Opening and why medicine feels incomplete

Welcome everybody to another episode of the AnxietyRx podcast. I'm your host, as you know, Dr. Russell Kennedy, a medical doctor who suffered from crippling anxiety that almost killed me about 10 years ago.

And I had to find another way out. I had to find a different way of practicing medicine, getting out of the rat race of medicine in a lot of ways, getting out of the dogma of medicine that had me trapped and has so many doctors trapped.

And today I am thrilled to have Dr. Jonathan Fisher with me to talk about his book, Just One Heart, and just talk about medicine in general. I just ache to talk about why I left because it got to be too much for me because I couldn't rationalize this feeling like I was basically just treating people with medication.

And I could see their root causes. I could see the emotions behind why they were sick. And we were trying to fix the symptoms of their sickness, whether it be GI or cardiac or respiratory.

and not really get at the underlying cause. And I think that's what causes a lot of doctors, although they may not know it, I think that causes a lot of burnout, sort of almost like a consciousness level.

Like we know we're just kind of putting band-aids over things. So welcome, Jonathan. Thanks for being here. Thank you. It's so great to be with you again.

You know how much of a fan of yours I am. You influenced my book. You're in it and helped the readers understand how anxiety doesn't just affect the mind and our emotions, but affects our hearts.

And I can't wait to get into this conversation and some of the themes you were talking about. Yeah. So, Jonathan, why do you do this? Why have you kind of broken off with the mainstream?

Because you're pretty high up there in the cardiology world. So, how did it come to that you decided that, okay, this sort of allopathic, scientific, evidence-based role isn't be all and end all of healing?

I was missing so much in my medical education that I had no idea why I do this. Why did I write the book? Why am I speaking here? Why do I go speak to medical students?

Because I have that little version of me, little Johnny inside of me. years old, you know, cared about other people was full of joy. 15 years old started to experience anxiety, but no one called it what it was.

And no one said that this is normal. 25 year old Johnny in medical school, studying everything about the physical heart, but not having no idea why my own heart was clutching and contracting when I started to get nervous when patients were on the verge of life and death.

Russ, the reason I wrote it was really at the beginning. I wrote it as I went through it for myself. I said, this is what's happening here. Here's what you weren't taught yet.

So I wrote it for myself as a guide, especially when I fell on hard times as a step by step approach. Here's what works. If you're feeling stressed, steady yourself first, steady the body, get out of the mind.

You know, if you're feeling confused, work on clarity. If you're feeling contracted and want to avoid other people, open up. And then over the last two decades, I found a way out of my own depression, my own anxiety with help.

And I wanted to offer that for everyone else who might be going through it. Yeah. I mean, it basically mirrors the

same story that I had to, you know, being in med school, being just like a nervous wreck.

The number of times that I wanted to quit med school and residency was just unbelievable. But there was days that I actually was driving to the dean's office to actually quit.

And then something just kind of stopped me. It's like, okay, And I'm talking to Martha Beck later on this month and I'm really looking forward to that too.

And she has this concept in her new book called Beyond Anxiety about this left hemisphere hall of mirrors. And I love this analogy because when we get caught in that left hemisphere, we get into this kind of convergent thing that we believe that we can fix our anxiety with our thoughts.

And it just causes more of the problem. I often like to say that if anxiety is a problem of rumination and overthinking, you're not gonna fix it with more rumination and overthinking.

You have to sort of get into the feeling aspect, which is what you're saying. But so many of us, I think, if we had trauma when we're younger and it wasn't resolved, and it is stored in the body and it can be stored in the heart, it can be stored in a lot of places in our body, We don't really want to touch that area because I often say that anxiety is really a separation of your adult self from your child self, like you said, little Johnny, and the mind from your body.

So we're so pushed into this sort of left hemisphere, make money kind of world that we get seduced to think that the left hemisphere has everything we need.

Anxiety, overthinking, and the body

And it's just, we just, it's like drinking seawater. We just keep drinking the seawater and thinking, why am I getting more thirsty? So that's what I loved about your book.

It's like, it has the science behind it, but it also has this kind of, okay, there's more to it than this. And I have this issue. I know I'm ranting here, but I'm really excited to talk to you.

But when I see these things like science based therapy, it's like, every time I see science based therapy, I think temporary effects not going to heal you.

Yeah. Yeah, Russ, I'm glad that you hit on that. And Martha Beck is amazing. I just finished her last book and helped find our North Star. It's just awesome.

Her work. When you talk about the hall of mirrors, before we can get to that point that we see how our brain is working, there's an earlier insight that many of us can live 70, 80, 90 years and never recognize this, which is we can step back and view our own minds as an observer.

It's a radical, you know, you take it for granted because this is the work that you were trained in. I take it for granted because for 15 years I've been viewing my own awareness of what's called metacognition or meta awareness.

But if we are not aware that we can become the observer of our own thoughts and distance ourselves and decide are these helpful thoughts, are they not helpful thoughts?

We live our entire lives stuck in this labyrinth Believing that that left brain, as you will, is that hall of mirrors. We just get trapped. And I find that there's a freedom in the body.

There's a freedom. When we return, we just put the thoughts aside. And I partly blame Western philosophy on this, right? It goes back to Rene Descartes in the 1600s, who said, I think therefore I am.

When I read philosophy in college, I took that to mean, well, in that case, if you're not thinking all the time, then you don't have much of a reason to exist.

So I got the wrong messages. And what I'm hoping we can do is kind of recalibrate there this human experiences. Yes, it's partly a thinking mind and very much a feeling body.

