to start for either them, their child, whether or not they actually have a diagnosis yet, Maybe they do, Maybe they don't. But where would you say, hey, this is where you start. You know, I think for me and a really important place to start is, so there's those two places. So one is with that movement piece.

You know, I feel like, I think it was Michael paul in that said that we've sacrificed to our, we've sacrificed two hours a day now for minimum for screen time and what have we given up in that two hours, right? We've, we've given up cooking and we've given up exercise. So I would really encourage people to, to, if you're not already have on a exercise or movement.

I don't mean sometimes would exercise scares people. So just, you know, movement. Your body is designed to move, so move it. Um, and then the other piece to start would be with the nutritional, the nutritional side is something just sometimes as basic as the, as the water intake, a lot of people are, are only drinking coffee and pop and maybe have one or two glasses of water. Your body is not designed to run on those, um, you know, those fluids, your body is 70% water.

So we're wanting to really optimize the water intake and, and, and um, nutrition. So I would say a great place to start see if you can challenge yourself to cut out anything that's white.

So white products, white bread, white sugar, dairy. So just see if you can cut that out actually, maybe even just pick one of those three, because that's quite a lot to cut out all three of those.

But if you can the better the better off you are. So that's that's where I would suggest people to start. That's awesome. And that's actually where I started my journey several, several, many years ago.

So thank you. Thank you for joining us today, Doctor Chris. I really appreciated this. Really appreciate your message, your, your vision and your work and all that you've been able to share with us. I encourage our listeners to get your book beyond the label. Fantastic book cannot recommend it highly enough. Thank you so much.

Thank you so much. I really appreciate that. I appreciate you so much. So yeah, it was great to talk with you and thank you for joining us today. I'm dr amy and together let's find that next level of Health and Aliveness