Healing the Alarm: Dr. Russ Kennedy on Anxiety, Safety & the Inner Child Part 2 Transcript

(Transcripts are generated by AI and may contain errors)

Opening on Mind, Body, and Spirit

Why did we lose contact with that? You know, we're mind, body, spirit. Those physicians were pretty good at the body. Okay. At the mind, because the brain is so complex.

I don't think we're ever really going to understand it, but the spirit part, you know, why did we lose that? And can we get it back? Without losing our credibility, you know, without sort of saying, Hey, there's, there's stuff I don't know.

There's stuff maybe we could look into, you know, can we meditate together? Can we find this sort of place of peace? 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 it relates 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." And they are so defaulted to that system that that becomes their medical condition and the gut the same way.

I mean, it's how all the things that you feel about yourself or your world and your trauma, how does that show up in your body? That is a question I ask.

So, when it showed up for you, and you've also described this, the term woo woo. I just recently heard this term. Really? Okay. What's woo woo? What's woo woo?

She says, you're very woo woo. And I said, I'm woo woo? I don't get it. Well, how am I woo woo? Because you're focused on the emotion, the feeling. of that anxiety and how that shows up in people's body.

How do these practices, the one that you described, the MBR, M stands for? The whole thing is called your mind-body prescription. So that's going to be your mind-body prescription for permanent anxiety healing.

Mind-Body Prescription and Anxiety Healing

I was thinking memory, breathing, then R, I couldn't get. I come from med school with acronyms, you know, so I have a kind of like jabs is one of my favorites, which is basically the default mode network.

Judgment, abandonment, blame, and shame. That's why you need jabs at yourself in the default mode network. So I have all these little things. Yeah, a lot.

Alarms is, you know, abuse, loss, abandonment, rejection, maturing too soon and shame. Like I have all these acronyms. That's how I got through med school and I love acronyms.

I love them. That's how I remember. I love it. I love it. And my question, which escapes me right now as I try to catch it in my head, is this, you know, what you described was almost like hypnotherapy.

Get into your mind, get into the body, think about that past memory, go there, see it, be with it. Can you trust yourself? So my question is, how do you know that somebody can do that?

Do they have the resources to do that? Do you think? Yeah, you take them very slowly. That's why I check in with them. That's why I say don't pick the worst trauma of your life.

Pick something that still has a bit of a charge to it. And then that sort of flares them up a little bit. And then they're safe within that. And then I keep reassuring them, you're in your chair, relax your shoulders, relax your jaw, take a breath.

So I keep grounding you in your body. And then we slowly sort of titrate the old wounds. And then I keep an eye on them too, like if it's too much or they've chosen something that's too intense for them, they'd say, let's back off a little bit.

Let's pick something that seems maybe ridiculously simple when you were younger. It's like, well, once I forgot, I was supposed to go to the store and get bread and cheese and I came back with just cheese and I didn't have bread and my mom kind of yelled at me.

It's like, it's just one of those little things. It's like, okay, let's do that. You know, rather than, you know, my dad used to hit me when I would, you know, get a B on a test or whatever.

And everybody's different. You know, people are sensitive. I don't see anxiety, chronic anxiety in people that weren't born highly sensitive. So what you consider a trauma for one person may not be a trauma for other people.

And what you consider not a trauma for someone may be a huge trauma for someone else. So it's really sort of titrating them through like, is it okay to go here?

Like, and if they look like they're getting too upset, then I know that I'm losing the edge and I have to sort of keep them sort of balanced in that discomfort.

but also coupling it with safety the whole way through. Because typically that memory has just basically isolated itself or merged itself with discomfort.

And then when I add something that's comfortable, it sort of gives it a bit of a lobotomy. It sort of shakes it up a little bit so that that neural pathway isn't quite so potentiated.

It's not so hardwired. And when you do that, when you start opening up people's traumas, they start realizing, hey, Actually, that isn't all of me. There were other things going on at the time that were actually quite good.

It's like, yeah, yeah, let's go into those a little bit. Sometimes I get people to put a picture of themselves when they were younger up on their bathroom mirror and just connect with the younger version of them.

Just, you know, going in for a pee, saying hi, you know, you don't have anything deep. It's just being there with that younger version of you and starting to merge that adult self with that child self.

And I think, you know, medicine doesn't know anything about this. They don't have any real clue of like the child self, the inner child. And, you know, funnily enough, the people that I find with the most inner child wounding are the ones that hate the term inner child the most, which is what I, I used to hate the term inner child because I had a lot of inner child wounding.

So I think the people that are sort of like inner child or whatever, we're getting into the woo part of it. But the woo part of it is where we heal permanently.

The other stuff, you know, we can teach you CBT, we can teach you cognitive therapy, but the problem is when you get all that norepinephrine in your brain, adrenaline in your body, it shuts off your prefrontal cortex.

So the part of you that holds these CBT type, you know, rescue, therapies gets paralyzed when you get into an anxiety. So it leaves you when you need it the most.

So I try and ground people in their body first. And then once you're in your body, then we can start treating, then we can start bringing in the cognitive stuff because your cognitive brain goes offline when you've got all this adrenaline cortisol and norepinephrine in your brain going on.

So, you know, that's one of my frustrations with cognitive therapies is that they leave you when you need them the most. Back to my original point then, you are a neurologist and you're treating patients with medicine.

Well, I'm not a neurologist. No, but I'm saying you are. I'm saying you are a neurologist. You are in the brain. The brain is connected to all the other body parts and you are treating them as a neurologist would or could.

Yes, if you put it that way, it's an interesting way of putting it. Yeah, I think that's true.

Safety, Grounding, and Inner Child Work

I think you are taking them out of a place of protection where your brain has gone into this kind of locked in this sympathetic phase. where you don't learn anything.

You basically just sort of repeat old programs in a rote fashion into a place where, okay, I can live in my brain, my body's relaxed, and now all these other channels in my brain open up, including the spiritual ones.

Because when you're an alarm, you have no access to spirit. You know, it's very curious. And I think that's true with a lot of medical doctors. Like we get into sort of when we're working, kind of like an alarm state about the patient after patient after patient after patient.