And how do we balance those two? Yeah, I think for a lot of people, and like I was saying, when you get trauma as a child, we're designed to go to our parents and caregivers and have them resolve that trauma.

And then when we learn and we see, okay, we can be traumatized or we can be wounded or we can be hurt, but we can also get repair then that gives us a certain amount of capacity and resilience in our nervous system so that when we encounter trouble later on, we're like, oh, your unconscious mind goes, oh, we've been here before.

This isn't the end of the world. And we can actually feel our way out. But when we store this trauma in our heart, our gut, whatever it is, wherever we store it, And again, that's a whole issue.

Like do we store trauma in the body or the brain's representation of the body? Either way, it doesn't matter. We still feel it in our body. But a lot of people don't wanna go into their body because that's where they stuff the old trauma down.

So then the only resource left to us is overthinking and worrying. And I think because worry, I'm gonna let you talk here, because I know I'm kind of ranting, but again, I'm excited about it.

But I think worry has the illusion of making the uncertain appear more certain. And then when we do that, our VTA secretes all this dopamine into the nucleus accumbens and the motivation.

It says, hey, you're on the right track. You've made sense of this by worrying. And then it becomes an addiction. And then worry becomes an addiction.

And I've had so many patients say to me, Dr. Kennedy, frankly, I get worried when I'm not worrying. Russ, that makes me think of so many things, but one is, you know, it's a billion dollar business.

This idea of habit change and James clear atomic habits and it's new years and people want that fresh start effect. So how can I start exercising what is often missed in those conversations?

Is that there's one habit that we're all addicted to, that if we can break that habit, it opens up the doors for change in so many other behaviors. And that's addiction to our own thinking and addiction to the rightness of our own beliefs, because they happen to emerge from our brain.

And we're so conditioned to that. And, and I like what you said. that anxiety creates an illusion of control. It doesn't create actual control. It lets us feel that we are somehow, if we can only see what's around the corner or imagine it, that dopamine is released.

And yet you and I both know that it creates a state of chronic activation hypervigilance, which then lights up the body in ways that create this ongoing fire.

And then the third thing that I was thinking of as you were speaking, you were talking about, you know, for those who've experienced trauma, trauma as children, It's natural to shut off the mind from the body.

We don't want to go there And so we live in a place where we at least feel familiar which can be in our thoughts one of the big pieces of insight that helped me find more peace in my life was Anytime I was in conflict with myself Whether it was my one thought with from another whether it was my mind and my body Anytime I was in conflict with myself.

I was always the loser That's a good one. Part of my growth was to recognize when I was in conflict with myself, I still practice it today. So if I'm saying bad things about myself, if I'm rejecting parts of my body, I pause and I just remind myself, I can't fight with myself or I will lose and I want to be the winner in this one in this life.

Yeah, I often talk about these carnival games where you have to hit over three heavy bottles with a ball or throw a ring over a Coke bottle. The only way to win those games is to not play them.

The only way to win the worry game is to not play it. But it's so addictive because as a child, The worry did give you some sense of control over a situation where you felt powerless.

So we learn this sort of worry habit as a child, it gets ingrained in our brains. And then we ride it to the wheels fall off. And then we're in our 40s on our second marriage.

And we're like, why am I so unhappy all the time? And it's because you've trained yourself through operant conditioning to believe that your mind has the answer when it only has more of the problem.

And the mind is very, very good at convincing you that it can fix the problem when it can't. Russ, if I could bring you into my clinic and bring you into our hospital systems, you would put a lot of us out of business.

And the reason I say that is what you just said there, that anxiety gives us this lifelong sensation of control. creates irritation of our blood vessels.

It accelerates our heart. It activates our nervous system in a way so that what I see in the cardiology clinic is a 26 to 27% increased risk of people who have chronic anxiety developing heart disease.

Absolutely. And so rather than throwing right away a medication on top of it, even if the blood pressure is up a little bit, rather than throwing a medicine, which may or may not have a side effect.

What if I took a note from your book and learned how to explain how anxiety works to my patients, how to give them some basic skills. Some people may need to go see a therapist, but others may not.

You may need to read your book. Yeah. So if we can look at anxiety, we can look at depression, depression, forget about 27% increased risk in heart disease.

Observer awareness and the mind-body split

It's more than double the risk of heart disease. And so I think we need to rethink health in general. Um, I consider myself a psycho cardiologist, not in the bad way, but in a good way, we need to come together and start bridging, uh, these individual silos.

Whereas one person, I just take care of the mind. I just take care of the gut. I take care of the body. the future of health demands that we all get a little bit out of our comfort zones and start speaking this common language.

Yeah. Well, I mean, we're mind, body, spirit, right? And I think we exist on these three planes. So the intellectual, the mind, the body, the physicality and the spirit is just the emotion, our emotionality, how we interact with our world.

And I think, you know, medicine is pretty good at the body, I think. We're not that great of the mind yet because the brain is such a complex organ, but we're hopeless at spirit.

The ethos of spirit is not even touched in medical school. Because you can't touch it. You can't measure it. you can't reduce it and yet we both know that someone who has a lack of a sense of connection with something bigger is going to be withdrawn into themselves it may affect them their social relationships it'll then affect their behavioral choices and until we can become more comfortable At least speaking about this spiritual dimension and it doesn't mean religion.

It doesn't mean God. It doesn't mean dogma want to be clear. We're not talking about that. We're simply talking about something that goes far beyond this mere human experience this me and mine this narrow egoic thinking and that connects to the universal we know that that's not something that's simply mystical it has physical

dimension to it where it can improve your health or make your health worse.

