

Why the Current Moment Is an Opportunity

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Livestream: Navigating Fear & Uncertainty



When your foot hurts, it can help to ask *why* it hurts rather than to reflexively reach for a Tylenol (<https://kellybroganmd.com/surprising-tylenol-side-effects/>). Especially if the asking helps you to see that you have a piece of glass in it. With the clarity to look for a root cause, the option to manage the symptoms with a chemical that comes with its own side effects is rendered moot. You don't need to read scientific papers on the treatment of glass in the foot, the risks and benefits of Tylenol, or alternative options. You simply take the glass out and let the body heal the cut. Logic, rational thought, and good sense prevail, naturally, when we can make decisions from a place of calm clear vision. We are no longer the proverbial elephant jumping off the cliff to escape the mouse.

Ten years ago, I engaged a process of inquiry into the medical and [scientific dogma](https://kellybroganmd.com/the-science-delusion/) (<https://kellybroganmd.com/the-science-delusion/>) that framed my conventional training as a physician. In these ten years, I have, as Bucky Fuller suggested, dedicated myself to a [new model](https://kellybroganmd.com/vital-mind-reset-interest/) (<https://kellybroganmd.com/vital-mind-reset-interest/>) that renders the old model obsolete. I, and so many thousands who have crossed over into holistic health, no longer believe in a reductionist view of the body as an easily broken machine subjected exclusively to the random forces of bad genes, bad luck, and bad germs. We have discovered that there are grave limitations to the billiard ball model of material cause and effect, and taken interest in more complex systems that also account for the unseen, such as energy, emotions, thoughts, and the soul. Because of this [shift in perspective](https://kellybroganmd.com/mess-to-meaning-from-breakdown-to-breakthrough/) (<https://kellybroganmd.com/mess-to-meaning-from-breakdown-to-breakthrough/>), I have witnessed thousands of people reclaim their health from the grips of chronic illness and associated medications, in defiance of what their mainstream doctors, mainstream media, and mainstream medical institutions told them about their health.

But what if we had continued to listen to the dominant narrative? What if we had limited ourselves to the assumptions about illness and disease that would have kept us dependent on a pill and injection-based system for life? What if we hadn't heeded the whisper of that small voice that said...*your truth is different and it deserves to live.*

“

When we can individually
and collectively
acknowledge that medicine is
a personal belief system,
we will finally be free
to practice embodiment
according to our own truth.

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(<https://kellybroganmd.com/wp-content/uploads/2020/03/WeIndividually.png>)

Listening to that inner truth requires tremendous courage. It requires the fortitude to be different and to assert our uniqueness from [family](https://kellybroganmd.com/family-the-true-test-of-awakening/) (<https://kellybroganmd.com/family-the-true-test-of-awakening/>), friends, and popular culture without needing them to agree, approve, or join you.

Are we being invited, in this moment, to step into our individual, independent, individual truth? Perhaps free thinking is the new mainstream...

Popular truth, your truth

For some, honoring that truth may require opting out of a system that leverages fear of the body in service of ever-increasing social and civil control including coerced, mandated, and involuntary treatments – psychiatric, oncologic, immunologic and otherwise. This system (also sometimes called the medical-industrial complex)

understands immunity through the billiard ball, atomized lens of separateness – the body is separate from germs, we are separate from the environment, we are threats to each other – that renders that patient (or civilian) capable only of handwashing, social distancing, antibiotics, and compliance with a fast-tracked, insufficiently safety tested, indemnified [vaccine \(https://www.instagram.com/p/B_DwcZKF6yf/?utm_source=ig_web_copy_link\)](https://www.instagram.com/p/B_DwcZKF6yf/?utm_source=ig_web_copy_link) to support their health.

The beliefs and worldview of the mainstream interests are incompatible with a worldview that embraces the interconnectedness of seemingly disparate body systems – from neurological to endocrine to gastrointestinal. The mainstream worldview is incompatible with one that sees nuance, particularly in the realm of [psychosocial influences \(https://kellybroganmd.com/power-belief-new-placebo-data/\)](https://kellybroganmd.com/power-belief-new-placebo-data/) on symptom expression and contagion, and one that sees the terrain of the earth as relevant to the terrain of the human. This mainstream worldview does not acknowledge the role of thought, belief, and emotions in expression of symptoms. Nor does it frame illness as a fundamentally meaningful expression of one's state of being. This distinct and emergent worldview, however, invokes curiosity and asks the question WHY when presented with seeming adversity and challenges ranging from physical to emotional to logistical.

Asking why

In my training, I was not aware that why was a relevant question. I didn't know that so-called [psychiatric illness could be driven by reversible physiologic imbalances \(https://kellybroganmd.com/symptom-checker/b/\)](https://kellybroganmd.com/symptom-checker/b/) including blood sugar, thyroid, gluten/dairy antigenicity, micronutrient deficiencies, and medication side effects. In this way, symptoms represent a wise response to wrong living via the body. And that those who experience symptoms may not be weak and vulnerable but highly sensitive – an important [power to reclaim \(https://kellybroganmd.com/ownyourself/\)](https://kellybroganmd.com/ownyourself/) and learn to harness.

Asking why helps us to see that the dominant medical orthodoxy may be – intentionally or unintentionally – *creating the problems that they then, conveniently, have solutions for.* Turning on the faucet and then selling mops for the overflow when all we have to do is realize that we have hands to turn it off ourselves.

It makes sense that a system that defines health as reactive compliance with medications, chemotherapy, and vaccination would also subsidize, deregulate, and otherwise promulgate GMO monocrops, sugar-laden and nutrient-depleted food products, chemical industry toxicants, and ubiquitous non-native electromagnetic radiation. This system might find fear to be an effective means of engendering cooperation with health disempowerment through direct-to-consumer advertising and media funding to disseminate talking points around the helplessness of every individual to inform, heal, or save themselves without the aid of an external authority. This system might encourage companies to generate destigmatization and awareness campaigns around the very diseases that generate profits from their diagnosis and treatment, all the while supporting the illusion that the companies prioritize care for these poor patients victimized by random biological vulnerability.

