

Own Your Self and Fertility with Dr. Kelly Brogan – Insatiable Season 9, Episode 1

[INTRO]

[0:00:08.9] AS: When you're fed up with fighting food and your body, join us here. I'm Ali Shapiro, creator of the Truce with Food Program and your host for Insatiable; where we explore the hidden aspects of fighting our food, our weight and our bodies and dive deep into efficient science and true whole health.

Fair warning, this is not your parents' healthcare. This is a big rebel yo to those who crave meaning, hunger for truth and whose lust for life is truly insatiable. Believe me, freedom awaits.

[INTERVIEW]

[0:00:47.7] AS: Welcome to Season 9 of Insatiable. Our season theme is fertility. This topic often gets reduced to periods or pregnancy without regard to the physical, emotional and soul processes involved with our hormones, menstrual cycles, bodies and identities, regardless if we choose to have children or not.

In this season, we will take a holistic and integrated look at fertility, to reveal you have more choices than many of us have been led to believe. Being in my eighth month of pregnancy, I'm now surprised I thought that Western medicine would be authoritative on fertility. I'm finding it's just as fraught with fear tactics, outdated science and siloed thinking as nutrition, weight loss and wellness.



My hope is we fill in the gaps you might not know we're missing, have better questions to ask and are able to get the results you want on your terms for your hormonal health, conception, pregnancy, birth and the fourth trimester.

This fertility theme is also the theme of our Insatiable membership community for the fall. We will spend September, October and November taking a deep dive into the physical, emotional and soul aspects of fertility for your current life stage, whether that's perimenopause to post-menopause, or inactive fertility, and how to sync our nutrition, lifestyle, including exercise and work and creativity to be in sync with our fertility. More details on how to join at alishapiro.com/isee2019.

Today, to kick off our season, we have insatiable favorite and powerhouse and one of my intrepid heroines, Dr. Kelly Brogan. We're going to talk about her new book, Own Yourself. We're going to talk about how that translates into fertility.

A little bit about Kelly; Dr. Kelly Brogan is a holistic women's health psychiatrist, author of the New York Times best-selling book *A Mind of Your Own* and the children's book *A Time for Rain*, and co-editor of the landmark textbook *Integrative Therapies for Depression*. She completed her psychiatric training and fellowship at New York University Medical Center after graduating from Cornell University Medical College and has a BS from MIT in systems neuroscience. She is board-certified in psychiatry, psychosomatic medicine and integrative holistic medicine and is specialized in a root cause resolution approach to psychiatric syndromes and symptoms. She's also a certified KRI kundalini yoga teacher and mother of two.

Thank you so much for being here, Kelly.

[0:03:14.8] KB: Such a pleasure, Ali, really.



[0:03:17.3] AS: Your new book, before we get into the questions, I love the title Own Yourself. I want to ask you, who owns us? Because I don't think most people think that they're being owned, or in possessed of something other than themselves.

[0:03:33.4] KB: Yeah. I mean, it's very easy to maintain the victim refrain when we look at that question, right? We could say, look at all these forces that are controlling us. What I hope that we can convey in this conversation and certainly in the book is that we actually give away our power. We voluntarily permit these outside forces and they can range from governmental authorities, to conventional doctors, to our ex-husband, to our boss, to material objects, or beverages, or schedules. It's a very, very, very huge arena of all of these places that we allow tension to exist without examination and investigation, because it occupies us, it drains from our vital force whenever we just turn a blind eye to these conflicts that are really consuming a lot of our energy.

[0:04:41.4] AS: I love that you say that we're giving ourselves away, because I think it's so pervasive that we don't even know that we're consciously doing that. I even think of a client I had who – she was like, “Ali, when I came to work with you.” I was like, “No, really. I just have a problem with sugar.” She's like, “Now I'm at Home Depot telling people not to buy roundup and I'm howling at the moon.” She's like, “I didn't realize what a rabbit hole this was.”

[0:05:07.8] KB: Yeah, because once you wake up in one arena, it's an insidious process, but it's a relentless process that you understand what it is to be asleep and to be awake. That contrast is now known to you. If even just in one place, and so then you can start to bring that level of awareness to so many different elements of your life, so you really stop fighting yourself, stop lying to yourself and you start to understand what it is to collect all the pieces of you from outside and bring them into ideally the light of self-acceptance.



[0:05:42.3] AS: I love that. Before we get to the book, your own journey of this actually started in your pregnancy, right? To mother – Can you tell people a little bit about how you started to own yourself through motherhood and how that felt in the beginning?

[0:05:56.9] KB: Absolutely. Yeah, it started, so I became pregnant when I was in fellowship specializing in, drum roll please, in medicating pregnant and breastfeeding women. That was literally my psychiatric specialty; lithium, Klonopin, Haldol, you name it, Prozac. Had this moment where I was prescribing a woman Zoloft actually. I just had, you know those moments where things slow down and time stretches and you feel almost a dissociative experience of watching yourself.