Yeah. And it's just understanding that, okay, this is actually good for me. Sure, I can take a statin, but I can also do some mindfulness training. I can also be curious, as you said, about, you know, because as soon as you add curiosity to it, you pull yourself out of the limbic, the emotional brain and into sort of more the rational brain.

So you start seeing it. And this is what I say to people. It's like, have you ever had the exact same thought? Like I talked to a lot of people with anxiety, they ever had the exact same worry.

And one day it's like, yeah, whatever. And the other day, it seems like the worst thing in the world. And they say, yes, absolutely. I've had that. And I say, well, it can't be the thought then, can it?

Because the thought itself is relatively neutral. It's what's happening in your body, and I think so much of what happens is that it's a body-based issue first, and then the mind being a meaning-making, make-sense machine through this process of interoception where the brain is reading the body all the time.

It reads this thing that I call background alarm, like residue of trauma or whatever it is. I love your acronym, by the way. You have that acronym for alarm, right?

Yeah. And then the brain has to do something with that. Like that left hemisphere has to do something with, I feel this, this, you know, feeling of angst or worry or fear.

So your brain is a makes sense machine. So it makes sense of that by creating worries. And I love the David Goggins quote when, and he says, the mind has a tactical advantage over you.

Because it knows your weakest points and that's when you feel that way, when you feel alarmed in your body, those weak points will light up like a Christmas tree in your consciousness and your ability to see things.

And what's worse maybe is that anything positive just fades into the background, like the brain just doesn't pay any attention to it. So we do condition ourselves, unfortunately, in this society to focus on the negative.

And we've never been so safe in general, but we've never been so fearful because all anxiety is separation anxiety. And we've never been so separate as individuals and as a culture.

Yeah. And so that separation and that's so well described by our outgoing Surgeon General Vivek Murthy, who talks about the primary epidemic of our time.

It wasn't a virus, it's loneliness. And it's that disconnection. And I love that he hit upon that because in the clinic, I find that that loneliness, that core feeling that I have to prove my sense of belonging to others, I have to prove my worth to others, my worth of being loved in the world to other people.

That creates a void that people are filling with addictions and other behaviors, including aggression and anger and cynicism and hostility. And we wonder why our blood pressure is high and why we're eating that fourth chocolate chip cookie and then why we're ending up in the hospital with heart disease.

The other piece, Russ, as you were speaking, that came to mind, this was helpful for me. was learning the distinction between emotions and feelings. I took for granted before I understood that.

I thought, well, anything that I thought in my mind that I was feeling was a feeling. Well, first of all, I couldn't be more wrong. It was a revelation for me that feelings are not things that you think in the mind.

Oh, I think I'm feeling that's not a feeling. Feelings are literally felt in the body beginning as these primal emotions, these primal instructions about, well, there's some information coming in.

How does the body wired over millions of years to respond? It's only when these sensations are then fed into the

mind through. as you said, interoception or viscероception with the heart, right?

How does the heart influence emotions? We can sense it. And then the mind interprets these raw emotions, creates these feelings, these words, and then it's off to the races.

Oh, I'm feeling sad and anxious, just like that time I used to be anxious. And now we started with what could have been a mere sensation for a few seconds.

And we end up trapped in this narrative that reminds us of how stuck and separate we are. Yeah, and it's like the little analogy that I draw is like, it starts out as a dirt road.

And then as you go down the negative, as you pave, pave the negativity with intention, it becomes a 12 lane superhighway. So we are we know that people with anxiety have have a quicker startle response, we know that they typically have a higher blood pressure, we know that they, they are more autonomically reactive.

Yeah. than most right and the autonomic nervous system is such a huge player in cardiac health atrial fibrillation all this kind of thing plays a huge role in this and we don't you know as medical doctors we do kind of get into this sort of evidence-based therapy especially when it comes down to emotional disorders and like we were saying before we went on it's like whenever i see an evidence-based therapy i think here's a band-aid because it doesn't address the spirit at all.

So much of healing, so much of my healing from anxiety has been a spiritual, not religious, but a spiritual journey of being able to accept myself, being able to watch myself with curiosity and go, hmm, do I actually have to torture myself with this thought right now?

Do I have to? And I still will sometimes. But at least I gave myself the choice. And I think that's where your mindfulness teaching comes in. It's like it's choice.

It's being able. And if you have choice, you feel like you have power and agency. Whereas when we were kids, we didn't have a choice. We were powerless.

So we revert back to that place.

Trauma, worry, and the addiction to control

And I often say that These huge anxiety depression issues are often age regressions. So we go back to a place in the time where we were 6, 8 to 12 years old and we feel the same way, but we don't realize that we've regressed because the amygdala has no sense of time.

We don't realize that we're now a 12 year old. We think that we're, you know, 45 year old, but we're actually 12 years old and we're interacting with our spouse and, you know, getting in a fight or whatever it is.

And it's like, I often say to Cynthia, it's like, you know, right now we have two nine year olds that are fighting with each other. Like, can we make, because we have pictures of each other when we're nine years old, both of us.

And whenever we're having a bit of a scrap, I go down and I look at that picture and I go, that's who you're dealing with right now. And it softens your heart so much to see that this is the little girl that I'm fighting with right now.

And it also opens up a whole pathway to healing, unless we recognize that we're showing up often as past versions of ourselves. Some people live their whole lives as children, in a sense, in an adult body.

But it opens up, at least for me, as I was working on healing my own anxiety and my depression and rumination and all these thoughts about my lack of worthiness and belonging, It was pointed out to me that if I didn't love everything about my parents, and there was a lot that I loved about my parents, but there were plenty of things that I didn't absolutely love totally.