Asking why also helps us to expose some of the sacred cows of consensus views and uncover the big assumptions that underpin dogma. We can ask, “what causes illness, really?” and we may find that some of the conventional ideology is, well, just that – *ideas*. Ones that have never been proven (despite the burden of proof logically being on those who are doing the proposing and upholding), but have been accepted through groupthink pressures and put into practice – a practice that is maintained by threats to those who depart from this “gold standard.” But do we really know that depression is caused by a chemical imbalance, cancer by a genetic mutation, heart disease by a high-fat diet, or that infection is solely caused by spread of microbes? When those of us who care to interrogate the literature actually do so, we, amazingly, come up largely empty-handed. That’s why I’ve written two books on how this applies to our understanding of mental illness. I could barely believe it myself!

Bad germs and contagion

It was in this process of deep, relentless inquiry that I turned over many stones, including one that left me standing in a rather lonely room. **I asked, where is the proof that germs, and particularly what we are calling viruses, are the sole causes of infection through contagion?** To my mind, the discovery of the [microbiome](https://kellybroganmd.com/origins-microbiome/) (<https://kellybroganmd.com/origins-microbiome/>) – the trillions of microbes that comprise [our beingness](https://kellybroganmd.com/holobiont-obstetrician-know-word/) (<https://kellybroganmd.com/holobiont-obstetrician-know-word/>) – represented a sea change discovery that should render germ warfare obsolete (you can't win a war against that which is you!). Could there be something beyond germ theory? It is, by name, a *theory* after all.

Germ theory is a consensus belief system so penetrant that questioning it can lead to censorship and worse. But what does germ theory say? It suggests that bad germs pass from one being to the next through direct or indirect contact and lead to infection which can be deadly. Seems obvious right? This theory also happens to be foundational to the Western medical system and public health measures imposed in violation of bodily sovereignty (aka mandated vaccination or forced penetration of the body in exchange for civil liberties). But what if germ theory and associated premises represent an incomplete (or mis!) understanding? What if the foundational premise of the theory, called Koch's postulates, have never actually even been fulfilled by a single, so-called infectious agent? Koch's postulates essentially state that a microbe has to be isolated and purified, that, when introduced to a host, it causes the same symptoms, and it is not found in asymptomatic people and always found in symptomatic people. Many intrepid thinkers have investigated these and other holes in germ theory, particularly when it comes to so-called virus transmission.

I remember learning in medical school that viruses do not meet the criteria of living entities because they are nothing more than fragments of genetic information also known as obligate parasites who cannot live without the host cells from which they take a significant part of their proteins and lipids¹. These fragments are so small that they require electron microscopy for visualization (and couldn't possibly be

prevented from magically floating around by cloth masks with gaping holes on the side let alone plastic dividers at checkout counters!). Before complying with the assertion that our liberties be restricted and unstudied medical interventions administered, wouldn't we want to be sure that said virus has been identified by independently confirmed electron microscopy, that a peer-reviewed paper has characterized its genetic makeup, and that we have proof that it causes a discrete illness? Wouldn't there be a great risk of [false positives](#) (<https://www.ncbi.nlm.nih.gov/pubmed/32133832>) if we use a [research test called rtPCR](#) (<https://www.youtube.com/watch?v=EvEeEZTD4pE&feature=youtu.be>) to identify "cases" based on the presence of a fragment of genetic material of indeterminate significance even though the inventor of the technology himself said it should not be used for diagnostics? What happens when we borrow computer models funded by a technocrat (who is also the second largest funders of the WHO) and the [developer of the trackable vaccine](#) (https://www.instagram.com/p/B-s-9ZjH0YP/?utm_source=ig_web_copy_link), perhaps we should be cautious to generate epidemiologic statistics based on select populations that do not include asymptomatic carriers, presumed cases based on symptoms (including CDC orders to assign [COVID as cause of death](#) (https://youtu.be/_5wn1qs_bBk) regardless of objective findings), and the exclusion of other clinical rigors that might identify causes other the one that we are poised to assume is relevant?

We have made such assumptions in the past around infections such as measles that have induced mass hysteria, even though the foundational aspects of the assumption have been called into question. Did you know that [Dr. Stefan Lanka](#) (<https://www.greenmedinfo.com/blog/truth-about-germ-theory>), himself a virologist, won a case in the German Supreme Court when he challenged the evidence for the *existence* of the measles virus? He stated, "In the course of my studies, I and others have not been able to find proof of the existence of disease-causing viruses anywhere."

We can run ourselves up the wrong pole when we make assumptions about causality. Like, when [Dr. Nicholas Gonzalez](#) (<https://kellybroganmd.com/celebrating-dr-nicholas-gonzalez-legend-time/>) told me about the case of Keshan's disease in

China where a fatal cardiomyopathy was thought to be caused by coxsackie virus, and with a vaccine poised for distribution, it was discovered that selenium-depleted soil was actually the reversible driver of these seemingly contagious symptoms. Or in the case of polio, the symptoms of which were actually induced by widespread [DDT exposure \(https://kellybroganmd.com/can-learn-ddt/\)](https://kellybroganmd.com/can-learn-ddt/), which suddenly declined with the introduction of the vaccine when polio symptoms were, from then on, conveniently renamed flacid paralysis as an epidemiologic sleight of hand. Here we can see that the infectious meme can obscure very real environmental causes of illness.

Even in the primary published literature, there are researchers questioning models of spread of influenza based on the observation that symptoms arise, simultaneously, around the world, at a rate that can't be explained by person to person transmission². I have also come across interesting studies like one that found cold symptoms were only expressed in individuals who self-rated their health as poor even though all the volunteers were inoculated³.

The book, *What Really Makes You Ill?* (<https://amzn.to/2WEcceJ>) explores (in over 700 referenced pages!) the curious scientific reality that viruses have never been characterized as unique from the [human virome \(https://www.greenmedinfo.com/blog/profound-implications-virome-human-health-and-autoimmunity\)](https://www.greenmedinfo.com/blog/profound-implications-virome-human-health-and-autoimmunity) (our own genetics), have never been identified as the definitive cause of illness, and have never been proven to “infect” through contact. One of the most compelling studies to interrogate the assumptions around contagion and germ theory was conducted by the Public Health Service and the U.S. Navy under the supervision of Dr. Milton Rosenau in 1918 in healthy volunteers at multiple locations.