And we don't really learn how to see people or feel people anymore because we're in this alarm state ourselves. and when you're in this alarm state other people can pick up your vibe they feel how you're feeling and it's contagious and if you if you have a doctor who's tense and you're being told that there's you know some significant problem with you and you feel their tension it's gonna sort of act as a bit of a double whammy there but if your your doctor is kind of relaxed they maybe do some processes with you to kind of relax you and your body just by you know, speaking slowly.

When you take deep breaths, like when someone's really focused on you, they will match your breathing. So if your breathing is nice and slow, their breathing will go nice and slow too.

So you start building some connection with them physically as opposed to just through language. And then they're much more open, you know, drop the resonance of your voice a little bit, you know, be a little slower, make more eye contact if that doesn't trigger them.

You know, just have the intention that you're going to be connected to this person. But again, if you're already burned out yourself as a doctor, it's very hard if you can't look after yourself to look after other people.

And that magnifies the burnout because the resentment there, you know, getting into that doctor stuff is that we're trained, patients come first, patients come first, patients come first.

That's how we're all trained. And that basically is setting you up for burnout because you're basically saying to people, you don't matter. right, which is basically what my childhood was.

You don't matter. So for me, it kind of fit in this sort of Freudian repetition compulsion kind of way. Like this was familiar to me, so I kind of repeated it.

But if you're told that patients come first all the time, after a while, you're gonna start resenting those damn patients because what about me? What about me?

And I think a lot of the doctors are resenting the newer doctors coming up because the newer doctors are, I'm gonna live my life. Like I'm not gonna devote everything I have to medicine.

So yeah, there's a lot of stuff in there for sure. the 3rd of May is. And I just love how your life experiences your story to yourself and to your identity.

Is it from a child to who you are now? The work that you've done, yoga, breath work, and even humor, and I would say even the woo-woo and the neuroscience.

How did these practices for you and even for what you speak to help rewire our nervous system? Well, I think we have to have safety first before we can rewire.

Otherwise, we will just default back into the old protective patterns that we learned as, you know, that got ingrained into our systems when we're younger.

So when we can teach ourselves that we are safe, and that's why in my sort of inductions with people that I do, it's like I can, you know, relax your shoulders, relax your jaw, take a breath, feel grounded.

Okay, we'll take another step. We'll go a little further. I'm constantly reassuring them that their body is safe. before we go into the next step. And then when we go into the next step, they can see their old trauma in a different way.

It opens up a little bit. And that's where the sort of the spirit comes in. You know, cause if you open yourself up and you stay open in a relaxed body, you will start to see things that you've never seen before because you've been living in protection your whole life.

So once you start making the intention to see connection everywhere, with spirit, with everything, you will see more of that. So it's just the way your brain works.

Whatever you focus on, whatever you make the intention to, you will see more of that. And the little, you know, kind of joke phrase often is that, you know, I bought a Tesla.

And I wasn't really aware of a lot of Teslas before. They were out there, but once you buy one, you see them everywhere. It's the same kind of thing. So if you start seeing spirit in whatever way you see spirit, you know, it could be, I just kept people to say, okay, feel the breeze on your hands.

You know, look for the auras around trees. This sounds very, very woo. I agree. I agree. And part of me wants to have a seizure when I say it because it sounds so antithetical to how I was trained as a doctor.

But when you start opening yourself up to different fields, to different ways of looking at the world, the different ways of being in the world, Other ways start coming in to meet you.

But if you're rigid in protection, you don't have the option of having other things won't come approach you because you're too unapproachable. You don't have the neural openness to be able to absorb anything new.

But once you make the connection to see spirit, to feel spirit, you will start seeing it more. And the more you see it, the more you start seeing it again.

And then it becomes this kind of third, sixth sense, you know, that I've never been here before. There's places here that are very comforting, that are very soothing.

And I think that's why people say, you know, go out in nature, because I think nature is one of those ways that exposes you to a level of absorbing things that are beyond your five senses.

Of course, your five senses are being used, but there's something more there. And I think we lose that. I think we're getting into this very reductionist way of looking at the world as human beings.

And the more fearful we become, and believe me, there's a lot of fear going on right now, the more reductionist we want, the more we look for answers and people that have answers.

And unfortunately, we're looking for answers and people that don't have them and have never really deserved the credibility that they're getting now. So it's really about being open to spirit because the more you are open to spirit, and again, like I said, I'm saying this as a neuroscientist and a physician, the more you're open to spirit, the more things will come to you that you have been blocking.

And I'm not saying it's going to be like, hallelujah, thank you, Lord, I'm healed moment. But it does open you up to the fact that the world is a benevolent place.

You probably didn't get that when you were growing up, but you can create that for yourself now. And one of the ways of doing that is starting to see spirit, starting to see that there is an energy beyond us.

Call it the quantum field, call it God, call it consciousness, whatever you want to call it, but it's there. And if you tell yourself that it's there, you will see it.

If you tell yourself it's not there, it's all a bunch of, you know, hokum or whatever it is, you won't see it and you won't have access to it.

Spirit, Connection, and Rewiring the Nervous System

So you're in a much better position to look for spirit, assume it's there. pray to it if you want because all intentions all affirmations are really prayers they're just intentions that you're directing your subconscious mind towards so if you direct your subconscious more words to seeing miracles synchronicities blessings every day if you wake up with that i'm i'm open to seeing miracles synchronicities and blessings every day you will see small things they may just be you know somebody pays your parking meter or whatever and then when you look at that you go okay You know, the world isn't this dangerous place that I've sort of unconsciously kind of given it this sort of patina of fear.

It's this place to kind of go, okay, the more I see safety, the more I will see safety. The more I see fear, the more I'm going to see fear. And fear is so powerful that it kind of overwhelms that sense of safety.

And I think that's why our society is where it is now. We're so fear-based that we can't actually see the spirit that is in all of us. So as you said, once we are able to feel safety in our body, and I'm curious about what that feeling would feel like as I think about that feeling, that safety, what does that feel like for a patient that you observe?

Yeah, I think, you know, your muscles are relaxed, your breath is deep, you know, you're kind of that six, six breaths a minute thing, you know, like, Yeah, your jaws relax.