Guess what? I could go back now as the father or the mother. and reparent that little child inside of me and give little Johnny the love that he wished that he had.

And it feels like it's cheating and it actually has such a powerful effect at helping, as you described, rewire the mind, rewire that pathway of feeling safe in my own body, of not feeling judged, of developing strong, inner loving, supportive voice that so many people are missing and it drives them to behave in ways that are toxic in the worst workplace, harmful to other people.

And not only that, as you were talking about time travel, we can use that potential for time travel, using our mind again to tap into the heart. We can now travel back and we can travel to the future.

We can ask ourselves, is my future self asking for some other behavior right now? What choice would my future self want me to make? And I can go further than that to this doic practice.

When I'm about to die and the end is coming, what do I want people to say about me? How will I want to evaluate my own life? So for me, it's not necessarily a bad thing that these different age versions of ourselves show up.

It also opens up this pathway to healing the parts that are feeling unsafe and wounded. A perfect segue, I have this acronym that I created recently, actually in the last three months called SHOULD.

This is what you should have got when you were younger. So S stands for being seen, you should have been seen. Sometimes our parents have their own traumas and they don't really see us, right?

So we can see ourselves now. The H is for heard, should have been heard. What would you want to have said to your parent? What do you want to say to that younger version of you?

The next one is open to. Can you open to? Because a lot of our parents didn't really show us who they were. They were kind of these caricatures of parents.

They read Dr. Spock's book and they said, this is how we have to parent. And it didn't really, if your parent isn't open to you, there's a framework that creates this inability to be open to yourself.

Then the U is for understand. Can we understand? I had a little donut with my granddaughter, Abigail, and she doesn't like making eye contact across the table.

So we sit side to side, right? And if we do have to sit across from each other, I sort of divert my eyes that way and she feels so much more comfortable.

I understand that this makes her more comfortable. The L is for love, obviously. And D is for defend because often those of us had bullying and that kind of thing when we were younger, we felt defenseless.

So we can defend. So we can go back now and see, hear, open to understand, love and defend that child through that portal that we can create through the amygdala, through the sense of time.

And then often I get people to use a picture of themselves because pictures are these, they evoke these unconscious memories and this conduit to the younger version of us.

I absolutely love that. I'm going to be using that, Russ. It makes me think of attachment theory. Essentially, it captures everything that attachment theory has.

And that loved piece, for me, the loved piece is the most important. And it's loved and it's also cherished in a way, which is love made manifest, which is saying out loud to other people.

How good is that to hear your parents say to someone else, I'm so proud of my child, not because of what they did, but because of who they are. And what I also am taking from your acronym that you just shared, thank you, is we

can do this for ourselves.

And so it also is kind of neat because it goes against the common pop psychology, which is don't should all over yourself. Well, I think it's time we should should also this way.

I think it is. Absolutely. and to kind of see ourselves in this compassionate light so that we aren't this unidimensional. Because all of us have these different parts, like I love IFS and somatic experiencing and all these therapies that help sort of break it down into manageable pieces.

And it's just sort of being able to be connected and compassionate to ourselves. Because I think when we're younger, if shit goes down in the hood, as they call it, as something goes wrong in your family, kids blame themselves.

There's a part of our default mode network called the posterior cingulate cortex. And we're starting to see that this posterior cingulate cortex is part of the default mode network, the part of your brain that just you go to when you're not actually doing something.

is involved in self-referential thinking. So if as a child, you develop this negative view of yourself because of what was going on in your family and you took ownership of that, that will often come back to you in the default mode, which is why when we go through difficult times, we go to work.

We keep our brain occupied because as soon as we fall back into that default mode, that inner critic pops up again. So it's learning like, can we treat that inner critic with softness and with connection and seeing it as what I call the ego dragon, this omnipotent figure that we created when we were six, seven, eight years old to protect us from bullies or abuse or abandonment, neglect, whatever it was.

But as now sort of outlived its welcome in a way because that one trick pony that it has, which is basically don't do anything that hurt you, prevents us from growing.

So this should allow us to kind of, excuse me, go back and just have this compare. And it's a practice, as you know, like this stuff in your brain, it's a practice.

You do it over and over again. I think we have this in the society. We think, oh, I'll just meditate for 10 minutes a day and I'll be good. Yeah, it's in that should practice.

I'm hearing a lot of also self compassion, because that's, that's what a parent needs to give to a child. And when you're talking about the default mode network, you know, my mind goes to the practice of meditation, not mindfulness, mindfulness, which is just awareness, but The formal practice of meditation studies have shown on these functional MRI studies by Richie Davidson that the default mode network quiets down that self referential thinking that is responsible.

Reparenting the inner child

We think for a lot of our rumination, which often can be negative as you were saying. That tends to quiet when we practice mindfulness, this open non-judgmental present moment awareness, which includes an awareness of when our thoughts become self-referential.

There I go again, thinking about myself, telling stories about myself, and then being able to ask with curiosity, whose voice is that anyway, saying such bad things about myself?

Is that my voice? No, it's not. And that's so true. And the other thing is the psychedelics will also shut off the default mode network. So I think that's why people really experience themselves because under psychedelics, your unconscious and conscious kind of blend together.

That's why it becomes this very dreamlike weird kind of state. and the self and other state gets blended together

too. That's why people say, I was at one with the trees.

I felt one with everything. I think that that state, if you experience it once, you know what it feels like. I remember having this 90-minute episode of enlightenment on a rooftop in India.

I lived at a temple there. And I wanted to chase that feeling again. But I also was very grateful for having it because it gave me a brand new perspective, more so than the psychedelics even.

