Introduction and Guest Welcome

Hey everyone, welcome back to another episode of the Depression and Anxiety Solutions Summit. I'm Doctor Drew Ramsey, your co-host and we've got a superstar with us.

Doctor Emily Deans is really been like I would say, doctor, didn't you? One of my writers dies when it comes to nutritional psychiatry, you know, seriously, like no one was thinking about this or talking about it, the American Psychiatric Association or really writing about it.

I remember working on the Happiness Diet, and, my coauthor was like, you know, this Harvard doctor, doctor Emily Deans, and you had really one of the first, most active, most read blogs about food, mental health, evolutionary psychiatry.

And so it's a real treat to have you here as we talk about, you know, some of what you've seen, because you're also such an active clinician and you've been a really good friend to me.

So. Well, welcome to the summit. Hey, thanks for having me, drew. Always good to see you. It's really great to see you. I can't wait to present sometime soon somewhere with you. Fun.

Well, let's get right into it. Thinking and helping everybody who's watching. Think about evolutionary psychiatry, kind of what that is. And how does that, you know, how to paleolithic, how does that matter to us and how we're managing our mental health today.

All right. So I, I guess I usually want to start with what it isn't, which isn't sort of just so stories. It's not that we should all be drinking raw water and be anti-vax and, and that kind of thing.

It's it's an element of taking what we know about human physiology and human psychology and what we revolve to, and taking snippets of that and using those as hypotheses to see if, oh, you know, maybe if we changed our lighting at night or our nutrition or something like that to something that we're more evolved for than, say, processed food.

Then does that improve our mental health? And, you know, I think you can make a lot of steps in that direction that are both very safe, inexpensive and, but you do have to avoid some of the pitfalls, which is, again, this naturalistic fallacy that just because something's natural means it's good for you.

That's not true at all. Yeah. That natural and also kind of ancient.

What Evolutionary Psychiatry Means

You know, there's a way that paleo is is somewhat kind of, seen as just, you know, in line with your health in a way, and with your genetics in a way.

And there's certainly a lot of truth to that. But then also, you know, sometimes, like excluding technology and, and excluding some of the progress that we've made with science and also especially for us as psychiatrists, the progress we've made in understanding the brain, what these disorders are, what they look like, you know, what are the best evidence based tools.

And so there's two aspects of evolutionary psychiatry. Kind of what it is. There is the kind of lean genetics, and is there some benefit to mental health problems, for example, psychosis or schizophrenia or maybe clinical depression?

There is a reason they've persisted in such high numbers among among people in there are also genetic disorders. You have higher risk of developing depression if you're if your parents had depression, for example, and the same with schizophrenia. So, that's not necessarily the most exciting part of evolutionary psychiatry, because it's really only intellectual.

You have your genes, you don't. Oops. Sorry, I just spilled water. Don't worry. Hold on one second. Let me grab a towel. For not drinking raw water. Doctor Dean's well is after Dean's is refreshing her water.

If the idea of this is, you know, a lot of us here, about a, let's say a Paleolithic perspective, evolutionary perspective, you know, thinking about how our environment has changed so much faster than our genetics can kind of change to keep up and adapt for something or adapt to something in just a couple of years.

Okay. Sorry. It was just got on my. Yeah. All right. I suppose that can be edited or not. Who cares? I think, For sure. All right, so I was. I marched, I marks the cliff. So.

Okay, we can pick it up. You were, you just seen. There were, like, two ways to view evolutionary psychiatry. Kind of getting it right. So the first way to look at evolutionary psychiatry is through the genetics of it.

And we know that most psychiatric disorders are inheritable, at least to some extent. So schizophrenia depression, anxiety it all does tend to run in families though.

It's many, many genes that are at fault and usually not just one. Like we think of sort of simple genetic illnesses like cystic fibrosis. And so the question is, was there something evolutionarily helpful in terms of like natural selection if you have depression or schizophrenia, and why does it persist in our genes after all these many generations?

But I love this idea. Just a little bit of it in the sense of, that if there's preservation of something in our genetics, there is some functional utility for it often.

So something, maybe that's not always true. I can think of diseases where maybe that's not true. But, you know, with depression and with diseases that affect our cognition, our mental health, our experience of realities, it's really a nice way to think about it, because so often people just feel, you know, that's that stigma of, you know, mental illness, like a diagnosed mental illness.