His first volunteers received first one strain and then several strains of Pfeiffer's bacillus by spray and swab into their noses and throats and then into their eyes. When that procedure failed to produce disease, others were inoculated with mixtures of other organisms isolated from the throats and noses of influenza patients. Next, some volunteers received injections of blood from influenza patients. Finally, 13 of the volunteers were taken into an influenza ward and exposed to 10

influenza patients each. Each volunteer was to shake hands with each patient, to talk with him at close range, and to permit him to cough directly into his face. None of the volunteers in these experiments developed influenza. Rosenau was clearly puzzled, and he cautioned against drawing conclusions from negative results. He ended his article in *JAMA* with a telling acknowledgment: **“We entered the outbreak with a notion that we knew the cause of the disease, and were quite sure we knew how it was transmitted from person to person. Perhaps, if we have learned anything, it is that we are not quite sure what we know about the disease.”**⁴

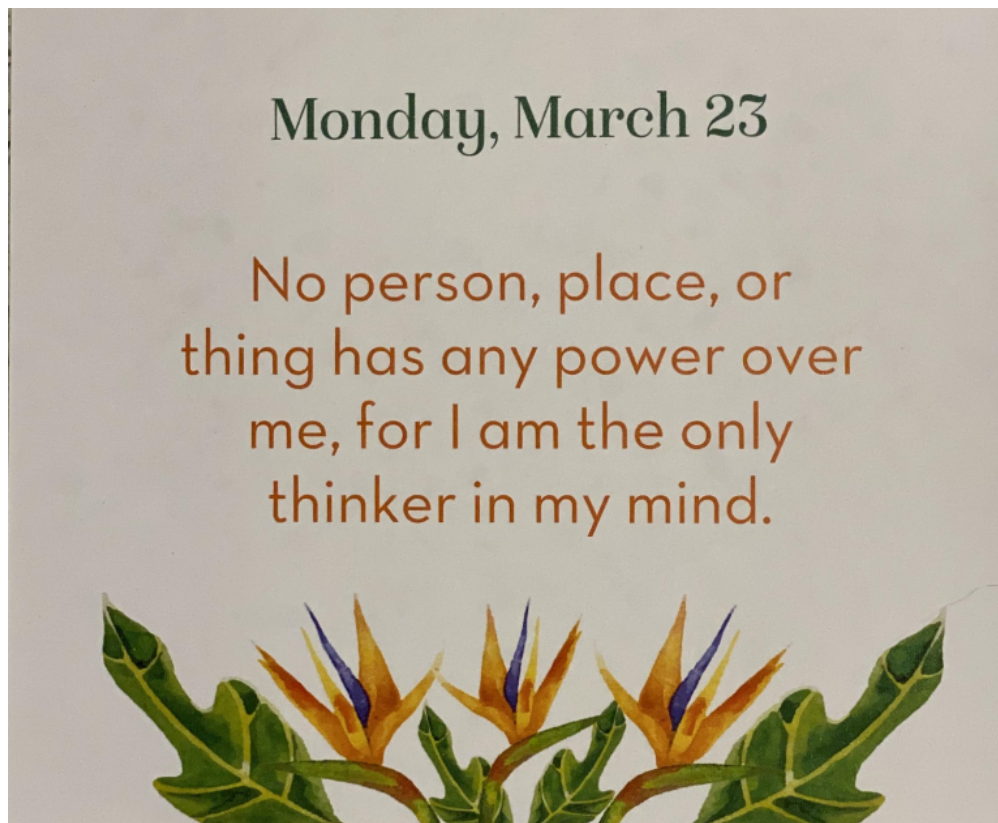
Hold on. How does it feel to read that? A lot comes up for people when we call into the light of inquiry a premise that seems so thoroughly embedded in not only our intellect but our animal brains. **But is it that we really can’t listen to a scientifically-informed (or non-scientific!) perspective that is different from our own, or is it that we don’t feel ready to believe that we could have allowed ourselves to be misinformed, manipulated, or otherwise deceived by our trusted authorities?** Perhaps we are also not ready to learn to allow differences to exist because we are accustomed to emotional symbiosis or safety derived only from sameness. And that is okay! Especially if we are aware that **we are doing the best we can until we can do better.**

Ok, so back to germ theory. Remember that when a hypothesis is not *always* correct, then it must be revised and iterated. It was through my exploration of literature on the microbiome, the immune system, and the nature of bacteria that I came to understand the strains of bacteria within our microbiome termed “pathogens” could simply be bystanders to tissue injury and damage, at worst (not unlike when cholesterol (<https://www.greenmedinfo.com/blog/profound-implications-virome-human-health-and-autoimmunity>) is blamed for being at the site of arterial inflammation), and potentially symbionts at best (aiding in the reconstruction of symptoms in a way that also benefits them).

I, personally, have found [German New Medicine](https://kellybroganmd.com/there-is-nothing-to-fear-german-new-medicine-101/) (<https://kellybroganmd.com/there-is-nothing-to-fear-german-new-medicine-101/>), to be an intriguing framework that turns presumed causality on its head and helps us to see that symptoms are a wise

response on the part of the body, rather than a problem, and that there's no war going on inside or out. There are also models that explore seeming infection as the excretion of cellular toxicant burden in the form of [exosomes](https://youtu.be/KGGd7-vvd9Y) (<https://youtu.be/KGGd7-vvd9Y>) (from non-native radiation, processed food, industrial chemicals, etc), which would impact those who are co-located and exposed to similar environmental assaults in ways that could appear like pathogen-based spread. We are seeing, first hand, that fear itself can spread just like a classical contagion model, no verified germ required, so perhaps it's time to interrogate our assumptions when it comes to antiquated biological tenets that speak to spread as solely infectious.