And I wasn't under the influence of any chemicals at all in India. But it gave me this sense like, Oh, you know what, everything is, then it sounds so cliche, everything is kind of peaceful until you make it not that way.

Yeah, it's so true, Russ. It's, it reminds me of I've been done retreats and silent retreats and I often was questioning, well, is this necessary? Is the practice necessary?

Because there's times in my life when I'm so busy, I don't have a half an hour or an hour to sit quietly on a cushion. And I just try to recall that muscle, try to flex that muscle.

But without those repetitions, I wouldn't have a reference point for what it's like to be able to simply observe my thoughts and feelings flowing by without engaging them, without buying into that story and then taking that curious position.

And then the other, The other piece that comes to mind when you're speaking, Russ, is this practice of letting go, of letting go of this ego, this self-referential thinking, it's not for everyone at all times.

It wasn't for me, certainly, a decade or two ago. And it reminds me of Carl Jung's quote, which is, the first half of our lives is spent developing a healthy ego, and the second half of our lives is about letting it go.

Yeah, Hollis talks about that too. James Hollis talks about the first 40 years don't count, right? The first 40 years are just like, it's, it's just your, it's going to school for yourself.

Yeah. I think, you know, when you get into your late thirties, I think that's when a lot of us naturally start looking at. like, how am I living my life?

Is this working for me? Because before that, we're full of, you know, piss and vinegar or testosterone or males anyway. And we want to get somewhere. And then we get there.

And we're like, is this it? Like Wayne Dyer is like, is this is this it? Is this what where is this the whole thing? Because and then there's this sort of this this depression, like, oh, this is it.

It's up to and then and then it's up to me. And if it's up to me and I don't see myself as powerful enough to get through it, then I think we break. Some people go into depression.

Some people go into anxiety. I think it depends on your underlying physiology. I think some people like OCD. I think I have this theory that OCD has this very, very powerful chemical attraction in the nucleus accumbens and that certainty for them is so much more powerful than a feeling of certainty for you and I.

It's just so much more addictive. So it's so hard for them to to move away from anything that's certain. So of course, you're going to turn around three times before you go.

And of course, it gets more and more elaborate the whole time. Now, this is just like, I have theories on everything. as far as neuroscience go. When I get up every day, I read about an hour of neuroscience and anxiety, and then I try and integrate it into how it fits into the spiritual world, the more mindful world, and explain it to people in such a way that there's science behind this.

It's not just, oh, have to find your bliss and and stay in your meditation and life is beautiful and all this it's like no no

this is basically the the insular cortex in your brain the part that maps on your body and people with anxiety have a very intense uh sensation of their body And that sensation of their body, because our mind goes to the most intense sensation that we're feeling at the time, if that alarm is the most intense sensation you feel, it's going to dominate your thoughts.

It's going to point the needle of your attention towards what Goggin says is the worst things that could possibly happen. And on top of that, like I said earlier, it points the needle away from anything that's positive.

So if you're having a bad day and something good happens, you're like, no, no, no, that was just a one-off. You don't pay any attention to that. If you're having a bad day, a good day, and something bad happens, you're like, oh my God.

So we're so wired for survival. And I think the farther we get from each other, the more separate we get. Because one of my mentors in developmental psychology, Gordon Neufeldt, says that all anxiety is separation anxiety.

And then I add onto that, and it's mostly separation from yourself. So it's like, how do you, I think the holy grail is connecting to yourself. But like I said, a lot of times we don't want to go back and visit that child because the child holds the bullying, the pain, the shame, you know, the neglect, all that stuff that we went through when we're younger.

So we have to kind of go back to it in a titrated stepwise fashion. You can't, this is why I'm not that crazy about psychedelics is that they basically, it's like hitting an ant with a sledgehammer, right?

okay, you're going to do it, but it's not going to be, it's not going to, it's not going to be pleasant. Yeah. You raised so many interesting points there, Russ, and just taking up the last thread that you were talking about, which is healing, the healing process, you know, if somebody was having a heart attack, I wouldn't tell them to go on their own and try to heal themselves by meditating.

Um, pain and trauma often requires a bigger container of holding than we're able to give ourselves. And so thank goodness for therapists like you and psychiatrists who can do the work that you do.

And not everyone needs that level of intensive help. And so what we can learn to do, what I've learned to do and what I help other doctors and patients learn to do is you can be with your own discomfort to a point.

If it's not a level 10 on the Richter scale, if it's a six or a seven, here are some basic strategies about how to simply do a radical act, which is don't run away from your pain.

Don't run away from your pain. Can you first be with your pain from a distance? Can you look at it, whether it's pain in the body or pain in the mind or pain in the emotions?

Can you just simply observe it and notice how you're reacting to it habitually? And then can you come a little closer?

Shoulds, self-compassion, and the default mode network

A little bit closer maybe we'll go to the edge and start to look at this this trauma at least those are the practices that helped me and that then segues into the first part of what you were saying there us you were talking a lot about.

Attention william james the father of psychology said that you know. Where we place our attention determines our life's experience. And so for me, that's the most fundamental skill.

If if someone came to me as a non therapist and said, you're a heart doctor, what are you doing about this mind body stuff? Where should I start the place to start to reclaim that power, that choice, that agency that you were referring to?

It always has to start with reclaiming awareness of where your attention is and the ability to redirect it. because otherwise that wired negativity bias is so powerful, we'll always be drawn to the negative and we can't tap into that ability to think more creatively, more openly and see options that are otherwise closed off to us.