Yeah. There's two elements of this. I think that are maybe sort of helpful sometimes to talk with patients about. One is that there was a study, a very large study of many, many mental health problems, and one of them socialized medicine countries where they can track every single person who has schizophrenia and all of their families.

And they found that while not, it wasn't true of the patients themselves, except bipolar. They found that the first degree relatives of patients were much more likely to be in very creative professions, and they were, linearly less likely to be in something like an accountant.

So and they found that they also linearly dropped off. So first degree relatives were more likely to be in creative professions. Their cousins or second degree relatives were somewhat more likely to be in creative.

You know, careers of some kind. And then third, you know, third cousins and going farther and farther, you know, there was no correlation at all. So, so there may be some connection between psychosis and creativity.

And it kind of makes sense because what is creativity? It's you take two disparate ideas that don't necessarily come together and you put them together in a new and interesting way.

And psychosis is kind of like taking disparate things together, and you put them in a way that makes no sense. Right?

Genetics, Creativity, and Mental Illness

So there's a sort of affective disorder, a low psychosis sort of mania, or kind of, the loosening that happens sometimes in when people have a bipolar illness, or maybe for a lot of people watching who've been struggling with depression or anxiety, you know, sometimes just that question of, you know, is there potentially an underlying bipolar illness or will something from that kind of toolbox work to think a little bit about kind of the evolutionary perspective, specifically about depression and anxiety?

It sounds like one, you know, there's some genetics involved. We have to be aware of that. And and what's the sort of second component? So the second component, is more what I was talking about at the very beginning of the episode, which is that we're mostly involved because, you know, of the 10,000 generations of humanity, you know, the vast, vast majority, the first, the last 500 generations maybe have been with agriculture and then the last 50 or 20 generations, maybe with, more industrial.

And then we're at like generation one and two with digital. Right? So that's a lot for our mostly hunter gatherer brains to kind of take in. And bodies.

And so has that affected our health? I think, you know, obviously our industrial food supply and current food environment, I think everybody's in agreement that that's a mismatch with our bodies.

And so, you know, 60% of the adults in the United States are obese, right, or overweight. So does that affect their mental health as well? Or if we have more anxiety depression than we should, just because there's a big mismatch between our environment and what we were evolved for?

Again, it doesn't mean that we shouldn't ride in planes because we weren't allowed to ride in planes. Right? But, it does mean that maybe when you're on a plane ride and you do have bipolar disorder, you should pay attention to that.

The switch in the in the light when you, and suddenly have an earlier or longer day. And because there is a higher element going, from west to east or east west of depression one way and, mania and the other when you land at the airport.

So knowing about that, how can you, how can you, insomnia and, you know, looking at our digital devices at night, you know, we were evolved really only with fire and sunlight and moonlight and starlight.

Right. And fires tends to be a very yellow light. But we have all these LED digital lights that are blue lights. That is a direct signal to your brain like, good morning, wake up, wake up, wake up.

Literally, you have cells in the back of your eye that respond to blue light in that way. So understanding that and kind of knowing also natural patterns of sleep like before there was a, an electric light.

Most people had two periods of sleep where they kind of went to sleep a few hours after it got dark. And then, you would wake up in the middle of the night after a couple, three sleep cycles.

Usually people would kind of it was called first sleep and second sleep. Now and then. I've got to ask you about this was I'm one of these people and I feel like my sleep pattern has been lost.

And two things. One, and maybe a lot of people listening who struggle with depression, you know, this. You wake up maybe like you go to bed at a good, you know, you practice, you sleep hygiene, you do everything you supposed to do.

Go good bedtime. Now, let's say ten, and you wake up at 1 or 2 a.m. and you, you can't fall back asleep. Well, and I think part of that is because people think, oh my God, I'm supposed to have my eight hours now, how can I, you know, and you wake up and suddenly you're catastrophizing because also you have to get up at six.

You got to get the kids up, you got to make the breakfast, you know, etc.. So all that catastrophizing, but it's actually if you tell people sometimes you know what, it's actually normal to wake up after about three and sleep

cycles, most people don't even remember it and fall right back to sleep.

Sleep, Blue Light, and Nighttime Waking

Sometimes just even normalizing that that's a normal sleep pattern can be people feel better and then you just have to worry, you know, think about, okay, what can you do instead of catastrophizing and then use other methods like certain types of meditation or breathing, or sometimes I'll have people put on, noise canceling headphones.