I felt so aware that I would never want to take this medication as a pregnant woman myself, right? Because I have written hundreds of these prescriptions before conceiving. It was in this one moment where I was writing that prescription and I said, “Well, I wouldn't want – I don't care how much data you show me.” I don't care about the 25,000 cases in the published literature, where there's no real signal of teratogenicity and the very minor outcomes that have been documented in mostly registry-based studies and all this information, I learned about informed consent because of my training in medicating pregnant women. I was providing them information, albeit incomplete and through a certain lens, because you don't go to the butcher to learn about veganism.

[0:07:16.1] AS: Great metaphor.

[0:07:18.7] KB: You go to a conventional doctor to learn about how to heal yourself. I was providing the information I was trained to provide. I just really tamp that down. I said, “Well, that's an inconvenient thing to have felt. Moving on. I continue to write more and more prescriptions.



I had another red-flagged moment when I had two patients who in the same time window had second trimester still births, which I believe is probably one of the most traumatic experiences a woman can go through. It was in the H1N1 double flu shot season. They had both received flu shots at a drugstore, like CVS kind of a thing. I was prescribing them medication, so I was in a very vigilant state around protecting my own liability, right?

I started to research into the flu vaccine that they had both received and found in the package insert itself that there has not been a shred of study devoted to the safety, carcinogenesis, teratogenicity of flu vaccine, which was being pushed pretty heavily on pregnant women in that particular window.

I began to question how much of the story I had available. I had that feeling of discomfort with what I had set my life out to doing, which is supporting these women through prescription and pharmaceutical medicine. I thought I was doing the right thing. Doctors are not bad people. There are no bad people, period, I think. The truth is that I really based on me my belief system and based on the information I had, I thought I was helping these women.

I started to do my own research around I would say the second trimester of my own pregnancy, really because I have part of my shadow material is really know-it-all in a nature, right? No one can tell me what to do. I'll figure it out myself. My youngest daughter has the same personality, so I get to see it in full force. It can be very challenging. I'm sure my whole family would agree with regard to me.

I wanted to do my own research. I had an MD, MD obstetrician at the time taking care of me. I had the feeling like, "Girl, you don't know more than me. I'm going to figure this out myself." I went to PubMed. I started researching. Again, instigated by those couple of instances in my own practice, episiotomy and fetal monitoring, and did a little research, unfortunately not enough at that time on ultrasound, on C-section, because I was the feminist who was cheering in the bleachers about birth control.



I took birth control continuously, literally for 12 years. I was all about the HPV vaccine and I myself believed like, why would you not get an elective C-section? I mean, why experience discomfort when you don't have to? That can't be good for anyone, right? That was the mindset I was coming from was egalitarian perspective on men and women. Let's just level the playing field in whatever way we can.

From that perspective, I went to the literature and started to research all this stuff. I found less than 30% of obstetrical practice is predicated on quality literature and on good research. Obstetricians, and of course, I turned this spotlight on my own field as well, but initially, I started to look at obstetrics. I saw, wow, they are practicing what the Cochrane database calls consensus medicine. They're just doing what everyone else in their field is doing and no one is taking the time – of course, they don't. Imagine that specialty. Oh, my God. That job is one of the most hellacious on the planet, I think. In fact, I thought about becoming an obstetrician, until I rotated through that field and I was like, “This is not for anyone who cares about themselves, right? This lifestyle.”

They don't have the time to do primary research and investigate new signals of harm that are arising the literature about their gold standard practice. It was because of that that I had a natural birth actually, because it was literally because of the science, not because I had any connection to my soul, my spirit, my feminine side. I understand anything about healing, because it wasn't until about nine months postpartum when I was diagnosed with Hashimoto's at a routine physical, that I began to really investigate, turn over all the stones, investigate all the sacred cows. When I began to really understand the science of lifestyle medicine, reversed my Hashimoto's. It was my second pregnancy that I really understood the opportunity that childbirth represented.

It's like, I came through the portal of science into the world of natural medicine, which actually I think is amazing that there is such a body of literature that gets no airtime in allopathic medical



schools to support what ancient, I mean, forms of medicine have been practicing and upholding for thousands of years.

[0:12:22.2] AS: Oh, I just admire you so much, because I know what it takes to have invest – I mean, not as much money or time as you, but to think of spending all those money and time and identity around being a psychiatrist and all that goes into that. Then having to challenge that, right? That's often what's so hard is that conflicting information, or the challenges doesn't get into our purview, because we've spent so much time building up the scaffolding only to have someone throw a bomb on it, basically, and a series of bombs, right?