We hold so much tension in our jaw. Our neck is kind of relaxed. You just feel that kind of warmness. You can put your hand over your heart and just make the intention that you're going to connect with yourself and connect with the child.

You know, I often connect with Rusty in the morning. You know, just put my hand over there. You know, we're open to miracles, blessings, and synchronicities.

We're going to see them. And again, this sounds woo to medical doctors. This is like, oh, it's witchcraft or weird stuff. But the more I've done this, the more I see it.

And the more I've moved my needle from this need, this constant need to protect myself, to just this openness, like I can stay in this place that I feel safe.

And that's where healing occurs, is safety. When we feel, emotional anyway, I'm not sure about lymphoma or whatever, but I think it would play a role if you did feel safe emotionally as well.

But I think especially with emotional disorders, it's just creating these islands of safety. And then over the course of time, these islands congeal into bigger land masses where you sort of feel safe most of the time.

Whereas if you stay in your own protective field all the time, you know, you get moments of feeling calm or peaceful or safe or whatever. But in general, you're sort of living a life of fear with moments of peace as opposed to living a life with peace with moments of fear.

Thank you for bringing that in. I think it's very important that even our audience, our listeners, patients, a lot of patients listen, at least for our podcast, a lot of patients listen to this.

I also want to highlight something that you shared about, which is again, your story talking to Rusty, getting in touch with him, staying connected with him is very important even as you continue to do this work for yourself.

this idea of safety in the body and safety and what that can feel like and really bringing that grounded energy into even this conversation as you spoke to it.

I think that's very important to highlight that what you say really emulates or really, I can feel it even on the screen here, that sense of calm, that sense of safety as you whisper or as a voice modulates.

That protective, mode and recognizing that protector, I would, who is that protector? Well, it's the ego. You know, I have this concept called the ego dragon, which is basically this big, dumb, powerful monster that you incarnated when you were, you know, a child, four or five, six years old, because you didn't have any control over the situation, right?

So this, the ego dragon is this powerful figure. It can completely overwhelm your physiology. when it feels like you're in danger but the problem is it doesn't really know what's going on it has a hair trigger so you're constantly in this sort of state of sympathetic activation waiting for the other shooter drop.

And then it just begets more of that so as you feel that you have to protect yourself from the world you will see things that you need to be protected from like bernay brown saying don't go through the world looking for reasons why you don't belong because you obviously find them.

But the problem with that is that when you have this sort of milieu of protection, you miss, you know, someone does, you know, plug your parking meter or whatever, you miss that benevolent.

You sort of look at it as a luck, you know, it's like, I'm having a good day and everything seems to be going well. And then you're having a bad day and then something good happens.

But it's like, well, I'm having a bad day. So I'm just going to push that off to the side. I want to tell my people that I'm having a bad day. So I can't bring that in.

And your brain does that. Your brain sort of slides things by that aren't consistent with your particular philosophy. If you live in protection, things that appear to be protective, you will focus on.

And if you are in connection, which is what you can try and move towards with the more spiritual side of you, you will see more connection, which you will build on.

So whatever you focus on, if you focus on protection, you'll build more fear. If you focus on connection, you'll build more sort of spirit. You'll build more connection with that spirit.

But if you're living in a body that's fearful, that doesn't feel safe, the natural default is to look for protection. And we have to change the body to change the mind.

It's much more effective to use the body to change the mind than it is to use the mind to change the body. When your brain says, hey, relax, does that work?

It's like, no, it doesn't work. But if you take a few breaths, relax your shoulders, relax your jaw, take a few breaths, that works. But in this society, we give so much credibility to thinking that we lose feeling.

And I think that's what we've done a lot. We've lost feeling because we're so focused on thinking now. Because thinking has given us amazing things, but we're losing our sense of ourselves because we're always thinking.

And thinking is the coping strategy of a child. Compulsive thinking is a coping strategy of a child. What is your thought on anxiety as a, really I see sometimes, not in every patient, but in some patients, I see anxiety as the cap of a volcano.

And what's beneath that is really some other emotion, call it depression. And what's creating the anxiety is the bubbling of that. lava that's about to come up and that anxiety is trying to really hold it down.

What would you say to this idea of anxiety is not really the symptom, it's not really the problem, something else is? Well, I draw the analogy of an iceberg.

So the tip of the iceberg above the surface is the worries. You can see worries. You can see your scary thoughts. Like by definition, they almost define themselves.

I'm going to die. This is going to happen to me. I'm going to lose all my money. Like you can see those things very, very clearly. What you can't see or describe very clearly is the feeling beneath it.

When you ask someone how they feel, that takes second or third order thinking to be able to go into how you feel about that. So the analogy is that the tip of the iceberg is the stuff we can see and that's basically what a lot of CBT and that kind of stuff treats is the anxious thoughts.

But it's the alarm that's two thirds of the iceberg, the old pains, the abuse, the loss, abandonment that you experienced when you were a child. That's the root.

That's what's causing the problem.

Anxiety, Trauma, and the Iceberg Model

You can chop the top off all you want, but it's going to make a bit of a difference, but it's not going to heal you because you're not going at the root cause of the problem.

So it's finding the alarm in your body, which is what I do in that meditation in the MBRX course is like find the alarm in your body and then treat that as if it's your younger self.

And when you're having a good day, bring your child along to that too. Don't just wait until you're racked with worry to start talking to the younger version of you.

Like when you're having a fun time, You know, bring the child along. I used to do that with stand-up. It's like, we're going to have a lot of fun tonight.

Like they're a great crowd. We're going to really enjoy ourselves tonight. Or when I bought my Tesla, it's like I brought him along to buy the Tesla. So it's really about merging this adult self and this feared protective child in us and bringing them together so that you can show them that you're in charge.

You didn't have a lot of agency back then, but now I listen to you. I will take what you have to say. I will bring you along to these good events. that we're experiencing as well to try and, you know, repair that split of adult self, child self, and mind and body.

Because when we get the adult and child back together, the mind and body just automatically come back together. Well, I'm going back to my pediatric experiences and seeing babies when they're born and through the life cycle of them becoming adults.

