Healing the Alarm: Dr. Russ Kennedy on Anxiety, Safety & the Inner Child Part 1 Transcript

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Podcast Introduction and Guest Overview

Of course the mind influences the body as well. There is no two ways about that, but the baseline for those of us with chronic anxiety, for those of us with chronic worry, hyperventilation, sympathetic overdrive, that's an alarm state.

And unless we deal with that alarm state, all the changing your thoughts in the world isn't going to make that much difference because it's extremely difficult to think in opposition to how your body feels.

Welcome to the To Curious MD podcast. I'm Dr. Ali Ahmed. And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience, and beyond.

learning more about the art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to the Two Curious MB podcast, where medicine is more than science.

It's story, art, connection, and integration. I'm Dr. Ali Ahmed, your host, and this is a space for the curious. We're going to get ready to dive in in today's podcast with Dr.

Russell Kennedy on healing anxiety, the body's alarm, and how this applies to our healthcare system.

Anxiety as a Body Alarm

Today's guest, Dr. Russell Kennedy, is also an author of the bestselling book, Anxiety Rx. And it is one of the most refreshing, real, and deeply human voices in mental health space that I've found.

He's a physician, neuroscientist, a yoga instructor, and also a former stand-up comedian. And I don't know if it's former, but current. And he blends science with soul, humor with healing.

In your book, Anxiety RX, he reframes anxiety not as a mental disorder, but as an alarm in the body, a signal that disconnection that calls us back to safety and presence.

And in our conversation, I hope we can explore how anxiety lives just not in our patients, but in the healers themselves and how physicians can learn to feel again in the system that often demands we actually shut down.

Russell, welcome to our podcast. Thank you, Liga. It's nice to be here. Well, you've said anxiety isn't just in the mind, it's in the body. And so what I'm curious about is what was the moment when that became clear for you in your life?

Well, we're going to jump right in. As I said, I'm still a standout comedian, so I still do sets every once in a while over at the comedy club that's here.

I found anxiety in the body through an LSD experience in 2014, and that was the lowest point, I think, of my life, or one of the lowest points anyway.

I had just ruptured my left Achilles tendon, and I had just decided that medicine wasn't for me, so I got out of allopathic medicine. And a friend of mine was very adept at psychedelics.

So he said, well, we're going to take you on an LSD trip, which scared the crap out of me because I'm a scaredy squirrel to start with. So, but I did it and it really showed me that what I called my anxiety that I thought was in my mind.

was really this sort of purple, hot, spherical, crystalline density that was stuck in my solar plexus. As I was coming out of the LSD, it sort of showed me, I don't know how exactly it told me this, but it said, your anxiety is here, it's not here.

And after that, I really started looking anxiety at a very different level. And I thought, well, what if Anxiety is really a state of alarm in the body anxiety of the mind is really the state of alarm that's in the body and we're treating the wrong thing we're trying to fix the thoughts of the mind when they're really only a symptom of the underlying condition which is this old alarm that's held in the body typically from childhood trauma not everything is from trauma but.

You know, 80, good 80% of chronic anxiety is from childhood trauma. And what if we are holding this alarm in our body and that alarm is read by the insular cortex, the deep, deep part of our brain, because I try and bring in my neuroscience as much as I can.

And that insular cortex really reads the body all the time. And if it reads this horrible sense of alarm that's stuck in our body from abuse, loss, abandonment, rejection, having to mature too early to the child, shame, all these things that get put into the child's body, when the insular cortex reads that, it sends a message to the default mode that, hey, we're in trouble.

We're in trouble. And then that default mode, which kind of creates this continuous sense of self in our brains, It isn't really changed by a lot of new understanding or new material.

It's really from the childhood. And the childhood programs your default mode. And this default mode is what we fall into hundreds of times a day. You know, when they found this in the early 2000s, they would put people in MRI scanners and they would give them a word to describe or a math problem.

Childhood Trauma and Family Background

And when they were doing it, the brain would follow this certain pattern. But they also noticed between these little tasks that they were given, the brain would fall into this kind of repeatable, pattern of neural wiring that eventually they found was this default state that we all kind of fall into every day.

So our default mode is kind of programmed when we're in childhood. We fall into it hundreds of times a day. And if your childhood was full of trauma or pain, that default mode creates a lot of these worries, but the signal from these worries comes from our body.

So our body sends a message up to our brain. We're not safe. The insulin gets a hold of that, sends it in the default mode saying, You know, we can't handle this, what's going on.

And the default mode just creates the same worries. This is why we have the same worries over and over and over again, because it's this one part of the brain that keeps regurgitating the same old worries over and over and over again, which keeps us locked in this alarm anxiety cycle, which most clinicians don't know about.

I know there's a lot of information there, so we'll have to unpack it kind of slowly. It's incredible. Exactly. I definitely concur with what you're saying.

I see this in patients all the time. When you ask them about their childhood, you ask them about their life and what was it like for them as a child? That's the question I ask.

I always listen to the answer because I'm trying to listen. Can they see themselves as their own child or were they seeing themselves outside of their childhood, their world, their experience?

their response to the trauma is the question. Like, what's your response to trauma? Is it a fight or flight, which is a trauma response? It's a sympathetic reflex.