But this inquiry is not allowed because we have not yet acknowledged that medicine, itself, is a belief system. My patients and I used to believe that there was such a thing as a [chemical imbalance](https://kellybroganmd.com/depression-serotonin/) (<https://kellybroganmd.com/depression-serotonin/>) that causes mental illness that has to be managed with medications for life. These beliefs put the believer in a position of helplessness relative to a bigger force that they cannot match but can only mitigate. These beliefs keep us dependent victims, helpless in the face of our problems. They keep us fighting a war that can never actually be won because we are empowering the seeming enemy through our belief that this enemy has power over us! **Belief in germs spreading and causing disease is what allows us, as a collective, to remain in the child psychology of fighting the bad enemy we seek to one day beat with the help of the parent we always hoped would protect us.** It is black-and-white survivalist thinking that keeps us stuck, afraid, and dependent on a system for testing and for solutions, and even invites us to police ourselves and each other in the name of safety. It is also what leads us to dehumanize and objectify one another, wrapped up in the illusion that we are somehow made up of entirely different goodness than those whom we judge. It may not seem like a belief, and may seem to you like a fact. But that's how all beliefs feel until we recognize that we have a choice to live by them...or to think differently.



(<https://kellybroganmd.com/wp-content/uploads/2020/03/LouiseHay.png>)

-Louise Hay Affirmations

Uncle Sam is not your daddy

What if there isn't a *right* version of medicine, but instead, multiple possible approaches that, like some kind of self-fulfilling prophecy, dictate one's own actual experience of health and illness? My mentor, [Dr. Nicholas Gonzalez](#) (<https://kellybroganmd.com/celebrating-dr-nicholas-gonzalez-legend-time/>) said that conventional medicine is religion hiding in plain sight. I would add that when science is regarded as a defacto, objective body of knowledge rather than an iterative process of discovery that can be elected into or opted out of, we get into murky terrain. Some call this dogmatic relationship to science as the only means by which society should determine values, the practice of *scientism*. But, we all define health differently and respond differently to our experience of illness. We all prioritize safety and freedom differently. Or we might, if we knew that there was a choice. In order for us to find our own health truths, however, we have to A) believe that everyone is, in

fact, entitled to their own health belief system and B) unhook our dependency on a default authority that makes decisions for us, ever, under any circumstances when it comes to bodily sovereignty.

In effect, we need to grow up.

We need to individuate from the parentified institutions and establishments that we have vested with our trust. Since we are not routinely culturally initiated to our adult selves by developing a socially supported and contained relationship to fear and associated self-limitations (apart from instances of natural childbirth), we are all children running around in adult clothing. We are never, ritualistically, given the opportunity to see that our minds generate limitations and capitulate to our fears as a survival mechanism but that there comes a time for mastery of the mind and containment of fear.

We are operating from our suppressed and rejected scary emotions – fear, shame, rage, and sadness – and the patterns of behavior that serve to keep them in relative check and offer us a sense of control over ourselves. These self-protective behaviors are sometimes referred to as our shadow and can include needing to be right, needing to help, needing to manipulate, needing to control, intellectualizing, dissociating, and other defenses that serve us, but keep the emotions unconscious, unexplored, and increasingly dysfunctionally empowered like the small man behind the curtain at Oz.

When we remain in this child psychology, we tend to project our idealized and vilified parents (we tend to see only one side at a time) all over the place. We feel threatened and oppressed by authority or we idealize authority and say things like, “if that were really true, we would know about it!” The implication being that our establishments are transparent, trustworthy, and have known agendas consistent with our well-being.

That's why the **first step to adultification and self-reclamation is recognizing that the idealized caregivers we might project onto authority figures and institutions are not here to take care of you.** It's not their job. That is your job and your job alone. It can't be anyone else's...at least not in the current state of human evolution. Once we choose to take this level of personal responsibility, we can understand that those we place our unquestioning trust and faith in may have intentions that are not consistent with our wellness and well-being.

We know that when we can dispassionately appraise a history of medical-industrial-agricultural practices and the revolving door that is government regulators and the private sector, that if our well-being were a priority, we would see a very different relationship to food, pollution, economics, and even elder care. We would not see collusion of regulatory agencies and industry to suppress signals of harm and indemnify manufacturers from responsibility. Dissolving the idealization allows us to see, for example, how newly-declared concern for the elderly and immunocompromised may just be a strategy to co-opt empathy and incite self-imposition of social controls like quarantine through ethical shaming – *if you go outside, I hope you know you may be responsible for millions who are dying!* And we would not see our pharmacies turning into medical centers administering vaccines and pharmaceuticals while selling products with identified carcinogens, endocrine disruptors, and biological toxicants on nearby shelves.

So if the system doesn't care about us the way we were hoping (and emotionally needing), then **what is public health?** Should it be administered by someone on the [board of Pfizer \(https://www.statnews.com/2020/03/29/two-new-road-maps-lay-out-possible-paths-to-end-coronavirus-lockdowns/\)](https://www.statnews.com/2020/03/29/two-new-road-maps-lay-out-possible-paths-to-end-coronavirus-lockdowns/)? If the undeclared agenda of the system is divergent from our own as individuals, then declarations of public health interest may be nothing more than mechanisms of controlling and culturally sanitizing populations and setting conditions for the exchange of civil liberties for compliance with surveillance, mandated medical interventions, and a monolithic perspective of what constitutes acceptable social behavior. When rational thought

falls away to hysteria and validated science no longer mediates the relationship between policy and medical practice, we may be invited to explore just how many of our civil liberties we will consent to surrender in exchange for the illusion of safety.



A frightened public accepts abridgments of civil liberties that are otherwise hard to justify, such as the tracking of everyone's movements at all times, forcible medical treatment, involuntary quarantine, restrictions on travel and the freedom of assembly, censorship of what the authorities deem to be disinformation, suspension of habeas corpus, and military policing of civilians. Many of these were underway before Covid-19; since its advent, they have been irresistible. The same goes for the automation of commerce; the transition from participation in sports and entertainment to remote viewing; the migration of life from public to private spaces; the transition away from place-based schools toward online education, the decline of brick-and-mortar stores, and the movement of human work and leisure onto screens.