And if it's dim, you know, not to be on your phone too much, but some people have, strategies to get back to sleep, like listening to boring podcasts or something like that.

And, it's when you don't freak out when you wake up in the middle of the night because you're scared that you're not able to go back to sleep. It does tend to help.

And sometimes, you know, on rare occasions, people can. It's a difficult time because you can't really take too many sleep medicines. It's not that great to take sleep medicines anyway.

Because sleep medicines are last for longer than the four hours that you need. But sometimes you can say, okay, well, you know, take a little half milligram of melatonin and try to get back to sleep or something like that.

But I like your idea of have a plan and an active plan to to not panic and to think about, you know, what kind of soothes you. You know, I sometimes wake up in the middle of and it kind of upset.

It feels like my brain's in a weird state. Is there some evolutionary reason for that? Or is that just, like, you know, the way that I've always been a little wonky.

So I have two answers to that, that are sort of grounded in how our bodies work and our physiology and, and evolution, and that I've certainly seen people wake up, especially usually start the middle of the night at 2 a.m.

usually it's more like midnight after a couple hours. And those are people who carve out right before bed, you know, they're sitting on the couch eating popcorn or, or something like that.

And, or they have a really, really sugary smoothie of some kind or juice. And so what happens is that if you eat a lot of carbs right before bed, which is often that soothing stuff that we reach for at night, your, insulin levels go up, but then in your blood sugar levels go down.

So your insulin levels go up and your blood sugar levels go down. And then, when your blood sugar levels go down, that can cause a cortisol response. So that if you especially if you're primed for that, if you have anxiety already, people can wake up with panic attacks.

And you can sometimes change that by just having them switch what they're eating before bed, like a high protein snack or something like that. Or not eat before bed.

Now, this is a really great tip. I think this often gets missed because you wake up and your heart's pounding and you think it's a panic attack or is a horrible nightmare.

And and, you know, certainly those things happen and don't mean to diminish those, but if you see yourself doing a lot of carb cribbing at night, which is so common in depression and anxiety, and I think often for me like one of those signals like, you miss bedtime again, you know, like you wouldn't be struggling with this if you've gone to sleep at a reasonable hour.

So yeah, and a lot of people also wake up and eat in the middle of the night. Yeah. People don't often tell you about that unless you ask about it, but it's not uncommon.

And I wonder if there's some element of this to that as well. Yeah. Everybody listening. You know, just I mean, if that's happening, it's a great thing to either talk with your provider about it or just, you know, think about it is maybe one of the challenges or even more than a challenge.

Just think about it as like, that's a really cool, an interesting piece of data for you. In the middle of the night, you're waking up, you're starving or you're hungry.

You're getting signals that you're are you're eating, it's, you know, a very common thing is you're noting that is. Okay. Can we talk a bit about some of your nutritional psychiatry basics?

As I just really think about you as one of the really early and foundational, nutritional psychiatrists and the clinical side of things in the US, you just have always inspired me.

You're one of the first people to present at the American Psychiatric Association around food and mental health and get us all kind of thinking about this.

So can you tell us, like just some of the basics, that when you meet with a patient like, what are you asking and what are you kind of hoping we're going to do in terms of our diet?

I mean, this is some of the stuff that we hone together. And then also, you know, from the Happiness Diet and some of your other, eat complete other books that you have.

There's lots of strategies there. But really, where I come from is a place of being very personal with somebody, not necessarily about my just not with a psychiatrist.

Do we don't necessarily talk about ourselves very much to our patients. Just a little. Bit. I'm getting loose. I don't know, I'm like 50 plus now. Like I don't last me.

No, no, no ask me anything. It's like I have a lot to talk. Yeah. Well, usually people like to talk more than, like to hear. Can you hear me talking? The podcast audience seems to be the exception here, but, so I ask people, what do they like to eat?

What are they not like to eat? Some people have issues around texture. Some people have really ethical issues around eating meat or, you know, they only eat meat or, you know, they have religious preferences that they, you know, that they have to do.

And so and then you ask them, you know, what, what's going on? You know, how can you change it? Did you want to change your diet? If they don't if they're fine, you know, you talk about it a different time and talk about something else.

But if they are interested in seeing it's changing, their nutrition can help their mental health. Then you talk to them. Really, it's basic stuff. It's stuff that will help your health in other ways as well.