What I used to notice about that is that when I would go to deliveries and see the baby and hand the baby to the

mom, mom and the baby would interact and then there would be you know this handover thing and you would observe that and you would observe that connection being made to that child and I would step back and just stay with that and just really observe that and say wow you know what what's happening here and then within seconds within that minutes of time you could see the temperament of that child.

I could see it. I would be like, oh, this child is going to be this kind of baby. They would become, you know, and then they would come to my two month, four month, you know, preventative well child visits.

I could see the temperament of that child still. Well, they think temperament is genetic. You know, that seems to be kind of a newer thing in psychology is temperament seems to be genetic.

So you talk to a mother and you say, which is the more sensitive of your kids? And she'll immediately tell you which one is the most sensitive of her kids.

So temperament may be, have much more to do with genetics than it does with environment. Now, of course it's molded and shifted and that kind of thing too.

But there's a lot of oxytocin in that first meeting. there's a lot of dopamine as well. So it's like, you almost get a snapshot of how connected is this child to their mom.

Cause I used to deliver babies too. And now that you mention it, yeah. And how kind of when the baby had to go, you know, into the incubator or whatever, like was the mother kind of like, oh, I don't want to let go.

Or was the mother like, okay, you know, you know, there's, you could see little patterns. And we're not that complicated, you know, when someone looks for these things, like, is this child born into connection?

And so many weren't, you know, so many weren't. Patrick experiences and seeing babies when they're born and through the life cycle of them becoming adults.

60s or 70s, I think the kids feel the energy, whether or not their parents are more stressed in general and they feel it that way. But there's definitely an energetic component to this autism thing, as well as genetics, as well as all this other stuff too.

So, you know, I just think it's a more complex world. It's a more protective world and it's a more us and them mentality world. So we're not really seeing people as people anymore.

We're seeing people as transactions. We're seeing people as ways to make money from. We're seeing the relationships that we have are becoming very protective as opposed to connective.

Yeah, which also brings me to this idea of that the temperament, whether it be a genetic or spiritual or something we are as consciousness based process that develops or enhances over time.

There's so many questions around that and I would love to explore that. I also wanted to ask, you know, this connection, this idea of connection that's made.

in utero before the child is born, before that child was born, because it's the epigenetic effect of trauma that transcends time as well, and how that could be a temperament.

So temperament is a big question. Multi-factorial, for sure. Yeah, absolutely. I mean, Rachel Yehuda does a lot of work at Mount Sinai with children of Holocaust survivors, you know, and their risks of anxiety and depression are quite significantly higher than the general population, whatever that is too.

So we're seeing that that trauma can be definitely handed down. from parent to child through DNA methylation through there's a whole bunch of mechanisms that are scientific that really do show us that if you come from stressed parents, you know, you will probably inherit some element of a stress nervous system yourself.

And I would see that as a family doctor too. I would see families that are nervous and families that are like, you know, whatever, man, you know, like, you know, you see both.

Yeah, the cortisol levels in each. Oh, for sure. And the reactions to different things too. You know, the calmer ones just, they don't react as quickly.

You know, they tend not to be as intelligent because I think on some level, people who are anxious are more intelligent than the population because they've been going to the fricking overthinking gym for 25, 30 years.

They get pretty good at thinking, right? But we don't get as good at the nuances of feeling and sometimes that I'll say it's like feeling from anxiety isn't so much about feeling better it's getting better at thinking as knowing that envy is an anxiety you know disappointment is an anxiety because I think you know anxious people tend to have this sort of funnel that any negative experience gets just funneled right down into their anxiety and because it's so overwhelming and because it's so, so habitual with them that they lose the nuances of negative emotion and it all gets railroaded into anxiety.

Exactly. Or ADHD. Or ADHD. Yup. Yup. OCD. All that stuff. Autism. Let's go into that. Sure. Tell me what your thoughts are on this rampant increase in autism.

Temperament, Trauma, and Autism Discussion

Is it related to time alone or not? Well, I… Or some immune condition or some sense of disconnection that happens, whether in youth or prior or later.

What would be your belief in autism as a form of disconnection? Yeah, I mean, it's a complex subject for sure, but around between two and three years old, there's this pruning that goes on in the brain.

So there is this place where, you know, say this kid was going to be a master musician and at two and a half, those things get pruned in there. But it tends to be, I think things that get pruned are the things that just aren't in your Dharma.

But that's the way it's supposed to go, is that you're supposed to prune back a lot of these connections so that your child becomes more of what they were supposed to be.

Now what happens in autism, in some aspects of autism, is that pruning never happens. So they have all of these connections that never sort of withdrew away to make room for the more you know, personal connections of this particular person.

And now they are overwhelmed with every stimulus because they never really got that refining when they were two or three years old. So now they feel everything.

There's no way of kind of just going into, okay, this is me. It's all me. Everything, it's overwhelming. The stimulus is overwhelming. So they can't form social dynamics.

They can't form things because they don't know themselves because everything is in there. They have all the parts of the F-150 and the Tesla Model S. They have all the parts in there, but they're not coordinated.

And the poor kid is overwhelmed. They can't handle too much stimuli. And that creates an issue in and of itself in the parents and in the child and energetically that kind of folds onto itself.

That's a whole topic, but as far as the acetaminophen thing goes, looking at the stats, looking at the sibling stats, you would think that if your mother took Tylenol that your siblings would have it too, it doesn't seem to be that's the case.

So there's a lot of stuff that kind of goes against this Tylenol theory. And, you know, it just, it's such a complicated

thing. Same with anxiety. It's such a complicated thing that it's really hard to kind of just say, here's the one cause.

This is the one cause of this. You know, it's vaccines. It's this, it's that. For a kid who has a genetic predisposition to autism, you know, maybe they have an adverse reaction to the vaccine and that's enough to kind of push them into that realm, you know, and then they say, oh, this is what's causing it.

It's like, no. You know, if they didn't get that stimulus that pushed them over the edge, they probably would have been fine. And then there's other people that say, oh, it's genetic.

If they have these certain gene types, then for sure they're going to develop it. And it's like, I don't really believe in that either. I think like everything, it's nature and nurture.

There's always the combination. And human beings, they want one answer. And it's like, well, there isn't one answer. The anxiety or anything, there isn't one answer.