[0:12:55.8] KB: It's really effortless, because you'll find that every single doctor who's gone rogue has done so, because of their own physical health in jeopardy. I mean, I'm sure there are a handful of exceptions, but for the most part, the functional medicine doctors of the world and those who have really turned and transformed their practice have done so because they hit the glass ceiling of their own specialty. For me and again, a lot of my defensive structure leads me to – I can have. I've worked a lot on it, but a short temper, right?

Rage fueled this process. I mean, it was like finding out that your husband of a decade was having this elaborate affair with your sister, or something. I felt so betrayed. Of course, I read this somewhere. I think it might have been Daniella Ford's book or something. Anyway, I read somewhere something amazing about betrayal that it's really just awakening to what you weren't willing, or able to see previously, right? That's so true in my case, right? I felt like, “Oh, how could the medical system I'd spent \$200,000 in debt, blood, sweat and tears have been abused by this hierarchical prison camp I've been training in for past 10 years, and all they did was tell me a pile of lies and this is a pharma funded hack.”

The truth is I just wasn't ready, interested, or willing to understand the nature of the system. It's simply the nature of the system. Again, I prefer to live in a world where this isn't like a malevolent conspiracy, because it really can look like that through a certain way, right?



[0:14:36.4] AS: Yeah, yeah. No, most often, it's incompetence, or just everyone's too busy, or something like that, right? There's not this grand narrative often. One thing that I thought is really interesting is you looked at the science of natural childbirth and you're like, "Why wouldn't you want to bypass that pain?" I think, what I love about your book is it is like, we need to work with our pain. That is so counterintuitive to what a lot of health and wellness – it's like, positive, high-vibes only.

Your book is so much, at least what I took away from it and really love was about examining our relationship to pain as a culture. What happens when we don't do that? You said these two lines, totally struck me. You said in the West, we are allowed the modest goal of managing our symptoms and are almost never told we can reclaim our vitality through them. Then later on you go, thank God for the dark night, for the opportunity to get real, get well and get free. That's just like, thank God for the dark night. I've been through some of them and I would have never said – I would have said thank God afterwards.

[0:15:44.7] KB: Well, yeah. It is a bit of hindsight.

[0:15:47.0] AS: Yeah. I think we're in this time, or at least with my clients and I'm sure the people that come to you as well is this craving for more authenticity, which is how this starts, right? Can you talk a little bit about how we have to shift our relationship to pain as a culture, whether it's childbirth, or you work with depression and anxiety, I work with bingeing and fighting our bodies as a symptom. I would love for you to talk about the importance of being with our pain.

[0:16:17.3] KB: Yes. Well, you and I share this belief system. I am very productivity, achievement, almost materialist in a lot of my inclinations. I want to see the evidence, right? I want to see why I should bother. I'll tell you that this belief system, this orientation to your life is the most high-yield. It is the way to win your life, if that is your goal, right? If you're going for



an A plus in life, then you'll never, never, never get there, unless you develop a significant level of intimacy and comfort with all of your vulnerability, all of the aspects of yourself that you were formerly trained and inclined to hide.

The truth is that there is – they're saying, there's no pain no gain thing, right? We have this concept somehow lingering in our consciousness. We of course, have no relationship to it, because we don't have most of us Americans any longitudinal gaze back onto a people who had any relationship to initiations, concept of initiation, this idea that unless and until you are brought to the brink, you will never understand what you're capable of. The parts of you that are false, that are illusory will never die, right?

This idea is really anathema to modern-day American culture, where we are literally doing everything possible, like wrapping ourselves in gauze up and down, trying not to feel any discomfort, let alone crisis, or challenge, or adversity, or this idea of there being growth through that, is like somewhere back in the catacombs of our consciousness, but it's very far from the front. If anything, I think we look at the no pain, no gain as a self-whipping. It's like, well, just do it. Just do it. Get it done. Man up, or woman up, or whatever.

It's still a very, maybe abusive way of relating to ourselves. It's different than what I'm interested in and I think what you're interested in, which is how can we just develop curiosity as a collective, right? Certainly as individuals, how can we foreground that as our first response to anything that has a charge really, right? Even if it's a positive charge, anything that gets us focused and either afraid, or excited, or something beyond the default mode network of our brain, right? Something outside of the autopilot. If we have that experience, how can we say, “Oh, wow. I wonder what that's about?” Because only in investigating that, sitting with that, exploring that and sometimes just allowing it to be, will we learn about ourselves.

I think, I don't know. I hope it's something we all share is a deep interest in knowing ourselves better, right? I think that's probably why we just developed a little quiz, right? I think that's why



people are so interested in taking these quiz and have quizzes and have been since you and I were teenagers reading Cosmo magazine, ripping out the quiz about like, does he love me?

It's just we want to know more. We want to tap into the mystery within more than we want to, even without probably, because intuitively we understand those are whole or fractal. They're reflective of one another. I think, until we can together begin to uphold this idea that there is something to be garnered in the turning towards, then it's never going to become a reflex, because it's naturally aversive to move towards discomfort, to move towards fear. It makes a lot of sense that it would be. The problem is that you can't – doesn't seem like it. I've never witnessed anyone successfully outrun whatever it is that they are afraid of. You can't ever outrun it.