Eating more whole foods, reducing that alcohol. You know, I've never sat across from anybody and said, you know, what you need is more drinking. So no, that doesn't happen. So, you know, reducing or eliminating alcohol and then, more, more or less processed food in general or really just upping that protein, you know, in any which way we can.

And sometimes that's a matter of and and also upping vegetables and fruit consumption mostly. And often that's a matter of, you know, I talked to somebody who'd never cooked a vegetable in their life. So we actually went online.

I showed them a vegetable steamer because that's, you know, with frozen vegetables. That's kind of the easiest thing that you can do. You know, there's no chopping, there's no this.

Quick for everybody listening. When was the last time you steamed a vegetable? Because, you know, I'm a guilty

sortir. I mean, I'm guilty of something.

I saute a lot like everything in olive oil, which I love because I'm a pretty plant for guys. Who gets me some extra calories, get me some great oleic acid fats.

But I think I need to do more vegetable steaming. So the only reason I talk about steaming this thing is because this is someone who's never cooked before, and steaming is really hard to screw up.

Yeah, and you can do a lot of this. I mean, a lot of people listening. I think, you know, maybe everyone's cooks, but there's certain things that we just like, don't do, like we did.

And I was like a year or two ago, I hadn't thought about pesto or hummus in like 18 months, just totally forgotten about. So I love that you mentioned steaming.

So steamed vegetables and kind of making it easy. Yeah. And frozen vegetables are generally cheap because I know a big problem that sometimes I have is I buy vegetables at the grocery store, and then they rot in the bottom of the fridge before I can.

Ever. Put them up. And. Yeah, and what if Doctor Denes and I are doing it? I just want to be sure. Like that's okay. You know, what I like about that is it means I don't like food, waste food.

It means you're trying to eat a lot of plants. And I think the one thing that the pandemic eating, and I'm sure I've said this before in other solutions interviews, is just more around this frozen, fruits and vegetables is just a great way to, to be more economical and have less food waste.

Right. And then if it's someone who's really kind of on the other end where they. Oh, they're so into food and they really love the, farmer's markets and stuff.

Then we talk about, oh, have you tried this weird vegetable? You know, that they only have at a farmer's market, and you're not going to be able to find at the regular grocery store.

And so you just kind of meet the person where they are and encourage more. And I'll tend to do the, the, the high frequency items or things like vegetables, sometimes fruit.

Nutrition Basics for Mental Health

But also, fish and seafood, which, you know, they have as you know, they have tons of brain nutrients in them. The omega threes, the zinc, the vitamin B12.

But it's something that people either don't like. They don't like the texture of fish is kind of scary to cook. And so then and, you know, we'll talk more about that kind of thing or try to encourage them to, get more seafood in their diet.

And if they don't, you know, how can you get omega three and other ways, maybe even supplement? And so I just again, I meet people, but the key is to be just very personal and ask that person, be very curious about that person and kind of beat them where they are and not, you know, they'll tell you if they really oh, you know, I eat way too much ice cream or, you know, I'm always having, you know, frozen.

But our conversation was confidential. Doctor D and so I didn't know you're going to hear about them if I do eat too much ice cream. And you know, the way everyone that I saw that recently, we've had to go a little dairy free has been a little gut thing going on with some of our family members.

So just not much ice cream in the house. Last time I went freshman, I had to get in the car and drive with my daughter. And you know, sometimes we all go through periods of our life with foods or with alcohol where like, that's just really the best approach.

Just don't have it in the house. Right? Like simply at home for a while, get things back on track. So I, I really I love what's in your message deem that I think everybody who's maybe struggled with their clinical care, their clinical team, it really right away pay attention to this.

Are you getting personal care, meaning that people want to hear about what you personally like or don't like? They're curious about where it comes from.

So often I think both medicine and kind of in general food advice kind of really runs roughshod over people as preferences around flavors and textures, as you mentioned.

But also a lot of individuals have really, you know, strong moral values, whether, you know, it's ethical around animals or, you know, from, cultural or religious values.

So it's really important to have a provider team, that's approaching things personally and is fun for you all to that as you're listening and thinking about my favorite examples of Mediterranean diet, which is like, how do you how do you apply that to your lifestyle?

Because you know, where I'm from, rural America, you know, that's like more pasta, more pizza. Right? And that's, you know, like Italian, that's Italian.

And it's like, maybe a hoagie is like, oh, you want to go Greek food? It's like a hero, right? It's it. And so really, how you can think about your food environment and.