It's a protective mechanism. We have to get into safety. So I definitely concur with what you're saying. And it's beautiful how you can actually put it in context for people to understand.

Like, it's an alarm. And I'll tell you honestly, when I set my alarm at night, you know, I actually don't like alarms. It gives me anxiety when I have an alarm.

And I tell myself, I know I need to wake up at whatever time I need to wake up. I don't need an alarm to wake me up. I can mentally try to tell myself that I will do that.

because waking up from an alarm is triggering to me and setting alarms for reminders are also triggering. But it's interesting how you put that into context of that signal of safety.

Well, tell us a little bit about your younger version of you. How did your childhood or early medical experience shape your relationship with this kind of anxiety?

And I do want to read something. Okay, go ahead. From your book. Sure. Which I found very, very endearing. And it reads like this in the beginning. For my dad, it wasn't your fault.

It's no one's fault. Your life had meaning. It's here in these pages. You can rest now. For my mom, which you spell M-U-M. You always did what you had to do.

The cost was immeasurable. Thank you. For resting my younger self, I have you now. I love you now. You can rest. Yeah, that's the inscription of my first book, the dedication of my first book because my father suffered unfortunately from schizophrenia and bipolar.

So my life growing up was kind of chaotic for sure. My little joke is that my father was psychotic and my mother was neurotic because she was a neurotic nurse.

So my own psyche didn't stand much of a chance. And the reason I wrote it that way is that my father's suicide note was, it's not your fault, it's no one's fault.

So that's why I put that in the dedication of the book because much of what I do is helping people that I couldn't help because I couldn't help my dad.

And I think even if my dad presented today with his combination of schizophrenia and bipolar disorder, I still don't think they could have done much for him.

I still think that he would have gone down the same thing because psychiatry really hasn't made a lot of huge advances in the last 50 years.

How Trauma Shapes the Nervous System

So if he presented today, I don't think his end would have been any different. So that's why I kind of do this work is because I felt so helpless watching him collapse because up until the time I was about 10, He was great, you know, and even after 10, he was still great.

He was still playful and adventurous and intelligent and fun, but he would have these periods where he would go psychotic or he would go into the deep depression or he would go manic and start playing his trumpet two o'clock in the morning.

So my life was pretty chaotic when I was younger. So what I had to do was learn that I can internalize that pain, treat my younger version, because I think that the pain in my solar plexus is the younger version of me.

And going back to what you said there about the sympathetic nervous system, we have this fight or flight, and then we have this rest and digest. So we have sympathetic and parasympathetic.

Now what happens in trauma, I believe, is that we get into this state of tonic immobility, which is kind of like having your foot on the gas and the brake at the same time.

So the sympathetic nervous system wires us up for fight or flight and activity. So when we get traumatized, this is what happens. But as children, we don't have the agency or the ability to do anything about it.

So we freeze. So at the same time, we are in high activation, full pedal of the metal and then in a braking system at the same time called tonic immobility.

And human beings can't stay in that situation for very long. So what happens is the trauma that is in our external environment goes into the conscious mind.

It's too much for a little child mind to bear. So it gets suppressed or repressed or whatever Freudian term you want to use down into the unconscious mind.

And as the body is a representation of the unconscious mind, it eventually gets stored off in the body. And that's where it stays for some people for their whole lives because they don't want to deal with it.

So what I'm saying is that this is the trauma, this is the background alarm. You know, energies can't be created nor destroyed, only change in form. So when we experience these adverse childhood events, this energy has to go somewhere.

Conscious mind can't handle it. We're not equipped as children anyway. Unconscious mind can't handle it either. It's too much without repair. So unconsciously we bury that into our body and then it stays there and then it resonates from that place.

And then it creates these worried thoughts of your mind because whatever you feel in your body, that's how you're going to think. If you're having a happy day, everything's great.

That new, that upcoming IRS audit doesn't bother you so much. But if you're having a horrible day, that IRS audit feels like the worst fricking thing in the world.

So it's our body that really dictates what our mind is thinking. Now, of course it goes both ways. Of course the mind influences the body as well. There is no two ways about that.

But the baseline for those of us with chronic anxiety, for those of us with chronic worry, hyperventilation, sympathetic overdrive, that's an alarm state.

And unless we deal with that alarm state, all the changing your thoughts in the world isn't going to make that much difference because it's extremely difficult to think in opposition to how your body feels.

Yeah, it seems like there's this always, you know, we talk about mind-body connection and I also mentioned spirit because emotional states. There is that connection that I think in medicine we have ignored and we have ignored the other aspects of healing modalities in medicine.

We have focused on, and I say we, mainly as a collective from what my own experience has been in how in healthcare we are trained to fix it. see the problem as a problem and fix it.

As a structural problem. As a structural problem, as a systemic system problem, not an emotional problem, not a spiritual problem. And for ourselves, we are told, you know, you don't have to feel here.

Don't feel too close. and how that has shaped our healthcare system, that there is a distortion in this mind-body

spiritual relationship and how this is itself creating a little bit of the anxiety in healthcare systems.

What would you say to that? Well, I think it's absolutely true. I think we are trained as medical doctors to be these sort of dispassionate scientists, right?