Can you turn towards it? I use this, I don't know, I guess metaphor of the man who's running after you, right? He's running after you. You're terrified. Is he going to rape you? Is he going to mug you? Is he going to beat you up? Should turn towards and find out he's got this really important piece of mail for you and it's everything you've ever needed to know and it's right there in his hands, right? How can you just receive it? It certainly sounds a lot, a lot, a lot easier than it is, but it's a logical perspective. It's a life philosophy. It's a way that you remind yourself over and over again, "No, this is what I choose to believe. I choose to believe that all of the aspects of my experience are of interest, right? None of them are a mistake. Not a single aspect of my life is just some shitty thing that's happened to me, or that I was born with."

That's why it's so amazing how the gene-based model of medicine is being so thoroughly sliced and diced and deconstructed, really leaving nothing in our hands. Because that was so condemning, right? To imagine like, well, you were born with it. That's just how it is. It really serves a medicine that says there's nothing you can do about this. Take your pill and be a good patient. It certainly is incompatible with the concept that you have God creating power within you, to make this experience whatever you want it to be, because your perspective on it is either the source of your personal health, or it is your liberation.



[0:22:06.3] AS: Yeah. I think, in the book, you talk about how pharma industry accounts for upwards of 70% of mainstream media. I think for people listening, this is the way that we're swimming in this culture that is making choices for us, even if we don't realize it. It's saying on a subliminal – I don't know if subliminal is the right word, but you can't handle the pain, right? This is genetic. You can't handle this. Here's a coat for this. Is basically what we're often – it becomes so surround-sound that it's hard to get out of that way of making meaning, even though we don't maybe understand that's even how we're making meaning, I guess, is a great example of what you're talking about, of if we can step outside of that bubble, we can change the way that we relate to pain. It can be something that we want to move towards.

I love how you said, if you want to get an A-plus in life and get the most leverage, it is looking at your pain. I saw this really funny meme on Instagram, where someone said – my psychiatrist told me that I'm type A. I said, “How do I become A plus?”

[0:23:12.7] KB: It's so true. Yeah. Just think about it, do you want to hang out with the woman who's pretending she's got her shit together? Do you want to hang out with that woman who's just really doing her best to give the impression that she's got control over every aspect of her life, or do you want to hang out with a woman who's like, “You know what? I lied to someone yesterday. It was really fucked up. Then yesterday, I also – God, I forgot to pick up my kid and I'm so ashamed of it.” Who just owns it. Who owns it and brings her vulnerability, her flaws, her dark aspects that she's aware of to the forest, so you can see the whole thing? That person is far more compelling to me, right?

[0:23:58.5] AS: Me too. I love how you cited research in your book about from, I think it was Dr. Gabor Mate, who I love his work. You talk about in the book that actually, study after study shows compulsive positive thinkers are more likely to develop disease and less likely to survive. What you write is negative thinking allows us to gaze unflinchingly on our own behalf at what does not work. Genuine positive thinking or more deeply positive being empowers us to know



we have nothing to fear from the truth. I think that's so paradoxical, which means it's true to me.

[0:24:35.7] KB: Right. Yeah, that's the same.

[0:24:37.1] AS: I think that's so, for people listening, it's when you can own that vulnerability, it's like, I'm strong enough to know that I'm still worthy, right? That I can still handle that discomfort, or the fact that I forgot to pick up my kid, right? It's like, I'm human and I can survive that.

[0:24:53.7] KB: There's a bliss in it. There really is. I was somebody who would hear the word bliss, or joy, or even happiness and roll my eyes, because I never probably ever felt it and didn't know that that was anything other than some phony state that people were pretending they were in, because life is about vigilance and staying on top of everything and being prepared.

I've they ever come to experience that in the past five or six years of my life. I've witnessed it in patient after patient after patient, that they'll be in this darkest place of a dissolution of themselves that really, I believe a select population on this planet is chosen for, it's that deep the work, right? They'll be in that place where they're totally disoriented, have no idea who they are anymore, are watching all of their belief systems unravel. This is typically, I should contextualize in the process of coming off of medications. They'll just somehow encounter this moment of ecstasy amidst it all.

It just come out of nowhere and be about nothing. It's a state of liberation from the shackles of the personality that is only available when you let yourself be whoever the hell you actually are. The curation project is called to a finish, right? That doesn't mean that you're some careless, reckless asshole running around the world, not giving a damn. It's not that at all. In fact, it's quite the opposite where you are hyper aware. You become the one studying, watching, learning about the you that identifies as Ali, or the you that identifies as Kelly. You're the one



observing it. It becomes a fascinating movie you're watching. It's impossible for you to get caught up in over-identifying with the horrible things that have happened to you, right? It becomes really challenging to need to be right, even about the ways that you've been wronged, right? Or need to be right about how horrible your life is, or even need to be right about how horrible you are, right?