Yeah. And that Michael Singer quote is so, you know, you are not your thoughts. You are one who observes your thoughts. And I think that's just so critical and basically just becoming the observer and being able to stay with the alarm, what I call the alarm in your system too.

And sometimes what I'll do when I work with people, I'll say, what was the best time in your life? What was the very best time, the time that you felt so good?

And then what I'll do is I'll say that their alarm is in their solar plexus, like it is for me. And I'll say, well, what was the best time in your life?

Well, I was 19. I was surfing. There was all these girls around. I was having such a great time. And it's like, okay, can you bring yourself back into that place?

You know, like really see, you know, your board really see the way like really feel that. Okay. Where do you feel that? It's kind of a warmness up in my chest.

Okay. Now I'm, I'm speeding this up really a lot. It's like, okay, well, let's go back into that time where, where your, your mother passed away. Okay.

And that pain that you have in your, like your solar plexus. Can we go into that a little bit? Does it have a color? Does it have a shape? Is it superficial?

Is it deep? All these sort of criteria that the insula maps onto this sort of emotional pain to kind of sequester it and put it in a filing cabinet away from our conscious awareness.

Can we open up that filing cabinet a little bit and then mix it with that time that you were surfing and you were having a great time? It's like, oh yeah.

So what we do is we kind of give that a lot of doctors hate this term, but we give that kind of alarm a little bit of a lobotomy, like we go in there and we change it a little bit, right?

We go in there, we kind of put a little like a probe through there and just just break it up so that it doesn't feel exactly the same way anymore. And then when we break it up into little pieces like that, our body has a chance to metabolize it at that point.

Whereas if we just take, we take it on full bore, it's too much for us. Like it just overwhelms us and it does, you know, the amygdala gets triggered and we go back into this age regression.

So it's really like this, this art of being able to kind of touch into it, put your toe in it, now come out, let's be safe again, and let's go back in it and stuff.

Yeah, sometimes to bring it down to ground here, if I'm in the clinic with a patient and they're dealing with anxiety and let's say they don't need to go and be on medications right now, what I want anyone who's listening who let's say is in the healing fields, whether it's a doctor, a nurse, a NP, a PA, their first thought hearing this conversation may be, I don't have time for that.

I don't even, I don't even know where to begin. I don't even work. I don't think emotions are worth talking about. They have no place. There's so many stigmas and barriers to overcome, which I think it's important to help people overcome those barriers.

Cause otherwise people are left to their own devices and they're dependent on a billion dollar, $15 billion self-help

industry. Not all of it is great information, especially some of what I see online.

And then that can make things worse instead of making them better. Absolutely. And so, and so when I, if, if I'm speaking to someone who is thinking to themselves, well, how can I help somebody?

I have somebody who's in trouble. They're, they're struggling with anxiety right now and they're working on getting help. Sometimes you don't have to do all of these practices.

Sometimes it's as easy as simply being there and being open and not trying to do anything. But as you would say, shooting, shooting, shooting, see them, hear them, understand them, love them.

And then, um, And so that would be my basic instruction for someone who said, well, what am I supposed to do with all this information? It sounds very high and academic.

But what we're talking about, Russ, this is so important because all of these untreated, unhealed wounds come to play in so much medical illness. Oh, yeah.

I mean, I think the vast majority of chronic illness arose from childhood issues. There's epigenetics, there's genetic factors, all that kind of stuff.

But the vast majority, I mean, I was a family doctor for 20 years. I would see diseases, emotional diseases and physical diseases run through families.

And a lot of it was energetic. A lot of it was, you know, this is what I witnessed in my parent and I have the same sort of thing. So tacking back to what you just said about that, I was like, so what do you think we could do in the system for medical practitioners to sort of change the ethos a little bit you know like again dip our toe in it we're not going to a lot of people are very left-brained and especially in medicine you know they have their ways of doing things but how can we just sort of allow you know give people an invitation let's say to to entertain a little bit of a different way of doing things Well, there are three different audiences in healthcare that I've spoken to in the last week.

And one of them were sort of mid-career cardiologists in South Carolina and 75 of them. And I was asked to talk to them about this science of the mind-heart connection, which none of them learned in medical school.

So for me, that is where I start. I start with, well, these are people with a scientific bias. They may not be able to tap into emotions or the importance of emotions.

Let me access that in a way that they can understand and they may find appealing. So first piece is to know who the audience is and not use the same language to speak to everybody.

The second group was a group of medical students, this honor society at Wake Forest. And they asked me to come to speak to them about empathy and compassion and love and health care, because that's something that I really love to talk about.

And where I start there is to slow them down. Slow them down and recognize that they've been on a hamster wheel for four years. They've been addicted to and caught up in this achievement model because their parents may have said, we want you to become a doctor because they believe it's going to position them somehow in society and really maybe step back and question the core reasons why they went into the field, reconnect with their why and hold tight to that so that over the next 20, 30 or however many years their career is, that's the one thing that's going to keep them helping and serving is that is that helping other patients, especially as rates of rates of burnout now are hitting 50 to 60% across all specialties.

The other piece that I do is I show them I explained to young doctors who have already began to lose their empathy. And it begins in first year medical school.

It declines every year. It's worn away. Yeah. Yeah. Yeah. And so what I do is I call attention to that. I say, you remember how you used to feel when you were dreaming about going into this field?

Well, you know how you feel now and you're just anxious about exams and anxious about working?

Meditation, psychedelics, and letting go of ego

Didn't always have to be that way. And so I look at the reasons that our empathy erodes over time. And it has to do with culture. has to do with the culture of medicine and health care.