We're supposed to care. You know, we're supposed to care for our patients, but we're not supposed to get too involved with them, which I agree with. But when you see people suffering day after day after day, and you are a highly sensitive person, which about half physicians are, because that's why they went into it.

They went in to help people. It's very, very difficult to operate in a system where you see people sick, and you see the limitations of your own profession for one and the limitations of money.

We don't have money for that scan. We can't give that scan. We have to go through six different hoops to get that scan for our patient or get that test for our patient.

And if you have that for one or two patients, that's fine. But if that's now 20% of your population is now waiting for surgery, waiting for a test, waiting for some sort of outcome, They're all up in the air.

It's like an air traffic controller. You know, we have all these patients up in the air. And back when I started practicing in 1990, I might have, I think my patient load was about 1500 at the time.

I might have 25 or 30 people like waiting for surgery, waiting for a test or whatever. And then when I finished, you know, in that first role as a family doctor, I probably had 250 people in the air waiting for a test, waiting for a surgery.

Cause in Canada it's free, but you also wait and you wait for a long time sometimes. So that frustration, I think, really impacts physicians and it causes them to wall off and shield up even more.

And then we lose that connection. We lose that ability to really connect with the people that we're supposed to be treating. And then we become technicians.

We look at the treatment protocols.

Medicine, Emotional Distance, and Burnout

We follow the treatment protocols. but we don't really make that connection with people. And I understand that because it's very difficult to make deep connections with people who are really suffering.

It's hard on a sensitive physician's mind to do that. There are ways to do it though. And I think it's just understanding that you don't have to be all or nothing.

You can be boundaried, but still be caring, still be connected. And I don't think we teach that very much. And I think that's almost a skill that some people have and some people don't.

Like I see doctors that are very good doctors. They're very competent. They know how to interact with people. And I see other doctors who are extremely competent, but have no idea how to interact with a human being.

And you don't see that so much in like chiropractors or naturopaths. They need patients. So they are typically much more bedside mannerish because they are not in that sort of allopathic medicine field.

And they're in competition with each other. Whereas we're not so much in competition. As soon as you finish your medical degree, you're pretty much full as far as your patients go.

So they have to be more connected. Those alternative professions have to be more connected to keep a business going. as we don't need that and we have a steady flow of patients regardless of what kind of a jerk we are.

I think that's the reason why there's a lot, well one of the reasons why, there's a lot of backlash against doctors. Yeah. You mentioned this walling off, emotional walling off, I would call it, or this emotional barrier bound for you, buffering from that experience.

And I agree with you there. And this is one of the reasons why I went and did narrative medicine. Mainly, I thought I was going to be writing. So I thought I was going to learn how to write about medical worries, because I was always writing medical stories.

I'm a pediatrician and a hospitalist in medicine. One of the things I realized one day when I had another doctor I was talking to and they were talking about pediatrics and said, oh, I could never do pediatrics.

It was just so heavy and so hard. And I was like, really? You think that? That's really strange because I think pediatrics is fun and playful. And he goes, yeah, but when you're dealing in the hospital and you're seeing all these sick kids and everybody's so happy, Well, I couldn't reconcile that.

I couldn't be that happy. And I said, well, why is that? I was thinking you have to present yourself to your patients and be aware of what's happening and maintain that observational objective view.

Yet, and in pediatrics, you have to be very much playful. Oh, yeah. And so when those hard things are happening, you're not even thinking about it, but you feel it.

It comes in your body. And as I recognized this, I said, well, what was my way to resource that? Well, that's why you wanted to write. You started writing to really just release those stories from your body, which is what I had to teach children and teach patients and teach residents the art of empathy and the art of compassion.

And it is a methodology and there is a skill to it, which I think is very, very important to ingrain into our healthcare system and retrain our students and residents who are going in.

There was always that art of medicine. Would you not agree that the old way of healing in our mind, the doctors at the bedside holding the hand of the patient, what's happened in healthcare that we're not able to do that?

And we've lost that art. Yeah. I mean, I think too many patients, for one. You know, Christian Murdy said, you know, it's no measure of good health to be well adjusted to a profoundly sick society.

So I think our society is quite sick and it's reflected by the number of patients. So back in the 1960s, you know, you might have a practice of 500 patients and you feel like you're getting a whole, because at that time you didn't have to know everything.

Like now you have to, your patients Google this and they Google that and they come in knowing more about their condition than you do. So, but back then it was more about they had the resource, emotional and mental resource to be able to be connected, to be able to sit there for 20 minutes to half an hour, to really go into what's going on with you.

Whereas now, you know, it's like seven to 10 minutes a patient, and you really can't get almost a spiritual feeling for somebody, you know, in that time.

And you know, after you see them time after time after time in family practice, that's great, but if you're a specialist, You know, and the other thing you were just saying about pediatrics, you know, it's, it is a sort of an upfield.

You do have to be up. And I think when you have to be up yourself, you're almost making your body feel up, which, you know, puts you into a different brain state.

I would think the most difficult specialty would be neurology because it's like you have a horrible disease. There's nothing we can do about it. You know, it's like, it always amazed me that people would want to go into a field where it's like, you have a horrible disease.

There's nothing we can do about it. Whereas in pediatrics, there's lots you can do about things. You know, kids are pretty plastic. They're pretty resilient.