But people, when they get more fearful, they want that one answer. And right now it's the acetaminophen style and all, or acetaminophen causes autism and that's what they're running with.

Back to the question about medicine and healthcare system, what would medicine look like for you or what would you imagine the practice of medicine, say, look like if emotional safety and connection were valued higher than, say, clinical precision or clinical treatment?

Well, it's hard to do because it's time consuming. For the first 10 or 15 minutes of meeting with someone or being with someone, we still have that sort of, oh, I'm not really sure about this.

And then 20, 25 minutes in, there is this sort of resonance that people form with each other. So you're gonna need half an hour with the patient. And with the depth of sickness in our society now, doctors are kind of few and far between in a lot of ways, and they're kind of forced to triage a lot of this stuff.

So people don't get the emotional connection that they need. And maybe someone who's not as sensitive only needs 10 minutes to connect, and someone who's more sensitive needs 45. And that's the thing is that there is no one size fits all, just like we were just talking about.

And, you know, an emotionally more connected medical society, I don't know if that's possible. You know, I would like to think that it was, but from just from a time standpoint alone and just from the way that medical doctors are trained is that we don't really look at the emotional state of the patient.

There's so many people to see that it's very difficult to assess the emotional state of the patient. You're too busy getting out the diagnosis and the treatment plan to really look at the emotional state.

I mean, if someone's crying for sure, but in general, especially men, men are very stoic. They can be collapsing underneath it, but they will look like they're fine.

So that's a very, very complex question in that I don't know if the alopathic medical system can become a whole lot more emotionally connected. I would like to think so, but time demands the way it is.

I mean, I think we can train the doctors to look at it, but if you look at medical school, like, empathy declines every single year of medical school.

Yes, I actually measured it and was involved with the research and looking at empathy from first year to fourth year medical students. And then of course compared to residents that empathy does decline and compassion even declines and there is burnout as real and is felt I had burnout, admittedly I had burnout.

I had to find a resource for myself to really work with that burnout. So what got you through it? What got you through burnout? Writing psychedelics, your experience in LSD was my experience in COVID with psychedelics.

It popped open my own trauma, which I think I completely, I was fine. I thought I was functional, but if I had to look at my trauma, it's so real. It's so penetrated in my body in every part of me and was able to see it as such.

And so I do believe, though, I do still hold on to this belief that we can do better in medicine. I think so, too. We can speak to this woo woo and we can go back and really emulate what this can look like.

And within five minutes, I tell my residents, it just takes just take five minutes, five minutes. Read the room. Read the room. Before you say anything, just read the room and stay quiet and listen and really pay attention not only to what you observe, to what you feel, to what you notice, to what you don't even think.

Don't think. Just read the room and just be present. And just five minutes, if you can do that for five minutes, you will have the answer to the problem.

Because the patient will tell you their problem. They'll tell you the answer too. I'll show it to you. Yeah. Show it to you. If you give them a chance.

If you give them a chance, don't interrupt. Don't. So this idea that medical safety is a big one. It's a big one that we're dealing with in healthcare.

It's affecting healthcare. It's affecting what we're seeing right now. Oh, yeah. And the backlash towards doctors. You know, there's a lot, you know, I'm on Instagram quite a bit and there's so many, it's like, oh, the doctor's told me I had this and I didn't and the doctor's got it wrong and the doctor's got it.

There's so much doctor, like expert shaming.

Rethinking Medicine Around Emotional Safety

Now it's like they'll take someone who's, you know, who's, who's got minimal experience in healthcare, which is, you know, classically, if you look at the RFK situation.

over someone who's actually been trained in it and studies it. And I think one of the reasons why it's so easy to discount medical doctors is because we haven't been that emotionally connected to our patients.

And that's why like, you know, chiropractors and naturopaths have a better relationship because they had to. Like they have to be congenial. They have to be connected and that kind of thing because they're in an environment where they need the patients to come to them.

Whereas in medicine, well, at least in Canada for sure, in Canada, it's because we have free medical. So when you see the doctor, it's free. If you go to the naturopath, you have to pay for it.

So naturopath chiropractors, they have to develop this sort of emotional connection with people. Otherwise they go bankrupt. But we don't need to, and I think that's hurt us in a lot of ways.

We can see a lot of patients in a very short period of time, but you know the quality of care that we're giving is rather limited and I think I think most doctors would agree that they could do better jobs with most of the patients they have but your spread so thin that you do you know it's kind of like utilitarian you give the most you know, the most care that you can for that particular patient and then, you know, have them come back in two weeks and then re-follow up and this sort of stuff too.

And that creates its own issues in medicine too. It's like having people come back every week or two weeks or, you know, the other thing we have in Canada is like only one problem per visit.

I don't know if you guys have that in the store. You know, like the problems are related, you know, the problems are related. Their digestive problem and their headaches and all, it's all related.

it's already and you miss that you know you want to you know specifically looking for one thing and then you miss the other you know sort of vagal kind of pathways that are going to that you would see if you were able to have the time to take a more thorough thing and if you're a more educated in how these things go.

Like if you see a patient who says, you know, it burns behind my eyes when I pee, my left shoulder has been, you know, kind of bugging me and hurting for two weeks and I have this, uh, you know, fecal urgency.

You know, when you see somebody who has like a myriad of different symptoms, think childhood trauma. You know, but what happens is a lot of people get into this thing.

Well, Lyme disease, Lyme disease presents in all these different crazy ways. So it's not, I don't have childhood trauma. I have Lyme disease and it doesn't have insisted that they have Lyme disease when actually they clearly have childhood trauma presenting in multiple different organ systems.

in almost a semi-spiritual way, but it's so much easier for them to absorb the fact that they may have a physical illness rather than going back and actually treating the emotional illness under all of these crazy symptoms that are showing up in their body.

And that's a big issue. And then the doctors, the regular allopathic doctors say, well, it's all in their head. Clearly this is all in their head. So anytime you have this issue to go, it's all in their head, think childhood trauma, because that's probably what it is.

Yeah. I say in my, one of my videos is that we meet at the bus stop of trauma, whether it be a bus stop or a train station or airport lounge, we're all there.