And it's a whole conversation. It has to do with trauma, recognized and unrecognized, both direct trauma, abuse, abuse from toxic teachers, but also trauma and vicarious forms, watching someone die, watching again and again, families feeling like they can't help their loved ones, and not getting proper tools.

as students. And this doesn't just go for medical students, this is therapists as well. Yeah, never not getting the proper tools to manage and recognize that secondary distress that happens because that plus the culture plus the trauma and then the third is the workload.

We know from the Princeton experiment where if you take seminary students who are crossing the street and you slow them down getting to class, because they're so busy, they're less likely to show compassion and empathy, even if you teach them about it.

So take aside our natural inclination for compassion and empathy. When our worry gets ramped up because we're rushing or we're feeling stressed out, that's competing with our empathy.

And so I point out all of these factors, and then I go into what helped me, which is practicing compassion for myself, self-compassion, the practice of empathy for others, re-tapping in.

Russ Kennedy, he may look different than I do. He may be a different age, he may live in a different place, but I can remind myself in many ways Russ is just like me.

Russ came from a family and has a family. He has fears and dreams. And so it may sound like it's basic, but what would our society be like if we all practice just a little bit more this cognitive piece of empathy, remembering how similar we all are, not how different, that our hearts all have four chambers and they all beat the same blood.

Just for a moment, especially during this election cycle when there's so much focus on what separates us, I do think it's important to remind ourselves what connects us.

Yeah, and I think connects us within ourselves because people will say, you know, I'm Canadian. So a lot of people, a lot of my clients are in the States.

They go, what do I do about this Trump thing? It's like, well, really, it's an internal thing. Like everything is in everything is a construct that the human beings, you know, we talk to ourselves, we talk to each other, everything is a construct.

So it's really understanding that it's your construct. It's your attitude towards yourself. First and foremost, that's going to make the difference. Talking down someone else, going after someone else, it's going to make us feel better because when we blame, we get some dopamine, we get some attribution, we feel righteous vindication.

There's a positive feedback loop in our brains to blame. Now, it's unfortunate that that's the case, but we can override that if we treat ourselves first, which is basically, I think, what you talk about too.

It's like, we do this within ourselves. It doesn't really matter what Trump is doing. It matters what you do within yourself and first. And then once you get that relationship with yourself, then you will start They will start bleeding out to use maybe a medical term.

They'll start bleeding out into your system, into your family systems, into your communities. And it's not something that we can all of a sudden just teach, okay, we have to be compassionate towards other people.

It's so ingrained now, with such a separate environment now, especially in the States. is that I think we really, really have to focus on that should connection with ourselves first.

And then that creates this sort of feeling based safety platform that we can go out and if we are empathic, we're empathic at a very, you know, heart centered level to you to talk to a cardiologist, as opposed to something that we believe we should do.

Yeah, right. So I think it's, it's just understanding. And then we have this thing called the social engagement system. You know, Dan Siegel talks about this too.

So eye contact, tone of voice, prosody of voice, which is kind of like the little thing, facial expression and body language. When we get into survival physiology, norepinephrine in the brain, epinephrine cortisol in the body, we lose that.

So we lose that ability to have eye contact, to be connected to each other. So it's calming the body first so that we can actually even enter the realm of being empathic.

like really empathic from a heart-based place rather than an intellectual base. And then we can kind of move things from there. But if we're trying to move things because we should do it, it's not going to work.

Totally. Totally. Russ, along with interviewing you for my book, I also got to interview Dan Siegel and Stephen Porges and Paul Gilbert, who developed Compassion Focused Therapy.

I find that by explaining, as you do, the physiology, the science of how empathy, compassion and love play out in our hearts and in our bodies, people can say, oh, this isn't just soft stuff that it actually is evidence based.

There is evidence that this is important and that if you practice rage and anger and hostility and complaining all the time, it has its place and your heart is going to suffer as a result from that.

So. I love the science piece of it that we're talking about. I have to say something important, which you asked me, well, how do we work on the burnout crisis?

How do we help our healthcare providers? It would be a huge mistake to have people think, well, the answer is that all the doctors who are burning out should simply go do a kumbaya and do some yoga and compassion, be compassionate for themselves.

That's not at all what needs to happen. That's, that's one piece of the puzzle. And I do share that. And I find that nurses and doctors, after I speak with them, the thing that they love the most is the practice of self-compassion because they've been missing it for so long.

Healing anxiety in patients and clinicians

At the very same time, the reason I'm working as an executive in health care is that that's not enough. You can't you can't yoga your way out of a toxic system that is chewing up and destroying the goodwill of so many health care providers.

So we need operational reform. We need to look at workload. We need to look at rest. We need to look at agency and autonomy and flexibility, all the basic human factors that every good organizational psychologist knows about.

But somehow our health care system is a little bit behind the times. And by a little, I mean a lot. Yes. Yeah. And I think it's understanding. Yeah, I think that that connection piece within yourself first, I think is critical, but it's both.

It's like we are cognitive creatures and feeling emotion-based creatures at the same time. So yes, cognitive therapies are helpful. Emotional therapy is helpful too.

There's nothing that stops both, but I see a lot of burnout things try to fix the externals more than they try to fix the internals. And that's kind of maybe where we disagree a little bit.

And doctors typically aren't that compassionate towards themselves. We're accomplishment driven, we're kind of dopamine driven, external validation, a lot of us.

It's hard to kind of develop this kind of 360 degree view of ourselves as emotional creatures. Because when we do that, we have to start letting in the pain of dealing with people in pain every day.