You know, you have treatment options. To me, I think that's probably the hardest field is neurology. You know, and I think you have to be a certain type of almost detached person to be a neurologist.

And I've noticed that at my pride and like when you look through all the different doctors, you know, gastroenterologists seem to be the happiest. You know, they're just doing their thing.

Neurologists are the most kind of detached because again, you know, they're dealing with horrible diseases that there's not a whole lot we can do about.

So for me, bringing it back to me, I wanted to do something so that I could make an impact. And typically, we as medical doctors are not really that good at emotional disorders.

We're not, you know, we have medication, we have this big, you know, jackhammer of medication because we have this big jackhammer. We don't go with the more nuanced kind of, you know, patient connection.

It used to be, you know, 2004, I think they did a study about 44% of psychiatrists were still doing psychotherapy, like an hour therapy session. And then when it came to 2018, I believe the numbers are close, but I don't know that they're completely accurate.

It's gone down to 22%. And that was 10 years ago. So that may be even lower than that. So it's much more cost effective for psychiatrists to do drug assessments for 20 minutes and do three of those in an hour than do one patient session.

And I'm not saying that's the only reason why it's done, but I think the society is getting crazier. And I think the psychiatrists are bearing a lot of that.

And it's very difficult to go in and treat a group of patients where you don't see you're making a whole lot of progress. And I think that's true with neurology and I think it's true with psychiatry.

is that you may help them build a bit of quality of life, but you're not fixing the root cause of anything. And in allopathic medicine, we rarely fix the root cause.

We're so pharmaceutically driven, and I have nothing against doctors. I think doctors are amazing. But we're trained in this highly pharmaceutical model.

Finding the Alarm in the Body

And if you give a patient, okay, you're going to have to eat better and exercise five times a week, or you can swallow this pill once a day. 80% of them are going to take the pill, you know?

And then we get crapped on because it's like, oh, you're just giving all these meds out to all these people and you're over-prescribing and stuff like that.

People won't do what I tell them to do to get themselves more healthy. If you give them the option of taking the pill or doing the work, they will take the pill.

It's just human nature. So don't crap on us for, you know, you coming to see us requesting something to be fixed and you're not willing to do really anything about it.

I think it's a system level problem and it's many, many layers to that and technologically as well. I think we're kind of moving away from the bedside.

There's so many things one can say about this. How did this play out for you in your own practice? What helped you to recognize this anxiety alarm and how did you learn to feel again?

I think it was just gradual, for sure, because in 2014 when I did that LSD trip and I found that the anxiety was in my body, it wasn't really in my mind.

My mind was just a mirror to it. It was reflecting what was going on. But it took me a good two or three years to develop something that would actually work.

I didn't really understand much about the mind-body connection back then. So it took me a while, did a lot of study, did a lot of work in developmental psychology with Gordon Neufeld over in Vancouver, understanding that most mental dysregulation starts in childhood, either with trauma or you're born a highly sensitive person and you just need more love.

There's lots of people out there who had decent parents, but because they were so sensitive, they couldn't quite get enough from their parents. And it sort of bled into anxiety or OCD or something like that.

A lot of times it is overt trauma. We see physical, emotional, sexual abuse almost always has some sort of mental component later on. People tend to be sicker once they hit their 50s and 60s because the unconscious mind and the body are linked.

And if there's a lot of crap, using a medical word, in the unconscious mind, it will show up in the body. And that's why people show up with rheumatoid arthritis in their 40s.

because typically they've had a traumatic childhood their unconscious mind has been holding all that you know dysfunction and then eventually it kind of just starts offloading it into the body and the body keeps the score the body shows up what the mind is unwilling to process or unable to process so for me I had to really go into my mind.

So I did some psychedelic experiences, did a lot of retreats. I lived at a temple in India. I really sort of sat with my own mind for a long time and with the understanding that, okay, can I direct this sensation in my body?

And I come up with this mantra that I use all the time still. It's called sensation without explanation. And really what it's about is if you catch yourself in an anxious phase, You find where the alarm is in your body and usually once you direct yourself to it, it's not that hard to find.

Like I said, in me, it's in my solar plexus and I go sensation without explanation. I just sit there with the sensation and I don't allow my mind to jump in because it's very seductive.

Your mind really wants to solve this problem for you. So if you can stay with the sensation and then you learn to acclimatize to the sensation. So when the sensation is terrible, the only escape we had as children was to go up in our heads and work.

So that was the only escape. That was the only agency we had, you know, abusive parent, loud parent, alcoholic parent. The only thing we could do as kids is sort of go into our minds and go into this fantasy world where we're safe.

That's where the default mode comes in. The default mode comes into dissociation as well. So it's kind of this sort of safe, and I put safe in quotation marks, this sort of inner harbor that we develop when we're children.

But also in that default mode, there is this part of the default mode called the posterior cingulate cortex. It doesn't matter the name. but it's sort of said to hold self-referential thought.

So if you're told as a child, you're useless, you can't do this, your older sister is much more attractive than you, don't even try, that gets into the posterior cingulate cortex, that gets into your default mode.

So you revisit that hundreds of times a day, maybe not consciously, and of course not consciously. But it becomes part of the umbrella that you walk through the world with.