We, meaning I'm the healer, doctor, provider, and the patient, and we get to have this conversation. we get to have this conversation. And what a privilege it is to have a conversation with somebody who wants to share their problem with you.

If you see their spirit, absolutely. Yeah, if you see them as a number, it's gonna be painful. It's gonna be painful. It is, it is gonna be painful. So for the physicians out there, for the healers out there who are struggling with burnout or anxiety or their own trauma or their own you know, dismay or numbing that they're experiencing as there are many doctors out there speaking to this as well.

What is the one truth that you would want them to hold on to? What would be something you would tell them? Yeah, just being true to themselves, being true to the child in them.

You know, a lot of us became doctors because, you know, you'd be amazed at the number of surgeons who had cancer in a parent. And my little joke is like, you have to have a bit of a screw loose to, you know, give away 10 to 15 years of your youth to become a doctor and then find that it's not what you kind of hoped it was going to be.

You know, that's a pretty painful experience. But burnout isn't an external problem. It's not about seeing less patients. It's not about having more organization.

It's not having, you know, getting rid of electronic medical records. It's not any of that stuff. That is your confirmation bias. So your confirmation bias is I burned out.

It must be these symptoms. You know, but it's not. It's the connection with yourself. And like I said, medicine says patients come first. We get trained in that.

You know, there's a lot of issues with medical school and residency where people are essentially abused. So you learn that abuse is normal, self abuse is normal.

So it's really hard if that's the template that you studied under to all of a sudden go, oh, I'm going to be kind to myself. I'm going to be more, and that gets into your default mode as well.

And then it's like, well, you're, you know, you look at these guys or women, you know, winning these physician of the year awards that never see their family, right?

So this is what we're striving for is this sort of ideal that we'll never attain. And it's, burnout is an inside job. It's something that you need to fix internally.

It's not about the workload. It's not about, you know, seeing different patients. It's not about refining things, get me, being more efficient at work.

Not about any of that stuff. It's all about your relationship to yourself and specifically the younger version of yourself. And I know a lot of physicians are going to be like, oh, inner child, I don't, you know, bunch of crap, bunch of hoodoo, bunch of witch crap, none of that.

But I was burned out and the only thing that got me back into seeing patients again was connecting with myself and just sort of starting to enjoy the spiritual connection.

Now, I don't have to see, you know, 30 people a day anymore or 40 people a day. So I can really enjoy my interactions with people. But it's really about finding what did you like to do when you were younger?

Did you like to ride your bike? Did you like to play tennis? Like, start doing that stuff again. because then you're gonna find yourself, you're gonna find the joy that you had in life when you were 10 is probably gonna be the joy that you had if you painted, if you danced, like find that stuff and do that stuff.

But the thing is, the first thing that goes away, the thing about doctors is that medicine is the last thing that they'll let go. You know, they'll let go of their exercise, they'll let go of their diet, they'll let go of their family, but medicine, because it's part of identity, like it's when I graduated, I was Dr.

Russell Kennedy, and that doctor, man, it's a blessing and a curse, and it becomes part of your identity. A lot of physicians kill themselves before they release that identity, before they say, this job is not going to work for me.

And there are so many positions for doctors, especially these days, in not practicing medicine the way it classically has been done. And as far as I'm concerned, I'm infinitely happier doing what I am now than what I was doing back then.

Burnout, Spirit Loss, and Physician Healing

And you have a lot more power than what you believe. Yes, you may take a dip in income for a couple of years. Absolutely. Yeah, there's no way around that.

And it's going to be emotionally difficult for the first couple of years too. But it's the best choice I ever made. And I think you can still stay in it provided that you can start making these connections within yourself.

Because if you don't, if you don't have that connection with yourself and part of that is spirit, part of it is spirit. And I had to find out the hard way because I was hardcore neuroscience, you know, spirit was a tough nut for me to crack.

But I think it's just learning. What does your spirit say? And if you are going against your spirit, you are going to burn out and you're going to wind up getting sick.

And you know, the body says, no, if you do stuff for too long, eventually the body will just go, no, we're not doing this anymore. Most of burnout is internal.

Fixing stuff on the outside might help you for a month or two months or stave it off for another year, but it's going to come back. The cat comes back, maybe not the very next day, but I thought he was a goner, but he just came back the very next day.

Couldn't stay. Well, I feel like your spirit. What you allude to, what you spoke to several times is that spirit, being connected to your spirit, staying connected to your spirit, or finding or feeling your spirit and noticing your spirit is what I've been hearing from you and what your way of reconnecting to that spirit, that journey was like for you since it was a tough nut to crack, as you said.

Tell us more about that. Getting back into it? Yeah, because like I said, it was, I had a lot of my identity wrapped up in being Dr. Russell Kennedy. I still do to some extent, but it's almost like I can see it as a distant part of me now.

I like it, I like it, but it's not all of me. It used to be all of me. So I think it was just finding that, giving myself the permission to be connected to the spiritual part of me that I had lost.

And frankly, medicine beat out of me for a long time. I think if you're a burned out physician, I think by definition you've lost your spirit. I think burnout is a spiritual issue.

It's a spiritual injury. You spend all this time becoming this doctor and then this is not, I'm not happy in this. And then again, if that becomes the umbrella, if that becomes part of your default mode, good stuff happens, but it just slides off like Teflon, you know, and the bad stuff, it's like, oh, more hours.

Oh, I got to, I'm on call this week. Oh, it's just like, it just stacks up. And unless you can really find that, and I think it's so hard initially, it was so hard initially for me to find that spiritual part.

Cause I kept looking for, like I said, seeing less patients, working in a different clinic, trying a different field of medicine. You know it wasn't that it work for a short period of time but it always came back the burnout always came back because i was i was just pushing my own spirit away.

And again i think a lot of positions that listen to this are gonna go out you know. Which craft you know that's a bunch of crap and i think the ones that do that are the ones that have the most.

the most spirit talking to them that they're kind of ignoring. And I think you lose your spirit, you lose your sense of yourself in medicine, you do. And unless you have a way of finding it and getting back to it, and I think it becomes something that you don't even see that you're missing in burnout.