Yeah, it's true. I think it's a both and. We need to address the external factors and we can't dismiss the one-on-one coaching, the one-on-one therapy, the self-help books, which cover my walls.

I think it's a requirement that we need all and we need to figure this out, not like tomorrow, but yesterday because The crisis is getting worse. We're expecting a shortage of over 100,000 physicians in the next 10 years because of these factors, these burnout factors, and it's really a loss of compassion.

One of the books on my shelf is called Compassionomics. How pathetic is it that a doctor and a president of a healthcare system can't simply explain how important compassion is but have to explain that it's good financially for an organization?

To me, that's a sad state of affairs, and yet that's the way business is today. And so if I have to speak to CEOs and CFOs so that they introduce these human factors in and to make the human case to be kind and compassionate, I'll do that.

And I'm hoping for a day when it becomes so obvious that we do business differently. Yeah, I mean, I think that's the difference between sort of Canada and the US.

The US is very monetary-based. It's very like, you know, you go on Instagram, it's like, buy my offer for this, and I've got this, and I'll cure your anxiety in five days, and all these kind of things.

It's very money-driven. And I think on some level, we're kind of losing our dignity as human beings. We're losing that connection, that respect that we have for one another just for being human, because it's a tough gig.

You know, life is suffering for a lot of people and it's, you know, it's, it's life is really about how, how we manage suffering, you know, and be able to point our needle towards the, the loving parts, but also at the same time, embrace the pain because without the pain, we can't actually feel.

And a lot of things that I'll say to people is like, when I start treating them for anxiety and stuff, it's like, this isn't so much about, you know, feeling better.

It's about getting better at feeling in general. so that any intense emotion you have, you don't railroad down to anxiety, which is basically what happens for so many people.

And being able to stay in your body, being able to stay with that discomfort in a titrated fashion. And I'm passionate about doctors and helping people, because doctors are kind of under siege these days.

It's like, oh, they're pawns of the pharmaceutical companies, and they don't really think for themselves. And it's so easy to to blame. Oh, yeah. And I think we're an easy target.

Oh, yeah, it is for sure. You know, and I think somebody has to be the gold standard. Right. And typically gold standards don't move quickly, but they're consistent.

Right. So and I think that's what we are in medicine is we're consistent. And, you know, we're not out there, you know, preaching, putting that oil, you know, on your scrotum for your psoriasis.

Right. Like we're not doing that. but by the same token we may be a little bit behind the times with advanced new therapies and specifically with this sort of more mind-body connection because going coming full circle what we're talking about we're not trained in any of this stuff and i'm happy to hear that you are going to the medical schools and sort of saying because back in the early 2000s After the Kaiser Permanente study of the adverse childhood experiences, the med schools were rife with this.

They were talking about it all the time. Now, there is a survey done in 2022, I think, that said only half of the graduating medical students have even heard about the ACE study.

So it's kind of like, because, because as doctors, we don't like, we don't really understand this stuff. So we're just going to kind of slide it over here and just ignore it.

You know, it's easy to ignore. Well, Russ, you know, this about me that I have something to prove and, and, um, and people said, well, why do you have 300 citations and the scientific citations in the back of your book, if it's for the lay public.

And it's because I want doctors and healthcare leaders to read it as well. and not throw it out the window just because I talk about yoga and Tai Chi and Qi Gong and internal family systems and all of these things.

And I begin the practice and my dogs are getting excited too. I get the same thing. I'm surprised mine haven't gotten nuts too. The reason I, the entire first chapter, it has nothing to do with modern science.

The point is we don't need to step forward right now. We need to step back to a time when we knew that there's no such thing as a separation of the mind and heart.

There isn't even a connection as Alan Langer says, there's a unity.

Burnout, system reform, and the future of care

And there was a time when every human civilization, every wisdom tradition, every religion knew this, that all of these distinctions, and I kind of lay out in a map of the history of medicine, why this happens.

Neuroscience is wonderful, and at the same time it began to reject. the spiritual dimension. Cardiology is amazing, developing understanding of how the heart and blood vessels work.

And at the same time, throwing out the heart's role as the core of human existence in terms of roots of courage and love and empathy and compassion. So I'm trying to make the case that there was some wisdom that has been thrown out over the last 3,000 years that we're now rediscovering.

And there's a good science base behind it. And what motivates you now, Jonathan? Like what makes you feel good? What sort of keeps you on this path? Because it can be kind of a daunting experience to go against medical dogma.

So what feeds you? I would say a combination of anger, frustration and joy. I think, yeah, so if I'm going to be really honest with you, Russ, I'm angry at the system that I was trained in and I'm frustrated and resentful of the suffering that I experienced.

And once I discovered and started sharing my own story that it wasn't me, it was hundreds of thousands of doctors and nurses around the world. who are being treated in inhuman ways and can't give the care that they were born to give.

So there's that. But then that's a dirty fuel and that doesn't burn very clean. The clean fuel that I have is the joy that

I've been able to experience most days of my life.

Once I recognized that I had some choice as to how I paid attention to my thoughts, how I related to my emotions, how I could embrace the good, the bad, and the ugly and live this messy, beautiful life and bring that into my children's lives, into my wife's life, and into my patients' lives, and now my colleagues' lives.

There's a joy and a flow that I experience when I share this work that has nothing to do with anger. So what began as anger and resentment now really is in joy and fulfillment.

more important than anything, coming back to your point, it's about connection for me that all that connection that I was missing as a little kid, little Johnny was lonely, I felt left out, I didn't belong.

When I'm sharing these messages, when I'm speaking with you and other people who really get it. And you do. Thanks, Jonathan. That was a fantastic episode.