And one of the tenets of neuroscience is whatever you focus on, you get more of. And that can be unconscious focus or conscious focus. So if you are constantly being fed this, that you're not worthy, that you'll never amount to anything, that's…

the lens that you're going to see through the world, right? So if somebody offers you an opportunity, you're going to go, no, it's too much for me. I can't do that or whatever.

Whereas those kids that get loved and connected to and protected when they're younger, when you offer them an opportunity, they're like, oh yeah, I'm all about connection.

Let's do this. So I believe and there's no way I can prove this, but it's my own little theory about, you know, the default mode network. I think that holds a continuous sense of self.

And I also think that what you were told as children or what you believe about yourself as a child is unconsciously filtered, you know, almost like a waterfall.

all day, all night. And eventually, because we see what we look for, if you think you're unworthy, you will see the reasons why you're unworthy. Brene Brown says that.

Don't go looking through the world for reasons why you don't belong, because you will always find them. So we need to change that umbrella. We need to change that default mode.

And we change that default mode by changing the way we feel in the body. So the body is no longer sending that signal up to the brain that we have to dissociate into default.

We can stay present with everything that's going on. Good or bad, and especially if it's bad, because if it's bad, we feel it. And after a while we go, oh, this feels bad, but I can stay with it.

I don't have to retreat into my head to worry anymore. I can actually stay with this uncomfortable feeling. And then you teach yourself consciously and unconsciously.

Yeah, alarm is okay. I don't like it. I still get alarmed to this day, but I don't give it any credibility by adding thoughts to it and getting in what I call the alarm anxiety cycle, which is the alarm in the body creates the worries of the mind and then the worries of the mind just aggravate the alarm and it's this hamster wheel that we get caught into.

And then the default mode kind of makes it happen. And it's so hard to get out of. That's why anxiety is so difficult to treat because it's these unconscious messages that we send to ourselves hundreds of times a day.

and you go to therapy for an hour a week, you're not going to make a big dent in that. Well, I'm going to challenge you on two points. One is neurology isn't what you can do.

I mean, I believe the brain is neuroplastic and there is ways that we can intervene. Second challenge point is that who we are as physicians, as healers in this work, knowing that we're against the system and we're fighting the system in time, resources, our own work and our own type of work and what we're able to hold up space for not.

I believe that you can do things in a few minutes and even in a half an hour or an hour by asking the right questions. So one of the questions that I would ask you is, what was that time in your life like when you can see yourself for who you are now.

Growing up as a child. To see my authentic self? Yeah. Only happened in the last five years. I'm gonna be 65 the end of next month. So yeah, that only happens around 60. I started really seeing who I was and my compulsion for external gratification and that I didn't really need it.

It's almost like addiction. You can't get enough of what you don't need. So for me, it was sort of this letting go, but it came from being compassionate to the child in me who didn't get seen, heard, or open to when I was a child.

My dad's illness took over the whole family. So my brother, my mother, and I, we kind of got the scraps of the emotions in the family because everything, like how's dad today?

Do you think he's going to go to the hospital? Like, where is he? Does he feel good? Does he feel bad? Is he getting depressed? Is he getting manic? you know, all the energy of the family went to him.

So I didn't really feel like I got heard at all. So one of the reasons I think I became a physician was, okay, well, I'll have some power in the situation if I'm like that.

One of the reasons why, I mean, I hosted two shows, one on A&E and one on a history channel. They didn't get picked up, but it's just, there was this urge to be seen for me.

And because I never got seen as a child. But there's also this urge in me not to be seen. Like I don't like being seen either. So there is that dichotomy.

Reconnecting Adult and Child Selves

So that's one of the reasons I think that I've developed sort of this anxiety was there was a huge issue for me to be seen, but also a deep fear of it at the same time, which is one of the reasons I did stand up for 10 years, right?

Because I could control, I could control the crowd and stand up. I mean, you know, every once in a while you sort of, you know, bomb and you do terribly, but that's, you know, that doesn't happen that often.

So I think for me, it was just becoming okay with this is who I am. I'm making a difference. I don't have to be the leader, complete leader in the field.

I can do my work. I can create stuff that I think is very helpful for people and stay with that and stay within the confines of that because that takes all the pressure out of having to be this, you know, wonderful, amazing, Dr.

Healer kind of thing. I can just do what I do and stay with it. But that's only been about six years. That hasn't been that long. So still getting used to who I am, still getting used to the alarm that's in my system, you know, two or three times a week that's fairly intense.

But I would say that, you know, I've healed my anxiety. I think the anxiety just comes from the thoughts. So I've healed the ability to just stay in that discomfort of my body without compulsively going into my thoughts and trying to explain it because it never happens.

You can never explain your way out of anxiety. If anxiety is a problem of overthinking, you're not going to solve that with more thinking. And what was the other part you were talking about, about neurology and you can't, I mean, I think in a lot of ways, I think I am skewed because my father saw like probably 25 different psychiatrists in his mental health career and none of them really did much of anything.

So I have this sort of background knowledge, like, you know, this is probably not going to do any good. So I think that's probably one of my drivers to actually create something that actually does work, that actually does help people.