-Charles Eisenstein

Enter the potential for the implementation of [medical martial law](https://m.youtube.com/watch?v=l2ZRT-gWZ8M&feature=youtu.be) (<https://m.youtube.com/watch?v=l2ZRT-gWZ8M&feature=youtu.be>) and an ingenious strategy to point the populace toward an invisible enemy that is passed between them, so that self-quarantine (there are civilians begging to be locked in their own homes!), restriction, and eventual clamoring for the promised medical interventions that will save us from this pathogen will prevail. And in this model, **fear is the currency of control.**

What we are afraid of

It's my observation that **our primary wounds and deepest existential fears are coming up for all of us in our own unique ways.** There are some who are afraid of a deadly virus spreading. There are others who are afraid of homelessness, hunger, and lost livelihood. Others who are afraid of government overreach and a militarized presence in our everyday lives, let alone the specter of forced bodily penetration through mandated vaccination. And some are simply afraid because they are feeling the storyless fear of uncertainty.

Whatever our worries are, they are in relation to a force that feels larger than us, and that invokes an experience of powerlessness and helplessness. This fear has been in each and every one of us since childhood. And life has conspired to present us with the opportunity to relate and orient towards this fear as self-soothing, self-regulating adults who are finally strong enough to feel fear without needing to act from that place. Because of the spiral path that is self-discovery, **the way you're feeling now and the story your fear is telling you is probably not new. Patterns represent opportunities to respond differently.** And perhaps now you are ready to assert your authority over your own experience. To own all of what is coming up and handle it without re-acting from an old program. You might be ready to come to a place of inner okay-ness before the wise response becomes obvious. And when you don't know what to do, you'll wait until you do.

Because uncontained **fear is how we give away our power.** And it doesn't mean that feeling fear is wrong or a sign of weakness. It means that there is a way to feel it, contain it, hold it, and allow it to transform under the guidance of a bigger self that says, 'everything is okay. No matter what. Because I am bigger than my earthly identity. And it's only when I forget that and lose sight that suffering feels inescapable.'

Transforming our victim stories about something terrible that is happening to us that isn't fair (*it's not fair* is the rallying cry of the victim) can only happen when we allow our feelings to exist without needing the outer world to change in order for them to be resolved. **The victim story ends when we finally take responsibility for our personal experience and recognize that we are in charge of how we perceive the**

world, and that the story we tell can bring us to a place of calm, grace, and trust or a hell worse than anything that could possibly be sustained circumstantially. If we can start with the victim stories that we tell about the body (including that it is haplessly vulnerable to bad germs out there that attack at random), we will retain our power in the face of medical hexing and fear-based interventions.

Holding the mixed object

One of the elements of empowerment beyond reflexive victimhood narration is through the practice of holding the mixed object perspective. Instead of experiencing ourselves as good and something else as all bad (my clean body and that bad dirty germ), or something else as all good and ourselves as all bad (I'm worthless and everyone else is successful), we can hold nuance and polarities within us. Then, and only then, do we cease to project them on others in the world who we judge and experience as persecuting us with their badness or who can do no wrong because of how we have wholesale idealized them. This childlike black-and-white thinking (I've done plenty of it my whole life, so I'm not using childlike pejoratively) is what sets us up for the illusion that we can "beat" the bad guy out there and finally be all good...or that we will never be good enough because we are fundamentally bad.

So when we hold the mixed object, we learn to say, **I am some bad and some good.** And we see our enemies as also having the qualities that we also have but may not want to admit to (such as lying, cheating, aggression, etc), and then we can acknowledge the possibility that we might be just like them if we had lived their lives. I know that when I ask myself the question, "where in my life am I holding the energy of a totalitarian authority who knows best how to create safety for others," I can find examples in my parenting and in my choices to create safe spaces for my followers that might also restrict freedoms in ways that those under my influence might not agree with. Examining that which I judge within helps me to ask bigger questions like, is it anyone's job to protect anyone else? Are we more powerful, each of us, than we have been lead to believe?

What this practice ultimately offers is a reflexive **search for meaning and a suspension of judgment** when confronted with fear or intense uncomfortable emotion. When we remember the mixed object, we can say, what could this be about for me? as a first response that precedes actions that would otherwise seek to resolve the feeling.

This also helps us to resist the illusion that life will feel good when “all the good things are in place” and makes room for the possibility of growth, and even expansion into joy, that can come from darkness. Ask any of my [patients or program completers \(https://kellybroganmd.com/video-testimonials/\)](https://kellybroganmd.com/video-testimonials/) about the [light that follows the dark night \(https://kellybroganmd.com/ownyourself/\)](https://kellybroganmd.com/ownyourself/) and how a rebirth experience of confusion, pain, terror, and disorientation can be exactly what allows them to expand into joy and even bliss.