I think it's just like you feel hollow, you feel empty. And the reason why you feel hollow and empty is because that spiritual part of you, that part of you that used to like to ride your bike or play floor hockey or whatever, it's gone now.

What were the ways that you found your spirit tell us more about? Was it psychedelics? Was it music? Writing. Writing. So I've done LSD. I've done psilocybin.

I've done ayahuasca. I haven't done any psychedelics in 10 years now. The last one was 2015. So I think there was an element of that that helped me see the spirit part of me or feel it.

Probably more important to feel the spirit part of me because if you seeing again is this academic left brain kind of approach to it, it's feeling it.

It's going, okay, what can I do to expand on this realizing that a lot of me resists it? You know, I love yoga, but I will go six months without doing any yoga.

So I think it's just really taking this interest in yourself and then once you decide and make that intention every day that you're going to focus on spirit.

I do like a meditation. I have a meditation. I have a studio upstairs that I record my meditations and otherwise known as my wife walk in closet. But I have all the recording equipment in there and I make these, I've done it since I was a, you know, 17 year old for sports.

You know, I've made hypnosis for it. And I think it's getting into those deeper, deeper parts of ourselves. Like the cognitive part is very smart. And I think with doctors, we're so used to living in these, you know, we're very adept at the cognitive part.

That's how we got into medicine. That's why we're good doctors. But we lose the feeling part. We lose that sort of limbic, that kind of feeling good, that sense that, you know, things are okay.

It's a sunny day, taking a breath, looking around. I think we kind of, as we burn out, we lose that part. And then the deeper part below that, that sort of spiritual part, like, who am I?

Like, who am I without medicine? That was something that, I mean, I still don't know it, but I know because I've been out of medicine, organized medicine now for 10 years, but just being able to see myself as a different person and without medicine and not needing it.

Like when I started writing books and getting pretty good advances for that, I made probably five times the income from writing that I ever did for medicine.

And then that that's a very self affirming thing. Like when you get out of this thing and you're, you know, making more money than you ever did as a doctor.

That's very like, okay, you did the right thing. You did the right thing. And I could have easily, well, not easily, but I could have stayed in medicine and just, you know, work two or three days a week and just kind of eke my way out.

But I don't know if I would have survived. I really don't because my anxiety was so bad. And anxiety, depression, eating disorders, OCD, all that stuff are signs that you've lost touch with your spirit.

And you're using these coping strategies to kind of just sort of band-aid your way through every day. And eventually you hit the wall. Eventually like find, find your spirit, find your emotional, find what lights you up emotionally before you get cancer, before something knocks it out of you.

Cause if you don't look after yourself, nobody else is going to do it. No one's coming to save you as a doctor. No one is coming to save you. In psychedelics or LSD, the act of writing, I would imagine, is a spiritual process.

It's a way of reconnecting to oneself through memory, through the words. Just the act of doing writing about oneself is very, very spiritual. Whether you get it published or not, it does bring you to that space of reconnection.

Writing about stuff that you feel confident in and you're creating new paradigms, like the alarm anxiety cycle, I've never heard that before. So I created that.

I created the alarms acronym, abuse, loss, abandonment, rejection, maturing to early shame, like all these things that get locked in your body. these are things that I love to write about because they bring a new perspective to like an old field.

And then people take my work and then they expand on that and they put their own spin on it. And then it sort of, you know, exponentially goes out into the world.

And then that's how things change because this idea that, that anxiety and even depression, OCD, eating disorders, and to some extent, even personality disorders are rooted in the sense of alarm in the body is pretty controversial.

But the more I work in it, the more obvious I see it. More obvious it becomes. And I would also say that shamans are indigenous practices of medicine, that shamans are also doing their own work and their own treatments and their own care so that they can be better shamans.

In the indigenous practice, it was the shamans who did the psychedelic treatments. Whatever vision they were

doing for themselves was allowing them to be a better healer.

And that practice was been practiced for centuries and why is it that Western medicine has disconnected from this idea that the healers don't need healing?

Right. Yeah. Well, we create this, you know, this superhuman persona as doctors and it's starting to crack, you know, and it's starting to crack quite significantly.

So, yeah, I think there is this sort of self-affirming Superman complex, superwoman complex that we have as doctors. And in a way, we almost use that as support.

You know, like, oh, I can be strong. Doctors don't do it this way. Uh, you know, doctors don't cry.

Writing, Psychedelics, and Reconnecting to Spirit

Doctors, you know, as a group and, and doctors as a group don't like seeing other doctors collapse because it kind of weakens the field, right? Like we all, it's like, oh, they're too weak.

You know, they're too weak. They couldn't make it, you know, that kind of thing. And it really is part of the sort of the old boys network of medicine in a lot of ways.

And that you don't assume weakness, you don't show weakness, you have to be strong all the way through. And we're just not built that way, especially in this society, especially when the load of sickness in the society is so much greater than it was 40 years ago.

And we're expected to be the same as we were back then. We have to evolve, evolve or die really. Well, this is the Too Curious, M. D.' 's podcast and we speak about curiosity because curiosity fuels kind of discovery and builds on ideas of creativity and really expands and really decouples us from our before world, right?

It makes us question. What would be a question you would be curious that you feel has been unasked, whether it be for your own journey, for your own story, or what would be a question you'd want to even ask me or the audience here?

I think it's, why did we lose contact with that? You know, we're mind, body, spirit. Us physicians were pretty good at the body. Okay at the mind because the brain is so complex.

I don't think we're ever really gonna understand it. But the spirit part, you know, why did we lose that and can we get it back? without losing our credibility, without sort of saying, hey, there's stuff I don't know.

There's stuff maybe we could look into. Can we meditate together? Can we find this sort of place of peace? You lie on the table, I'll do a little induction for you for your chronic pain and see if that kind of works.

And just, you know, speak more softly to each other, to the patients, like be more connected, like I said, about the whisper, you know, we don't have to whisper because that would be a bit weird.

But in general, just how are we losing this connection to other people? because that's what we went into medicine for was to be to help other people, which I assume is because we want to be connected to them.

You don't want to just help people for random reasons. So I think, you know, it's like we went into this to be connected to people, to be a positive force in their life, to be connected with them.