And, you know, it's not, it doesn't follow the traditional path. You know, it follows a path of, you know, there's a lot of spirit in there. There's a lot of finding yourself.

There's a lot of, yeah, there's the amygdala, there's the default mode, there's the basal ganglia. There's all the sort of neurological structures in there, but it's using them to connect with yourself as opposed to just using them as academic knowledge as to, okay, well, this path goes through here.

Like, what are you going to do about it? Even Joseph Ledoux, who's, you know, one of the seminal figures in neuroanatomy and anxiety, and he admits that, you know, neuroscience has come a huge way in 25 years, but very little of that has actually trickled down into the office.

Very little of that actually helps patients. Well, again, I'll challenge you on that because we treat patients' mental health conditions, treatment resistant health conditions with ketamine treatment.

Yes. Ketamine is a psychedelic. Yep. It's a dissociative. It's a dissociative anesthetic, and it's also a psychedelic. It's a non-basical psychedelic.

It does have architectural changes in the brain, I believe. and does enhance neuroplasticity, so they say, in rats, in studies that we know. It is an interventional approach to treating a condition of any kind, I think, but trauma-related, ideally, because, again, all identities stem from some traumatic instigator.

Typically, yeah. Typically. And we get identified as such as we grow from that default, then become that default mode. And then that decoupling of the default happens with ketamine.

We're able to decouple. Yeah, it paralyzes it. It paralyzes it. Paralyzes the default. There's so many words that some people say it kind of disconnects.

Now it's not disconnecting. It kind of disrupts. Then it kind of, I say decouple. Yeah, I think that's a good word. You know, if the default mode network holds the PCC, which is all these negative things you tell yourself and you paralyze that part of your brain, you can actually experience who you are at your essence without all this crosstalk that you've had since you've been five years old.

So one of my questions to patients is, whose voice in your head do you hear? And what are they saying to you? What would be your answer? If I go back, I would probably say it is my teenage voice that says that you have to be seen, heard, and understood.

I think that would probably be what's happening with me. You need to be seen, heard, and understood because I didn't really feel that when I was a child.

That's kind of how I aim my Instagram, that's how I aim my books at, is being seen, heard, and understood in a very different way than classical psychiatry or classical medical mental health.

I'm curious also to what voice you heard before your journey or healing journey. Whose voice was it that you heard in your head attached to that PCC poster you singled that negative self-referential?

What was the voice that you heard? You know, you're unseen. Your opinion doesn't matter. Nobody cares about you. You're on your own. which is how I live my life, you know, I lone wolfed it for a long, long time.

And I think a lot of people with trauma do, you know, when you lose that sort of, you know, our parents are our first gods and if they don't feed us well, we lose faith in this sort of benevolent universe that we live in.

And when you do that, the first insult I think in trauma and then it makes us, it makes our nervous system very open to looking through a lens of protection rather than connection.

So if you have connected parents, if you have parents that love you, that see you, that hear you, that understand you, open to you, love you and defend you.

you'd learn that life is about connection. If you don't have that, or worse, your parents are the cause of your disconnection or the cause of your pain, you'll learn that life is about protection.

And that forms your nervous system. You know, you can either see through the eyes of protection or see through the eyes of connection. Most of my life, I've seen through the eyes of protection.

Now, protection drives us. Protection causes us, you know, cause me to be a doctor and an author and a stand-up comedian and a yoga teacher. But did it ultimately make me feel better?

Maybe in the short term, but nothing in the long term. So the voice I think inside of me is that you need to be seen, you need to be heard and you need to be understood.

Now where that comes from, that's a good question. That's something that I would have to kind of really, you know, go into some meditation about like who is that voice and where does it come from?

it could be even like the younger version of me like six seven eight years old that just didn't really feel like he got the connection that he needed and being born like i was born like a highly sensitive person i don't like using pop psychology stuff but you know in this case it really does seem to be true for about 15 or 20 percent of the population they just seem to be more in tune with spirit, more in tune with other people, more in tune with feelings.

And if those feelings are good, great. But if those feelings are negative, we're much more likely to shut down and become mentally unwell or whatever you want to describe it.

There's the basal ganglia. There's all the sort of neurological structure. Did neuroscience give us psychedelics? I don't think so. I think, you know, psychedelics been around since the, well, a long time, but really used a lot in the 60s and 70s.

Then they got shut down. Stan Grofka used to do a lot of LSD work. He got shut down first. And so I'm not sure what neuroscience actually has led to actual patient outcomes.

But certainly the psychedelics are probably our biggest bet in actually treating those unconscious programs that are so deep in us that no amount of talk therapy is ever going to reach.

That's true. I definitely agree with you on that. I think the polyvagal theory, if we just think about the polyvagal theory, which is what I learned after medical school, not necessarily in medical school, and how that, again, that works in the body and how your vagus nerve, which was always the nerve that I thought would get in the way when you're dissecting, it was always everywhere.

It was always the right answer. You don't know anything that's a branch of the vagus nerve. And then the vagus nerve is so prevalent and it's that connector nerve, I call it.

And it is that nerve, the connector nerve, being the connector to your systems, to your body and to your mind. And 80% of it is afferent too. So it's telling the brain stuff.

It's sending messages out, but the main function of the vagus nerve is actually afferent. It's from the body to the brain. Right. Really be a nerve that we can resource.