It's this deep alignment with a certain narrative being the only one. That's so restrictive, it's exhausting. Whereas, if you allow there to be multiple different stories, multiple different possible projections and possibilities, it's a really free way to be. From that, things begin to flow, because we don't know how to design. You know this very well. We don't know how to design our best life. We can only tap in to our whatever you want to call it, our authenticity, our vital force, the cosmic force, our shock D, whatever you want to label it. That's the best – that feels the best and that's the best life that will emerge from us.

In the process of getting to that, you have to understand all of the ways that we get in our own way. It's mostly about the story we're telling, right? I am somebody with depression in my family. I had an aunt who committed suicide. I took Prozac for seven years and now I'm – it's too late in my life to figure out how to make a meaningful contribution to the planet. I'm single and I'm just – and this is it. This is the story of me, for me, right?

There's a victim story that's overt like that, but sometimes it's smaller, right? Sometimes it's like, I have so many victims stories, especially with my family where I'll be like, “Oh, well. I did the right thing in talking to my mom about that. I guess, she just wasn't able to show up the way I needed her to.” There's a poor me in that too. All of these little victim stories, they hold us prisoner. Until and if we can understand how we can release anyone, or anything, any institution, doctor, pill, family member from having done anything horrible to us, or coerced us to live a smaller life, we'll never feel free. It takes a courageous act of personal responsibility that often feels terrifying. That can sometimes be the first step.



[0:29:23.9] AS: Yeah, that's for sure. Carlos and my sister both speak Spanish and they joke when I go into victim, they're like, "Pobrecita."

[0:29:32.5] KB: Yes, yes. Exactly.

[0:29:34.4] AS: Get out the violins. I'm thinking, I battled – I mean, I definitely struggled with depression, obviously. I think about if I wouldn't have looked at that pain where what I would have missed out on on the last 15 years. I think about how for me that victims story was I can't just eat one piece of sugar, or I just love food too much, right? It was like, I have no willpower. It was all these symptoms that I had bought of actually being powerless and not knowing that I had it in me to go down the rabbit hole basically.

[0:30:07.6] KB: Right. Yeah, this is where I think you and I can garner a lot of criticism is because we are implying that there is always a choice, right? There's always a choice. It's sometimes a really micro-choice you're making, but there's always, always, always a choice to participate in a certain story. Many people don't want to hear that. In fact, I've been labeled and slandered as an ableist actually. I don't know if you've ever been called that, but I guess –

[0:30:40.2] AS: Not yet. There's still time.

[0:30:42.3] KB: There's still time, right? It's a term that implies. In every criticism, there's always a grain of truth and I think there is truth in this, that there's been whole campaigns against me calling me an ableist. Basically, what that implies is that I believe that people can always get out from under, right? Then of course, since I believe there's no one who absolutely has to take a psychiatric medication, for example, or absolutely has to have a hospital birth, or whatever it is, I am implying that there is a locus of control within the individual.

That sounds pretty. It sounds great. It actually has implications that really are – that put a lot on each of us as an individual. Not everybody wants that responsibility. We what we want to say,



“Well, wow. I don't know. I just was born this way. It was just the circumstances, or sometimes bad things just happen.” Again, it's just a worldview, right? It's just a perspective that I happen to prefer to live in and occupy. Of course then, it applies to everything in life. Nothing is random. Nothing is just bad.

[0:31:51.2] AS: Yeah. One thing I want to circle back to this kind of pain conversation and having choice, I'm curious what parts of you you felt reclaimed when you experienced natural childbirth. What was that able to give you? As I was thinking earlier as you were saying the disillusion of who we are not and who we are can fall in those moments when we can really withstand the threshold of actually beyond what we think we're capable of. I'm curious of what natural childbirth and really being with that. I mean, that's a physical pain and obviously, an emotional and spiritual quest. Would that helped you fell away?

Because one of the things that I so admire about you is your intrepidness. I'm like, “Well, that depends sometimes.” I just feel you're so intrepid. I'm curious if your own taking control of your choices, right? Because I always tell clients, control feels like choice. Control is about choice. I'm curious about owning your fertility and then choosing natural childbirth, how that – what that helped you with?

[0:32:55.0] KB: Yeah. Objectively, so there's no objective, right? That's what quantum physics is teaching us. To say that childbirth is objectively painful is not accurate, right? We know that, because there's whole documentaries and movies about people having orgasmic childbirth, right? Literally orgasm level pleasure. That must mean that there is an interpretive lens we are looking through at sensation, right? The sensation is a correlate of a physical process underway, right? How you're interpreting that sensation is going to obviously directly feed forward into the experience that you're having and the suffering, right? Because the suffering comes from the story, or telling about the experience. The experience usually distills down to something pretty neutral, almost always. It's just something happening, right?