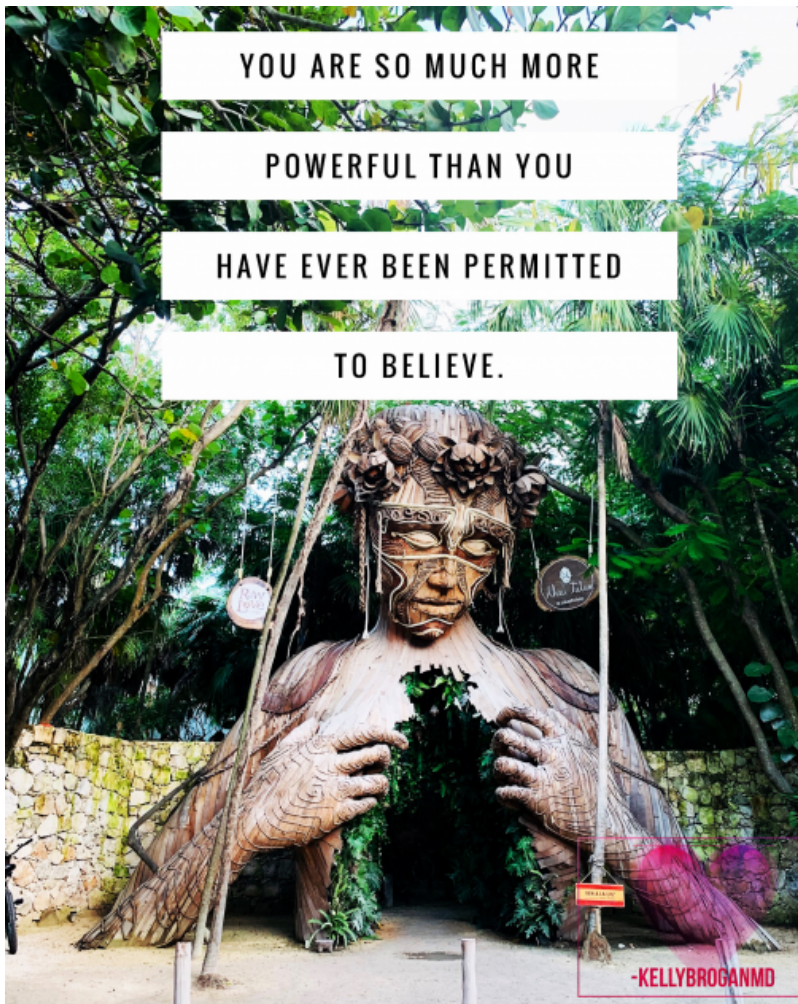
How deep can you go?

I see many working to invoke mixed object considerations. I’ve seen videos thanking coronavirus for the relief from rabid consumerism and busyness, time spent with family at home, and moment of exhale for the environment (GOOD) with the tacit implication that the virus is actually, unfortunately, responsible for people dying, jobs lost, and schools closed (BAD). This is valuable, but **what happens when we go deeper?**

In my [communities \(https://kellybroganmd.mykajabi.com/vital-life-project-offer\)](https://kellybroganmd.mykajabi.com/vital-life-project-offer), I invite the intrepid sentinels gathered to leave no stone unturned. To question everything. And to work with science and personal intuition to arrive at a truth that feels empowering. Many of us have asked questions like, “is there actually a virus that is well-characterized and whose associated symptoms are somehow clinically distinct from common flu-like symptoms?” and “is something other than fear (and the [nocebo effect \(https://kellybroganmd.com/fear-is-the-sickness/\)](https://kellybroganmd.com/fear-is-the-sickness/) actually spreading” and “do germs cause illness or could it be more complex” and “should the government be practicing medicine” and many others.

We ask, is this true for *me* even though it might be true for another?

Through this practice of inquiry, we can arrive at the possibility that **we, as citizens largely arrested in our child psychology, have unconsciously given our power to authorities who are few in number, but united around a common desire to control a populace without regard for individual rights, belief systems, or needs, because of their own unresolved childhood wounds and defenses.** The agenda that we have colluded with up until this point has the [documented intention](https://m.youtube.com/watch?v=l2ZRT-gWZ8M&feature=youtu.be) (<https://m.youtube.com/watch?v=l2ZRT-gWZ8M&feature=youtu.be>) to surveil the population through 5G networks, establish one-world currency, and centralized utilitarian government (BAD). And there is also an opportunity for us to awaken if we choose to do so. To recognize the power that we have to choose a perspective that holds both the good and the bad. To feel fear and also be okay. To reclaim our power as individuals and as a collective to align with the natural world, our wise biology, and a love-based consciousness. (GOOD).



(<https://kellybroganmd.com/wp-content/uploads/2020/03/Powerful.png>)

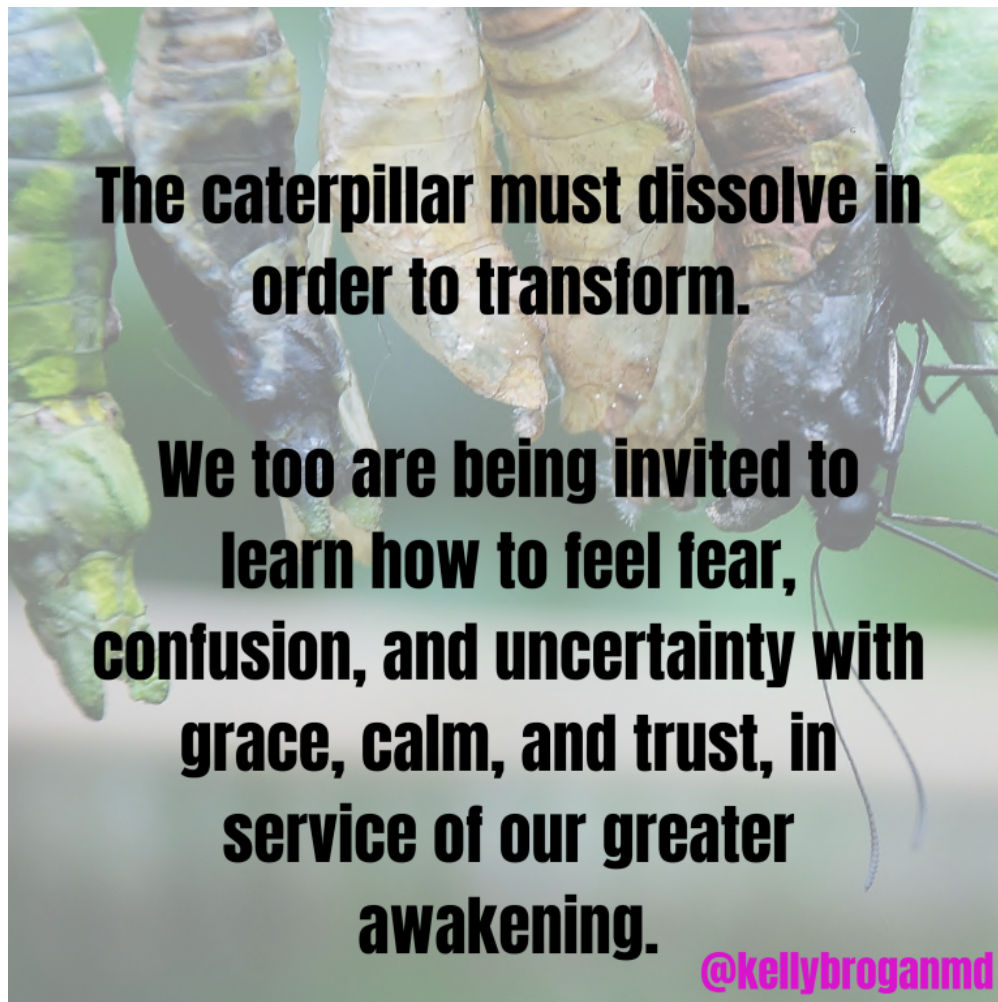
This moment of transition represents a massive shift in paradigm: from one in which safety is derived from control (of others, of our bodies, of others' bodies) to one in which safety is recognized as already present and simply accessed through awareness and attention.