The Fritos are a vegetable. Fruits or vegetable. So yeah. So, so more plants, more seafood that is. Where are you with the whole, like, fermented food, craze that's been going on. So I'm not sure fermented foods can go either direction because, you know, there are some studies with people getting brain fog and worsening brain fog if they, take probiotics or eat yogurt.

So I kind of ask them both sides of those things. How do you know whether a person that have brain fog is cause for like fermented foods or like, I've not I don't know much about that.

So this was a study in a tertiary GI clinic, and they found a overgrowth of basically lactobacilli in the small bowel. And they found that that lactobacilli was releasing, like lactate into the, into the bloodstream and lactate, as you know, from people with like end stage, liver failure, etc.

high levels of lactate can cause really bad brain fog. Is that some of the ways that Sibo, the small, intestine bacterial overgrowth, causes some of the brain fog is releasing like.

So often you'll see it with also people will have the other symptoms of Sibo. So kind of be heartburn about bad breath, IBS symptoms, that kind of thing.

So you do have to kind of question and maybe have someone go off yogurt or they've been told to take an probiotic and have them, okay, stop, stop all that stuff for a little while and just see if that's contributing.

In most people, it's people can get better and feel better on probiotics or on, probiotic foods so that that's, you know, everything becomes a complicated question.

So I appreciate you giving both answers, whether it's important for everyone to hear. And I love speaking with you because you're a clinician treating patients.

And I'm very pro fermented foods. But also if you sit with patients, you know, some folks I remember had a patient with a mast cell disorder that if she had anything age, she ended up in the emergency room panic attack.

Right. Right, right. Yeah. Yeah, that definitely. Histamine can, you know, sort of laugh when I recommended fermented foods. But the first clinician that tried that, you know, it was a really horrible outcome.

So so mostly good on the fermented foods. But if you're having gut issues or a lot of bad breath 11 GI upset Gerd, you've had small bowel problems. Be mindful and careful.

If you have a lot of those on board already, maybe think about pulling them off for a little bit. I think that's a great recommend. Or great, I think people really, you know, consider is just like, you know, taking a little break if it is apparent it's been working and you're struggling.

On the other hand, I find that people who really can't tolerate dairy, which is a pretty good source of protein and calcium and some other, vitamins that we need, they do much better with fermented dairy.

So people who won't touch milk or any calcium or any cheese or anything cheese is usually easier. But, you know, having take a little kefir at night or, you know, I also like as a wine substitute, you know, if you're going dry for a while, I actually like a kombucha, not the the nonalcoholic stuff they serve at the grocery store.

But I do, alcoholic food, like a hard kombucha is a way of, you know, what I like about that, especially if you do well with, like, some of the cool botanicals or other nutrients is like, you know, you can get a fair amount of, like, vitamin C and probiotics, right?

Yeah. No, I mean, it's not, I don't know. It's just one of the things that go to that empty calories. Right. And it's also it's usually they're not very hard, you know, usually it's probably half of beer, you know, I don't know.

It depends on which state you're in. I know some beers are in some states, like if. You're a psychiatrist and you've known me when I had just started eating seafood because I did that late in life, in part because of some of our early works together.

And now I'm a real seafood eater. And I also used to drink and like alcohol a lot, and I haven't been drinking for a while now. And I was thinking, you know, you've had a really good effect on me.

Doctor Dean's it's been it's been, you know, powerful clinician. But my favorite part about kombucha is because I really try not to eat sort of, sugar on its own, really.

So I never drink anything like juice or, you know, but I'll drink maybe a diet soda every once in a while, but I don't drink. You know, sugar sodas. I don't like add sugar to things in general.

And so it's, like, really nice because the little bacteria and yeast or whatever, it's in there, it's eating the sugar from the juice for you. So you can have the probiotics, very low sugar drink.

You know, but it's still sweet and kind of nice.

Fermented Foods, Gut Health, and Caution

So I completely kind of big fan of kombucha. And I think, again, if sugar sweetened beverages, one of your guilty pleasures, you know, a lot of people go to diet.

A lot of people that are herbal tea. Some people quit cold turkey. I found kombucha really great. Also great, really helpful for me getting off of the alcohol, which I know if people are struggling with anxiety, you know, alcohol was one of the best things.

So cheap. It's everywhere. It's like out of in in a, you know, bottle. Until the until the rebound the next day. Yeah. Until the rebound the next day.