It's just simply something happening in the moment and another moment comes and that thing is no longer happening in the way that it was the moment previous. Each moment is new unfolded, right? I had two natural births. The first one was from my masculine, right? Like I told you, I said, "Fuck if I'm going to be exposed to any of these interventions that I have already researched are totally baseless. That is not happening to me."

I had 17 hours of back labor, throwing up, and I was in a birthing center and with a medically oriented midwife actually at the end of the day, that's who I ended up working with. Of course, she was a reflection of my pretty allopathic and innards at that point, right? I did it, but it was like running a marathon after one of my legs had broken. I was like, had poop running down my leg or something like that, you know what I mean? It was ugly and very force-oriented, very control-oriented, but I did it, right?

That was very important to me, because I felt really proud of myself, maybe for the first time in my life. It also was like, it lionized me to continue on this process of wait a minute, I wasn't told everything. Here's the science for what I wasn't told about. It I guess, fueled my fire around that. It wasn't until a deeper process took hold, that my second childbirth was I believe, far more from my feminine. What I mean by that is I became very, very interested in this different kind of power within me, that I had literally no relationship to whatsoever, right?

I had only ever identified with a power that was in the masculine mold. I became interested and [inaudible 0:35:44.8] at all that I became curious about what he was that these other women were tapping into when they were experiencing beauty in their childbirth, like mystical spaces, right? That's when I watched the orgasmic birth documentary and began to really wonder about how to access that.

The way to access that kind of power is very, right? That is a receptive state to occupy, right, to be in. It's a way of allowing. It's a permissive holding, right? In that feminine orientation towards childbirth, all you're doing is creating and holding the container for this massive force



to move through you. That's all you're doing, right? Then are ushered in to a different realm of consciousness. Literally, you enter into an altered state of consciousness. The psychoneuroimmunology of which is relatively known, that there is a whole pharmacopoeia within to facilitate access to this mystical state. It required the entry fee, is that you check your fear at the door, that you master your mind to the extent that you do not allow the ego to take the reins, right? You become the gatekeeper in that experience between your ego and this mystical realm of really, again, whatever you want to call it, the cosmos God connection, right? The oneness.

That experience, my home birth experience was arguably the most important experience of my life, because it put me in touch with that. I'll never forget the feeling of connectedness I had to all of the billions of women who had come before me and visited with that specific terrain was immense. I felt a part of this fabric, this unstoppable feminine fabric that has always existed and always will exist that is itself the creative force of the universe. It's something I draw unto this day. It's a trust reservoir that I can choose to access to this very moment anytime I feel this connection.

That is I think why childbirth is positioned psycho-spiritually as an initiation into adult consciousness, because until and if you are confronted with the ways in which your mind can keep you in a child-like dependent infantile state ever, ever seeking that external parental approval, right? That permission to be, that loving gaze from outside, until you see the opportunity to transform that, you're going to continue to live in it. You'll move through opportunities and come out the other end still a child.

This adultification process, I think requires this initiation. It can come in other ways. It can come through loss. It can come through illness. I have witnessed the discontinuation of psychiatric medication to be a fairly predictable and archetypal portal of awakening that has all of the ingredients of a child birth, of initiation. It can come through plant medicine and there are



many different opportunities, but this one is – it's being handed to you on a platter and it is built into your system in the most elegant way.

For me, oh, gosh, I don't even know where I'd be without that lived experience, because I have a lot of bookishness, right? A lot of mentalization. I can fake it, right? I can pretend I get something and I can really convince myself I get something, but until you have a lived experience of it, it's not true, really true for you, because then when crisis hits, it's going to fall apart. It's the cellular memory of that courage occur, right? Like the heart root of the word courage. That is something you can never ever un-feel, un-know, or un-see.

[0:40:10.0] AS: I love that. That's so beautiful. I think it's such a concrete example too of how we can choose meaning, right? Your first birth to your point was a certain way and maybe it wasn't what the second birth was. Yet, you can see the context for why it was meaningful and purposeful. You said like, lionized you in a way, right? Which I think is – I think choice is the most underrated medicine healing balm that people think of, that we talk about.

[0:40:39.2] KB: I agree. Yes.

[0:40:41.1] AS: That was so beautiful. I have one more question for you, because you wrote and this is again, your book, I think what's so important and that we didn't have time to get to and that the book also goes into is it's so important to feel safe, right? This is part of why in childbirth, women labor more easily when they feel safe when they have support. Kelly's book really shows you how to feel safe when you're processing pain, or discomfort, or your stories, because it's important to have that container of safety. I just want to plug that of the book, because I think that's an important part.