And it allows us to examine who we are relating to as more powerful than ourselves, and specifically how we may have colluded to parentify our government so that we either acquiesce or rebel against this authority. But could this be a moment to ask a silent majority to step into their individual truths so that we might move beyond the parent-child dynamics of government-citizen into a community of reverent but sovereign individuals? I believe that human nature is inherently generous and compassionate when the conditions of policing are not outsourced to a watching

eye but internalized in a self-reflective reflex. Perhaps we are at a moment of moving into our collective adulthood, beyond what we assumed might be the only reality we could subsist in, into one that allows us to own our full selves.

“Everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.” — Viktor E. Frankl, *Man’s Search for Meaning*

How to anchor this transition



(<https://kellybroganmd.com/wp-content/uploads/2020/03/Caterpillar.png>)

Accept what is: As Byron Katie says...you know that something should be happening...because it IS happening. So, when we allow, permit, and first say ok, this is what is, we have access to our inner okay-ness to respond from. We may not like what’s happening, and we may have an idea of how to change it. We may be so

flooded with fear that non-action feels like self-violence. But, here is where we can grow up and make deep and consistent contact with that part of us that is always undisturbed.

Hold both fear and joy: When we feel despair, we lose our connection to joy. It's like it never existed and never will again. Part of what is suffocating about emotional pain (or physical pain, for that matter) is that [we imagine it will never change](https://kellybroganmd.com/rock-bottom-the-one-big-lie-your-mind-will-tell-you-when-you-are-in-your-darkest-moment/) (<https://kellybroganmd.com/rock-bottom-the-one-big-lie-your-mind-will-tell-you-when-you-are-in-your-darkest-moment/>). Emotions are alchemical. They swirl and shift into one another. You might laugh after you cry or feel the freedom and expansion that comes from allowing deep anger its proper release (stay tuned for what that can look like). When we hold space within us for emotions to be non-directed, we learn that they all co-exist and we stop running from the “bad” ones in search of the “good.”

Self-regulate: Ok, this is where the money is. We must, if we intend to adult, learn to self-regulate without needing others or the world to be any particular way in order for us to access okay-ness. This is a lofty goal, so in the meantime, you may need to curate and cultivate safe spaces. I know I've said to my partner, “I don't like your vibe right now and I don't want to interact until you calm down.” That is me trying to manage him rather than learning to manage myself. What allows me to remain empowered is to own how I'm feeling (scared), to allow him to be in whatever state he is, and to choose to listen non-defensively (this doesn't mean I have to agree!). In the moments I have felt triggered and scared during this unfoldment, here are some of the things that have helped me come back to calm...

Here and now – Look around your 4 walls and assess the moment. The real lived moment. Odds are, everything where you are is actually totally okay. **The non-okayness arises when you allow your mind to follow a story into the future.** Now is okay.

Basic needs – Are you hungry? Eat something. Thirsty? Drink some water. Cold? Put on a sweater. Hot? Take one off. Have to pee? Pee. Send your body signals of comfort.

Discharge the energy – Toxic-journal by writing a stream of consciousness of all the worst case scenarios so that you can get them out and stop wincing away from them. Shake your body intensely for one to two minutes. Dance to a song that feels like your mood. Scream three times into a pillow.

Generate ease – Touch your forehead, throat, chest, and belly and say “open” to each space. Take ten breaths with long exhales, counting each one until you get to ten in a row. Raise the corners of your mouth into a smile so your [ventral vagal nerve \(https://kellybroganmd.com/sending-a-signal-of-safety/\)](https://kellybroganmd.com/sending-a-signal-of-safety/) can trigger a social calm signal to your body and mind.

Practice stillness – When we learn to sit for 20-40 minutes and simply notice the awareness that is watching, we come in to contact with the watcher. The I that is never disturbed, always, present. Always watching. The I that is consciousness, and that survives the end of this expression of our identity called death. Perhaps [trauma \(https://www.youtube.com/watch?v=tLp5LM18wIU&feature=youtu.be\)](https://www.youtube.com/watch?v=tLp5LM18wIU&feature=youtu.be) is, itself, the fear of death, and the belief that survival is the ultimate priority. If we can make contact with the witness within, we can begin to identify with a bigger self, and develop intimacy and acceptance with this transition we call death...so that we might finally be free to live.

Decisive action – Only then, after you have made contact with calm okay-ness, assess whether there is decisive action that needs to be taken. I, myself, will be waiting for a legislative opportunity from [Stand for Health Freedom \(https://standforhealthfreedom.com/\)](https://standforhealthfreedom.com/) and otherwise, going inward, practicing mental hygiene, and defiantly generating moments of joy in the face of fear.

Every morning, when I meditate, I envision the world I’ve always wanted to live in. In this world, the flora, fauna, and water are resplendent and vivid. There are kids playing, running, and laughing. There are women and men dancing and drumming. There is a feeling of having weathered something together that was thought to be unimaginably decimating still hanging in the air like an audible exhale. There is a

feeling of generosity, familiarity, and a paradoxical importance of each person's unique gift and a collective, collaborative devotion that allows the community to exist as one entity, reloomed with the natural world, all a pulsing expression of life.

I imagine the feeling of healing.