And it's just not an effective long term tool really contributes to depression. Really makes any treatment of depression harder. So, some of these fermented foods or, you know, both evolutionary food fermentation was the first way we had to store food.

That and what salting. I think it was really, drying. Yeah. And drying. So, you know, ancient way that we've eaten, that is, I'm curious about some evolution.

Three tips, some more of them you have. These are related. We've heard some about, you know, the blue light and digital lifestyle. We've heard some basic ideas around food and some things around dairy and the kind of, and I think about, you know, circumspectly, fermented foods.

There are some what we consider kind of like top areas for evolutionary psychiatry. Perspective really applies to depression and anxiety. Yeah. So when I talk to people about anxiety, I tend to talk to them, say, look, the difference between us and the people who have died out is that all of our ancestors, every single one of them, live long enough to have a kid who lived long enough to have a kid who lived long enough to have a kid, right?

That's true of all of us. And there's that unbroken line back to the first humans. Right? And so what was the difference in people who maybe didn't live and did live?

Probably people were more anxious. So they took, you know, they got that weird tickle in the back of their neck and they decided, whoa, I'm not going to go into that dark hole and search for something.

Or boy, I can hear screaming from the other side of the, you know, tribe. Is somebody attacking, you know, there's also an element to bravery and and taking care of people standing up.

That's also those are things that are protected as well. But we don't ever much talk about how anxiety is often protective. And there's a very good old book called The Gift of Fear by Gavin de Becker.

He's an interesting fellow with all sorts of stuff, but that book has some very kind of useful insights into, how how anxiety can actually be helpful for you.

And that's why we have it, right. It's to save your life. And so sometimes with that perspective, people can not feel so terrified of anxiety. And also kind of you can be gentle with yourself.

And I've never found that being harder on yourself is good with almost any psychiatric illness. Little, little, little tough voice in the motivation. Sometimes, like I hear Coach Tony Gary, who's my college basketball coach, and he was like his tough. But mostly I agree.

I think gentle, loving kindness is really the way to approach these things, and especially symptoms I find for myself. Like, I tend to have a very anxious, like my heart will pound when I get upset.

In a way that's kind of embarrassing. And so, I've tried to approach it much more, much more, kind of curious and kind and gentle like, Like, why is this happening?

Like, let's let's go. How can you know what's happening to me? Because otherwise, you know, just kind of, like, upset with yourself. But it's happening again.

Right? And it's another way is another cognitive behavioral technique is to kind of separate yourself from what's going on and kind of look down at yourself and may not surprise you that one of my main primary defense mechanisms is intellectual predation.

And this is one way that you can intellectualize anxiety, like, okay, I'm having panic right now because that's just it's a natural reaction. It's an overreaction of a fight or flight nervous system.

It's something that all of us have there also helps me describe people how to help anxiety over time. Besides me, you know, medication, ways that we have to do it.

But really, the, the cures for anxiety or more along the realms of okay, I'm scared of lion. Ultimately, what I need to do is put my head in the lion's mouth to kind of overcome my fear. But you do it stepwise.

You start by petting lion cubs and then, you know, that's kind of a stupid example. But, knowing that, okay, my fight or flight nervous system is over here and it's way overpowered and it keeps getting lit up by all sorts of things, even if I'm just in traffic or this all of a sudden I'm having a panic attack because I'm way too up here with my fight or flight nervous system.

What you do is build up your rest and digest nervous system. So that they're in balance. Right? And so you strengthen this side of things.

Anxiety as a Protective Signal

And that's what yoga and meditation and done the right way and with good explanations help, but also with exercise, eating well, avoiding that alcohol.

So you're avoiding those triggers. I just I want to know were there ways that like, we know of that, that Paleolithic peoples, like the people's of evolutionary psychiatrist greatest interest were their ways, like, they didn't know necessarily do, a lot of the wellness stuff that we do know.

They do not know. And they didn't have, like, green juice or cold plunges, like, you know, some cultures had some stuff like yoga for, you know, thousands of years, but not way, way back.

Well, do we just not have to worry? Do we never think about it or. Well, so there's a couple different ways. And some of this is so distinct from our culture, especially Western culture, that it can be hard to even think that way.

And you also, again, things aren't all perfect back then. You know, it was very common for neighboring tribes and stuff to go and kill everybody except for the women and take them back to their, you know, this this wasn't that's what a it was.