I just want to talk to you briefly about postpartum depression. I know it's a huge topic, but what you wrote about this drug that came out, because I think it's so relevant to your book about



how – and I was reading how a lot of women experience – mothers experience depression for years out actually, because they're so depleted. You wrote about this PPD and Brexanolone.

[0:41:34.9] KB: I don't know where they come up with Brexanolone. I don't know where –

[0:41:37.4] AS: Yeah. How this postpartum window, this pain is there for a reason. It signifies the loss of the village. Maybe there's an autoimmune condition. Can you just – I know that we're out of time, but just briefly speak on it, because I think it's so important for women to hear this.

[0:41:54.8] KB: Yeah. I mean, we are in a very, very, very, very tender time in human history, right? Part of I think the signature of this transition that we are collectively undergoing, but then of course, also many of us individually encountering is how do we balance out this reflexive need to look at the good and the bad, beat the bad with the good, endless, endless warfare. Because that warfare, whether it's putting people in prison, or maligning terrorists, or fighting the bad germ out there with 72 vaccines by age 16, or the antibiotics in every living thing on this planet, whether it's our flagrant disregard for nature as anything, but a utilitarian resource, this idea of more control and more force is going to somehow get us to safety. We're feeling the big bankruptcy of that.

We are I think beginning to understand we have to balance it out with a different kind of power. That's what I was describing is as this feminine balance for the toxic masculine. It's when we have the ingredients of both that we will feel okay inside and also as a collective. As this feminine is coming online, as we are gathering in communities, I love that you are doing this in the community setting, right? As we are understanding that it's not every man or woman for herself, as we are understanding our connectedness to the natural world, as we're beginning to see, “Oh, I can't just pull one little thread of the spider web, because the whole damn thing moves, right?” The rise of that, there's going to be resistance to it, right? The ego hates change and we imagine that change is threatening.



The fact that now there is a new drug on the market that essentially narcotizes women through an IV, pharmaceutical administered in the absence of their new infant in a clinical setting for postpartum depression, the fact that we are looking at the ways in which women's souls are saying, "No, this is not okay. I do not feel okay right now in this setting with what I'm being provided as a new mother." We're trying to sedate these women as a first-line intervention, that makes sense, right? Because if we listen to women who are experiencing this very thin veil, right? I believe that the veil is thin for women specifically, premenstrually, postpartum and perimenopause and menopause. They feel the things that are misaligned with great sensitivity.

They often express it, right? These are the hysterical women in our society. These are the women who are told that they're crazy or worse. What might a postpartum woman who is struggling with a sense of disconnection, who's maybe struggling with intrusive thoughts, which of course are a means of trying to capture even a little bit of control over something that feels so chaotically misaligned, maybe they're feeling intense fatigue and an inability to really show up in the way that they know in their heart they want to, what might they be telling us, right?

We don't know, unless we turn towards it and we ask. We ask, why are you feeling this way? Could it be as I've said, that never before in human history has a woman ever been left alone with a child. That would have been the alarms blaring at red signal. That's never happened in human history, that a newborn baby would ever be alone with her mother and there wouldn't be at least a dozen other eyes, hands and hearts around, right? That is de rigueur right now.

I mean, in New York especially where I practiced for many years, it would be totally typical for a woman to be alone with her newborn while her husband is back at work and if she can't afford to have full-time helper, a nanny, or babysitter, her mom is on the other coast, or maybe she passed away, and her female relatives, but she never had a relationship with those people, right? Her friends are busy, they love her and they will stop by here and there, but for the most part, she's roughing it on her own. Of course, we have this masculine programming. This is, "I



can do this. I'm going to do that. I got it. I got my checklist. I got all those things I got to do and I'm going to do it." There's something tragically, existentially on this about that model, right?

It could be that you're feeling that. It's just not right, right? It's not safe. Or, it could be that you're depleted and you've got an acute B12 deficiency, or you have the emergence of an autoimmune imbalance, which is a huge number of people who develop that and women who develop that postpartum, supposedly only 10%, but not in my experience. We don't know, right? It could be something very basic, or it could be something very spiritual. Until and if we – I believe in an order of operations. You may not have to go on some existential voyage into your matrilineal history if you just need some B12, right?

Or maybe just stop eating wheat and processed sugar, because your body is exquisitely attuned right now to what it needs and that's not what it needs, right? We don't know, but we might want to start with the basics and I'm a big believer in that. Then we'll see what remains, what remains, what remains and how can we begin to understand your language of imbalance, right? How does your body, mind and spirit tell you, "Over here. Pay attention here," and you'll begin to learn that over time, but it can often require some support, because many of us postpartum are plunged into the deep end of the pool of self-discovery, right?

It's a very dizzying and disorienting time, right? Especially if we are workaholics, many of us are. Derive a lot of sense of self from our identification with our career. Then we are in this window, where even neuro chemically, endocrinology, immunologically we are literally designed to be fuzzy mentally, right? To not sleep our normal eight hours, to be in this almost etheric place of in between with our baby, right? Growing this dyad.