I know this feeling from my own experience of recovering from Hashimoto's thyroiditis and witnessing the [hundreds of individuals](https://kellybroganmd.com/video-testimonials/) (<https://kellybroganmd.com/video-testimonials/>) I have known to emerge from the ashes of their own former selves reborn anew. The feeling is an exhilarating calm. It is a feeling of *I always knew this could happen* simultaneous with the feeling that says *I can't believe this is happening*. It is a shedding of what stood in the way of what already always was. Perhaps that's why the Japanese word for crisis holds the concepts of danger and opportunity. Both are present for each of us as individuals and all of us as a collective.

Our moment of individuation is upon us. The moment where you own your I AM and that declaration is a gift to us all. That declaration requires that you grow strong enough to hold your fear, and make contact with the okay-ness within. Then you can sing, it's the end of the world as we know it, and I feel fine...

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Supportive Resources:

- [Corbett Report \(https://www.corbettreport.com\)](https://www.corbettreport.com) for ongoing updates on social distancing, economic fallout, and martial law
- [Physician whistleblows about death reporting \(https://youtu.be/_5wn1qs_bBk\)](https://youtu.be/_5wn1qs_bBk)
- [Special Report: Humanity is not a Virus! \(https://www.youtube.com/watch?v=KGGd7-vvd9Y&feature=youtu.be\)](https://www.youtube.com/watch?v=KGGd7-vvd9Y&feature=youtu.be): Dr. Andrew Kaufman
- [The Corona Simulation Machine: Why the Inventor of The “Corona Test” Would Have Warned Us Not To Use It To Detect A Virus \(https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/\)](https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/): Celia Farber
- [Corona Virus Caused by 5G?: \(https://www.youtube.com/watch?v=zFN5LUaqxOA&feature=youtu.be\)](https://www.youtube.com/watch?v=zFN5LUaqxOA&feature=youtu.be) Dr. Thomas Cowan with longer presentation [here \(https://us04web.zoom.us/rec/play/6JF8Juz6rm03TtWT5QSDBPQqW9S5JqKshilKr6ELzB2xB3JSO1GjYucTNOMhfOm5-BcCHyT6-3zt5sd8?continueMode=true&_x_zm_rtaid=u1JS3WsLS_y_OKhvITo0LQ.1585245758588.b1b4ded459850995d13dc2c98c62f218&_x_zm_rhtaid=41\)](https://us04web.zoom.us/rec/play/6JF8Juz6rm03TtWT5QSDBPQqW9S5JqKshilKr6ELzB2xB3JSO1GjYucTNOMhfOm5-BcCHyT6-3zt5sd8?continueMode=true&_x_zm_rtaid=u1JS3WsLS_y_OKhvITo0LQ.1585245758588.b1b4ded459850995d13dc2c98c62f218&_x_zm_rhtaid=41)
- [Germ Theory discussion with David Parker and Dawn Lester \(https://www.youtube.com/watch?v=lcBXMWho3aE&feature=youtu.be\)](https://www.youtube.com/watch?v=lcBXMWho3aE&feature=youtu.be): Andrew Kaufman
- [NYC ICU Physician and Radiation Poisoning \(https://www.youtube.com/watch?v=1EWQPgF6-UQ\)](https://www.youtube.com/watch?v=1EWQPgF6-UQ): Dana Ashlie
- [Beyond the Corona Virus: Charles Eisenstein and Sayer Ji \(https://soundcloud.com/charleseisenstein/sayer-ji-e-45\)](https://soundcloud.com/charleseisenstein/sayer-ji-e-45)
- [Does the 2019 Corona Virus Exist?: David Crowe \(https://www.greenmedinfo.com/blog/does-2019-coronavirus-exist\)](https://www.greenmedinfo.com/blog/does-2019-coronavirus-exist)
- [There is Nothing to Fear: German New Medicine 101 \(https://kellybroganmd.com/there-is-nothing-to-fear-german-new-medicine-101/\)](https://kellybroganmd.com/there-is-nothing-to-fear-german-new-medicine-101/)

- 12 Experts Questioning the Coronavirus Panic (https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/?__cf_chl_jschl_tk__=e75aad0fe1434f0bd76eb340cbec025d1cc0f7ed-1585257979-0-AWDTtsUG_SDQyasT56HOGngPgD-PzXB-BPkr0uUj0SJsaWC9pyPU4CsrFQhCARcjgQoi2s6pemRxK8kJflncNeVRK5RAbJQcyBVK_o_Du-TeR3W7Hzd8EigzoKeBc75-nRptrkc5sXzMkIPru2X-4lkkR9Cvyxgppxyl6yqkEWfMfM-CtunYCe8hy1YcjQM0IXM39o0C4i-JIGQzRfCBwkrcZpwHuHKtzVQvQRkpAmcly4JD94TJS59RkHqpSgArYJmwD_nTB7EQTXAOdBgveBTlbpzaSHAcMWN79TBRyY1T3I40vztAzElrj5MJUEU9TfV5AFzPO1Gnf6IA5hA5mGJihOEFcqlatHxyHcj7ae9)
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- What Psychedelics Told Me About The Coronavirus: (<https://medium.com/@azrya/what-psychedelics-told-me-about-the-coronavirus-730a4a6b9714>) Azrya Cohen Bequer (https://medium.com/@azrya?source=post_page-----730a4a6b9714-----) (<https://medium.com/@azrya/what-psychedelics-told-me-about-the-coronavirus-730a4a6b9714>)
- London Real with David Icke (<https://londonreal.tv/the-truth-behind-the-coronavirus-pandemic-covid-19-lockdown-the-economic-crash-david-icke/>)
- The Coronation: Charles Eisenstein (<https://charleseisenstein.org/essays/the-coronation/>)
- Is Coronavirus Contagious: Sally Fallon Morell (<https://nourishingtraditions.com/is-coronavirus-contagious/>)
- Dr. Christiane Northrup on cognitive dissonance (<https://www.facebook.com/DrChristianeNorthrup/videos/vb.118912795028/620754822104138/?type=2&theater>)

- [90.10 radiation-mitigating technology \(https://shop.9010us.com/?ref=kellbro\)](https://shop.9010us.com/?ref=kellbro)

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