And as we resource this, as you've learned to resource this through all the different modalities as a healer, learning the science, going into neuroscience.

I know that was probably not by accident. You probably went subconsciously knowing that you needed to learn the neuroscience of what you were feeling and what you were experiencing.

You became a healer because you needed to be Seen heard and understood and then you recognized the discrepancy and sought out yoga and went to learn other teachings because it just didn't settle I Imagine and I could be totally no.

No, you're right. I think knowing the pathway of who you are. I Yeah. Knowing pathways is helpful. I just don't think it lends to direct, you know, benefit to patients.

But I think as we get bigger and bigger and bigger knowledge, I think we will start connecting the dots in a way, you

know, just something as simple as whispering.

So when I whisper to you, if I just whisper to you, yes. you're much more likely to pay more attention to me because it activates the amygdala novelty circuits, activates your memory systems as well.

And it's also has this interpersonal thing like I'm telling you a secret. Right? So when we talk to her, when I tell my patients to talk to themselves, I say, you know, talk to yourself in a whisper.

Don't do it inside. Talk to yourself outside like you're doing okay. You can just, you can do this. Just stay with it. And it penetrates so much deeper than saying, you know, you've got this, you're going to do it.

Psychedelics, Neuroplasticity, and Treatment

You know, if you're going to do a talk or whatever, you know, I get people going to the bathroom and just whisper to yourself how great this is going to go.

And your brain absorbs it so much more when you whisper because it bypasses a lot of that sort of filtering system that we have for language as well. And it takes a lot of the inflection out of it.

It takes a lot of the tone out of it. So we don't have to interpret so much. We can just take in direct. It's like the smell brain, the rind and cephalon, the only sense, our smell is our only sense that goes directly into our system without being pre-processed by the thalamus, right?

So that's why essential oils are so great. yes you know so but we're not using that you know like we don't use that in in medicine it's like this is such a key feature to find an essential oil if you have panic attacks or anxiety attacks find an essential oil that you really love and carry it with you you know so when you're starting to get into it you can just sort of discreetly kind of That's right.

In our practice, we actually, when we do ketamine treatments, we use aromatherapy and sound therapy and, you know, to really engage with that sensory system.

And I tell patients exactly the same thing, that this is the only nerve that goes right to the brain. I mean, it's straight up, it's the best way to get sometimes medicine in and without being invasive.

And nitrous is one, you know, agent and it works in that very same way, as well as aromatherapy essential oils. which are the natural therapies that we have all along.

There are things I think that engages in the nervous system, back to that point, right? What can we do in the nervous system and neurologically? There are methods to that.

And I'm curious about your method, which you described as MBRX method, is that correct? Yeah, I mean, that's just the name of the program, the online program.

Yeah. Your mind, body prescription for permanent anxiety healing, so. Yeah, tell us how the MBRX method is and how that helps in reconnecting the body.

Well, a lot of it is finding the alarm in your body. So I get people to take, you know, one of the painful places in their life, like don't pick the worst place in your life, but find a painful place that still holds a bit of charge for you.

And then I sort of, you know, take a deep breath in, hold it at the top, let it go as you exhale, you know, relax the muscles of your neck, your shoulders, your jaw, just come into this place of safety.

And now gently, if you're willing, bring up that old time in your mind's eye of being, say, yelled at by a teacher, or you're walking home from school and you don't know if your dad's gonna be drunk, or one of the things in your life that really caused you a lot of pain when you were younger.

And then if you're okay, because I keep checking, I'm speeding this up a thousand times, but is it okay to go into this? Is it all right to sort of bridge into these old traumas?

And they say, yeah, okay. And it's like, okay, imagine your hands on the door. You can hear some maybe yelling inside. What do you sense in your body?

Relax your shoulders, relax your jaw, take a breath. Just you're safe now, you're in this safe place. But in your mind's eye, I'm taking you back to this place that caused you a lot of discomfort.

Well, there's this pressure in my throat. Okay, is it superficial or is it deep? It's kind of maybe in the middle, you know? Does it have a shape? It's like maybe like a ball, maybe like a fist.

Does it have a color? Black. Okay. So this black fist shaped ball in your throat, is that familiar to you? It's like, yeah, now that you say it, I think it's been there quite a bit.

Are there other places in your life that shows up? It's like, well, when I I'm sort of channeling them a little bit now. It's like, well, my wife gets angry with me and I feel like I can't say anything to her.

Like, I feel the same thing. It's like, okay, well, that's your alarm. Now, you know, relax your shoulders, relax your jaw, just feel your butt in the chair, feel your feet on the ground.

You're perfectly safe here. You're perfectly safe. We're just exploring this place from a long time ago that you're still carrying with you. And in a moment, I'm going to tell you to open your eyes.

But right now, put your hand over that area and send that area love and connection. Really see if you can imagine your child at that age. See if you can see their eyes.

What are they wearing? You know, and then describe whether, okay, just tell that child either, you know, out loud or through a whisper or whatever, that they're okay.

You know, that you're with them now and they never, ever, ever, ever have to go back there again. Now that's sped up quite a bit. So we find the alarm in your body and then we use sensation without explanation.