So why are we choosing to only connect with the modality that is least connective, which is, you know, essentially knowing about their body? Yeah. In my own work, I worked overseas, and when I would go in the practice there, I was in a Muslim country, and I was a hospitalist, medicine, doctor, pediatrics, and these children would come in very grave, complex conditions, but the culture there was different.

There was a lot of family, there was a lot of people coming in and out of the room, and sometimes when things got heavy or hard, there would be a prayer that would be made, there would be music or even recitations in the background while we were talking, and you'd walk into the room and you'd immediately feel this energy, this peace, this support, hey, just pay attention.

and your voice would change and you would sit down and you'd say you'd give respect to the family because it's very important that you connect with that same spiritual energy that's in the room and it's a felt energy.

And this is one thing that is an Eastern practice, very, very accepted. It's very accepted to talk about God and say, I hope God, we can make prayer with God and this is a difficult situation, but God will have the answer.

Sure, man. Whatever you think. You know, whatever you think. You've been out of residency for two years and I've been doing this for 30. And, you know, I've lived in a temple in India.

I've done psychedelics. I've studied the brain for 30 years. I got a degree in neuroscience in 1987 when it was still called behavioral psychology. I've been studying this stuff for 30 years.

And yeah, you're the psychiatric residency at some prestigious hospital. Basically, you know way more than I do. And it's like, we have to watch our egos, you know, and that even for me, even in saying that as ego as well, you know, we have to really watch that sort of ego thing because it puts us in a cage.

Like we can't go outside. We can't accept that there might be another therapy that works better than what we have. And if there is, Let's start using that.

Let's start bringing that in. And you know, there are some doctors now that are really starting looking at the sort of the mind body connection and looking at that medical doctors.

And I think they're getting so much more satisfaction out of their practices because they're actually doing things that holistically are healing the patient.

So, you know, as we sort of believe that we have all the answers, that's a curse. It really is. It really is. And in narrative medicine, we learned different methodologies to really apply in medicine, right?

To as a medicine, that art can be a medicine, music is medicine. I mean, and how we can bring that in into the healing space. So in Columbia, in programs at UCLA, there's programs in a lot of prestigious universities that are now paying attention to this, I believe.

And the research in narrative medicine has just skyrocketed as well as there's not more publications of this being a modality for treatment. But to me, it's going back to the old way of medicine.

It's just the art of medicine and we're going back to the way medicine was practiced centuries ago or even. It's all energy.

Curiosity, Narrative Medicine, and Closing Reflections

You know, before we had, you know, penicillin, you know, energy, we had this understanding that everything was energy, like maybe not conscious, but sort of this unconscious knowing.

And we're seeing it more in quantum physics, you know, looking at the quantum field, looking at, you know, examining consciousness. You know that nothing is really there until it's observed like we're starting to see the real weight of energy.

As healing or as just what everything is so if you are are not aware that everything is energy and you're going at this sort of you know cognitive thing that okay well this is the treatment.

We don't know what it does energetically, which most people don't know what things do energetically. It's really understanding that if everything is energy, we have to be open to assessing and believing and seeing that everything is energy.

If we believe that we somehow are pulling the levers and we are above God or above consciousness and we have all this power and control, And we enjoy that power of control.

It's going to make it very hard for us to relinquish that and start saying, okay, you know, look at the quantum field, look at, look at God consciousness, look at the fact that, you know, the, the number one issue in healing from mental dysregulation is the spirit is not a medication, especially not a medication.

When people go to these retreats, it's not the particular Gestalt therapy or somatic therapy. It's the fact that you're in with 10 or 20 other people and we're meshed together and we're feeling connected to each other.

That's what heals us, right? So medicine really has no idea of that. And I think it's just in its infancy understanding that medicine is energy too. And sometimes that energy that we give can be counterproductive.

And if that's all you believe in and the patients, you know, I have so many things coming back from psychiatrists that used to say, well, your patient failed antidepressant therapy.

It's like the patient failed. You know, even our wording, even our language. I know that. I know the way you just kind of toasted that the patient failed.

Yeah. Yeah, you're exactly the question mark that we put the all that pressure on the patients. Well, we know everything. So if they're not getting better, then it's their fault.

Well, thank you Dr. Russell Kennedy for really showing us how healing, your own healing journey and your own story, your own work that you're doing is really demonstrating how we can reconnect to our bodies and come home to it and feel safe with ourselves and even to our spiritual self and that medicine is about more than science, it's connection, it's art, and it's integration.

It's the integration and the attunement of all those things that we spoke to about. So I'm very curious to learn more about your MBRX method. They would love to attend one of your talks and really connect more and stay connected.

Absolutely. In our podcast, we talk about curiosity and I really do feel this is the era of curiosity. We have to engage in this curiosity. So I really, speaking to our audience now, staying curious because curiosity does open us up to ourselves and to our world and gives us a sense of intrigue and keeps our mind like a child's brain.

You know, a child's brain is, we need to nourish our child brain and curiosity is one way of really Speaking to that, so this is the era of curiosity and stay curious.

Absolutely. And curiosity is one of those things that when you're feeling upset or low or whatever, curiosity brings you into that sort of rational part of your brain and it takes you out of that limbic cycle of feeling worse and worse and worse.

It's like, why am I feeling so sad? I get curious because when you do that, you take a lot of the emotional weight out of it. It becomes more of a sort of an overview of what you're feeling rather than just being stuck in that sadness or stuck in that anxiety like why like be curious about what got me so upset about what my mother said be curious about that because when you go into that curiosity realm you pull yourself out of that sort of ego based oh my feelings are hurt realm and you start actually really seeing things from a different perspective so curiosity is one of those things that takes the emotion out of things and allows you to really see them a lot more clearly close here and just for our audience to really stay connected.

If you have a question or an unasked, curious question about your own story, your healing journey, or your

exploration of science, of anxiety, whether it be ketamine or psychedelics, post in your comments.

Your questions might just inspire our next episodes at Two Curious Air and Day. So thank you for being here and thank you for listening. 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. It helps us keep the curiosity alive.

post or comment with a question or curious inquiry that you have and seek to explore or learn with us. Stay curious and we'll see you next time.