With people around us who are taking care of all the other stuff, we are literally, I believe neuropsychiatrically wired and designed to exit the daily matrix during that time. It can be on a time of a natural high, but it's like, if you're high in the wrong setting, that's pretty terrifying, right? If you're in the right setting, it's blissful, right? You have to understand your context. You



have to understand your set and setting, if you will. You have to create it, but then what if you – you don't have the support you need, right? What if you don't have the guidance and how can you have compassion for whatever it is that you're experiencing because of that?

Again, it's all about the frame. It's all about the story you're telling yourself. If you can be the one to self-soothe, if you can be the one to say, "Well, I really don't have all the things that I need." It's like, my friend Charles – Einstein uses this analogy. It's like licking ice cream when you're thirsty for water. It can help. It can feel okay, but then if you're still thirsty, don't be too surprised. You need water. It's okay, all you have is ice cream, right? You know what I mean? I like that analogy just for us to understand how we are meeting our own needs, or doing the best we can to do so. Then if our needs are not met, to be the one to show us ourselves compassion around that.

[0:50:13.9] AS: Yeah. I think that's just such a beautiful example of the theme of your book of if we look away at our pain, if you can't outrun it, right? Eventually, you're going to have to address whatever is there. Then you're going to have all these other problems on top of it. I think that's such a beautiful – the way you've described that postpartum period is such a beautiful – again, another beautiful opportunity of self-discovery and what do I need and how do I further integrate myself. You don't want to miss out on those opportunities, because I love how you said you want leverage, right? We want an A plus life.

[0:50:46.3] KB: My shadow. Yeah. It's also important. I talk about this book, like the one lie we tell ourselves is I'm never going to be okay again, or it's always going to be like this. It's like, we project into the future and we generate suffering in the present. A postpartum period, I mean, gosh, it's not the same month-to-month, let alone forever. It's this incredibly transient window that's almost marked by its transience, right? It's very brief.

With the wrong framing, you can absolutely miss it, or suffer through the whole thing. I mean, how many women are doing that right now? You have the power and control to tell yourself a



story that really alleviates the suffering, even if there is an objective layer of needs going on that. Even in that situation, you can make all of these little choices that provide yourself safety, provide yourself love, provide yourself support. It is a big ask to have a baby in today's world. It is an opportunity to show yourself the love that really came from the collective, I think historically.

Could superficially certainly come from the clouds of now, but not in any way that I think is going to be sufficient. Can you do that? Of course, we all can. We all can. We have all that we need to turn towards ourselves and say, "Wow, we're doing an amazing job." It's really, really beautiful what you're capable of, considering that you don't have 10 aunts, cousins, sisters and mother, grandmother here with you every minute. You're doing really well.

[0:52:25.8] AS: Yeah. I love that you brought up that point that this is the postpartum period, because we can all start examining even if we're having PMS, which gets labeled as PMS the third week, or if you're in perimenopause-menopause, it's going to be really powerful transition times. Kelly, your book, I just can't recommend it enough. Own Yourself. It's basically, I think how to embody curiosity in a productive – can I use the word productive way?

[0:52:53.4] KB: You can. It's true. It is true. It's both. It's both and.

[0:52:57.9] AS: Yeah. Yeah. Oh, I love that. Oh, yes. There will be a link in the podcast in the show notes to the book. How can people find you online?

[0:53:06.4] KB: Yeah. I am the site kellybroganmd.com and doing everything that I can to – with the help and support of women like you to begin to grow this different story, because it's time. It's game time. We need to. I'm just so honored to have your support and perspective on this and endorsement. It means so much to me.

[0:53:31.3] AS: Yeah. Well, thank you for walking the path and lighting the torch for us.



[0:53:35.8] **KB:** Right. I can't not.

[0:53:38.5] **AS:** Well, we always have a choice, right?

[0:53:41.6] **KB:** Just kidding with you. Thank you.

[0:53:44.6] **AS:** Thank you so much, Kelly. Of course, everyone, we'll have all the links to Kelly's site and the book in the show notes at alishapiro.com/podcast. Thanks for being here, Kelly.

[0:53:53.0] **KB:** Thank you, Ali so much. Many, many blessings for this journey ahead.

[0:53:57.1] **AS:** Oh, thanks. And on yours. It never ends, right?

[END OF INTERVIEW]

[0:54:05.8] **AS:** Thank you, health rebels for tuning in today. Have a reaction, question, or want the transcript from today's episode? Find me at alishapiro.com. I'd love if you leave a review on Apple Podcast and tell your friends and family about Insatiable. It helps us grow our community and share a new way of approaching health and our bodies.

Thanks for engaging in a different kind of conversation. Remember always, your body truths are unique, profound, real and liberating.

[END]