So then we have this place where it's like, okay, when I get that feeling, I know that's the old version of me, like the 10 year old version of me, and I can stay with that sensation.

And I get people even to describe it. How big is it? Does it change? I really go into a shape, color, texture. And we really have to know that alarm because I believe that that alarm is the younger version of them.

And then if they can match that with a photograph, because photographs are very evocative, especially for the unconscious mind, bringing you back to a certain time.

And then the combination of those two things knowing that you're safe, knowing that you've got an adult in you now that wants to see you, hear you, open to you, understand you, love you, and defend you, now you're getting now what you didn't get, what you needed back then.

And then we get a chance to reconsolidate some of those memories at a deeper level. And this is where psychedelics and that kind of stuff can really help us get into that place and sort of push out that default mode's protective you know overprotective nature which can really get in the way of a lot of therapy.

So once we do that I have this thing called the yoga nidra which is non-sleep deep breaths and basically what the yoga nidra does again condensing it quite a bit is that it it joins your mind in your body and it joins your adult self with your child self because I believe fundamentally all anxiety is separation anxiety and it's mostly separation from yourself.

Adult doesn't want to go back and visit the child because the child holds all their pain and the child looks at the adult and it's like why have you left us alone for so long?

Like why have you just ignored us? And then we live in this mind-body split where we live up in our heads because that's the coping strategy we learned as children when we felt this alarm in our bodies and we didn't have the resources to deal with it because we were just children.

The only place we could go is to fall up into the mind and start going into fantasy world or dissociating or both. And then that became such a habit, such a neural pathway that when we feel stressed now, we go back to what we know, which is to worry.

And I think worry makes the uncertain appear more certain. So if you have a pain in your stomach and you go, oh, I wonder if that's stomach cancer. like my uncle Bob had.

Now for a second, your nucleus accumbens, your dopaminergic reward circuit goes, that's the answer. It doesn't matter that it's a horrible story, just that's the answer.

So we do get this dopamine hit from worry because worry makes the uncertain appear more certain. But then we believe that story, and then the whole alarm anxiety cycle just starts again.

Closing Thoughts on Healing Anxiety

So it's really learning that we can manipulate this, we can connect your mind and your body, we can connect your adult self to your child self, and develop a continuing relationship with that adult and that child that allows you to keep growing back into yourself.

So ultimately, you take that child from a six-year-old to a 10-year-old, to a 20-year-old, to whatever, into the place that you are now, and two of you join together.

So when we join the adult and the child together, The mind and body no longer have to separate because the alarms resolved because the reason why we have alarm in the first place is that child wasn't seen, heard, loved, open to, loved and defended.

And then when we get to connect with those things together, when the alarm drops, that was what's feeding the worries. So the worries, and this is what happened with me, is the worries just, they kind of just fade into the background or they just seem ridiculous.

The worries just seemed like, why did I, and we've all had that too, where, you know, why was I so worried about that? Like it wasn't really realistic.

So that's kind of what MBRX does. And I price it at like a hundred dollars. Like I have business people that say you should sell this for way more than that.

I hate business. Most doctors do. I want to get this in the hands of as many people as possible. so that they can actually see that there is a different way of looking at their anxiety rather than the traditional anxieties in your mind.

We have to change your thinking to fix your anxiety and it's not a thinking problem. Anxiety is a feeling problem that thinks more than it's a thinking problem that feels.

Can you say that again? Anxiety is a feeling problem that thinks instead of a thinking problem that feels. There you go. Wow. That's incredible. And I think if we could teach that to medical students in residence and our training and our own colleagues, I think we would have the answers to a lot of our patients' medical conditions.

You know, you think of somebody who has a cardiac problem and they have hypertension and their responses to trauma is I got to get out of here. I got to do this.

You know, they stay that sympathetic state and they feel it in the heart and the heart drives everything and it makes them palpate and it's the energy of activation of fear, you know, and if even just saying that was comforting to the family because it allowed them to really sit with that terrible, you know, a non-logical thing and say, okay, God knows.

And trust that. And it takes the pressure off the doctors too, right? Because, and I think that's part of the kind of the network that medicine has created for itself in that it's essentially saying we have all the answers.

You know, these naturopaths, you know, they don't know what they're doing. These aerotherapists, they don't know what they're doing, but we have all the answers.

So if we admit that there is something outside of our purview of our training that has an answer, very threatening for medical doctors. So I'm certified in this type of therapy called somatic experiencing therapy, which is basically we use the body to kind of heal the mind.

Now, most doctors don't have any understanding of what somatic experiencing therapy is, nor would they look at it positively, I don't think. So it's really sort of saying, we don't have all the answers.

And then when they see another form of therapy that works better than what they have, very intimidating, very, cause it's like, well, we're, I remember a few months ago, I was having this set of scrap back and forth on Instagram with the psychiatrist.

It's like, I am a Harvard trained psychiatrist or John Hub or wherever he's from. And he was like, I am a psychiatrist and I know more about this than you do.

And it's like, sure, man, whatever you think. Thanks for joining us on the Two Curious MD podcast. We hope today's episode inspired you to ask new questions and explore fresh perspectives.

We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health, and wellness. If you enjoyed the podcast, don't forget to subscribe, share it with somebody just as curious, and leave us a review.

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