So yeah. Yeah. I love reminding everyone the reality of the evolutionary perspective, which was like violent, cold, hungry misogyny. I mean, it just, you know, it was not a nice place, in a lot of ways.

But when you study hunter gatherers, they find that they generally tend to work about 20 hours a week, that rapidly. And so in your average lifespan of hunter gatherers were 35, most of that happened, you know, once you lived to adulthood, you were very likely to live to 70, 80. So, people think, oh, you can't learn anything about medicine or heart disease from paleo because we all died at 35 before you had a heart attack.

And that's not actually true. You know, you go to the heavens, for example, and they live till 70. They don't tend to have they don't have, weight gain.

They don't have heart disease. They don't have hypertension. A bunch of them smoke too. So that's very interesting. But they generally tend to work about 20 hours a week.

There's tons of time spent with families sitting around talking, napping, studies of hunter gatherer sleep. There's a lot of napping there. There was a tribe of something around 30 people.

They had. No. This was a study of people that were horticulturists, but they had no electricity. And no, no AC and there were only heat was fire. And they would they had sort of tent things that they slept in, but they found that in this group of 30 people, only something in the whole 30 days that they were studied, there was only time when everybody was asleep, like 20 minutes total of the entire 30 days.

And so again, that just tells you more about natural sleep. Teenagers, they tend to wake up later. They go to sleep later. Older people, older adults tend to, go to sleep earlier and wake up really early.

And there's a natural progression of that through the life cycle. And they think that there's something of what's called the sentinel hypothesis, which is that it just means that you don't have to set out a guard for to look for bears or marauding others or whatever it is that people are just naturally kind of different time awake at different times

and then talking to people about that.

So if they're a late riser and that's kind of they have a we call a sort of like a late chronotype, right? If you can, can you work your life around that?

Can you take a second shift job. Can you you know, and if you're an early riser and your boss lets you and you want to miss the commute and go in at 6 a.m.

and they're okay with you leaving it, you know, two instead. I mean, is there a way that you can work around that instead of fighting it and always changing you to meet, you know, the world around you, you know.

I do, actually. I've always been guilty.

Practical Takeaways: Family, Exercise, and Self-Compassion

I was in a morning person when I was, like, just grumpy, horrible to wake up. And then I moved time zones. And in doing that, I'm like, automatically up at 5 a.m.

and I feel so cool. And I'm not sure that, you know, whether I'm really a morning person now or whether I just. You're just a morning, a morning East coast.

Yeah. East coast person living in a different time zone. Well, wow, this has been a wonderful conversation. And with all of these talks as a end to it, I really want everyone to just quickly think through what we've covered.

One, I hope we've covered something around motivation and the personal approach you need. When I think about solutions and solutions that you have the power and the access to things like controlling your bedtime and your blue light exposure.

A lot of the tips that Doctor Diem is talking about, and some of the deeper dive into recommendations that you know, often just are blanketed out there.

Oh yeah, probiotics and fermented foods are great. And so thinking through your unique chronotype a little bit, thinking about who you're talking with, your, kind of care about, whether you're getting the personalized care and touch that you need, and then thinking about some of this low hanging fruit, that, that, really one of the leaders in nutritional psychiatry is reminding us really at the core of her clinical approach when she's thinking about, folks who are motivated to take control, some of the solutions out there for depression and anxiety, Doctor Emily Deans has lots of information up on her website.

She's got a great, new book out on summarization disorder. We'll have links to all of that on the landing page for the summit, but mostly, everyone as always, asked, please take this wonderful expert's advice and do something amazing for your mental health with it.

Doctor Emily Deans, thanks so much for joining or depression and anxiety Solutions Summit. It's a treat to be with you. Do you have a final piece? It's a final thought, a motivation, something maybe you send your patients out on their way with to help us kind of achieve new heights of our mental health and mental fitness.

So the other thing I would, go to, you know, spending your time with family, learning to listen, being patient with yourself, all of those things that you can kind of beef up with therapy.

That's I focus a lot on that. And then also we didn't touch much on exercise, but again, meet people where they are and get them out walking or whatever it is that they can do.

And that is good enough. You don't have to, you know, be jacked and, you know, just even any amount of moving is, is generally good for you. So those are the only other things I would mention.

Well, thanks so much, everybody. Thanks for joining us for another episode. I'm not sure, Dr. Ramsey. I'll be back with you really soon. Until then, take great care of your mental health care.