#13 — Demystifying Psychedelics, Archetypes & Tarot with Psychiatrist Emily Willow, MD Transcript

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Introduction to the Podcast and Guest

Welcome to the trip lab kitchen table conversations [music] about integrative medicine and psychedelics. I'm your host and resident physician, Dr. Mariela Wood. Hey everyone, welcome back. I am very excited to share this episode with you all today. I interviewed Dr. Emily Willow who is a psychiatrist who has actually built her whole psychiatric career around psychedelic medicine and research. I don't have any news or updates for you guys today. So, let's just jump right in. And first, I'll tell you a little bit about her. Emily Willow, MD, is a psychiatrist, researcher, and educator based in San Francisco, California. She is an ardent advocate for psychedelic medicine and has worked on multiple clinical trials investigating psychedelic assisted psychotherapy, including both MDMA and psilocybin. Additionally, Dr. Willow has a private practice in San Francisco, California, and is an attending psychiatrist at the University of California, San Francisco. She holds multiple mentorship and teaching roles, including at the California Institute of Integral Studies, CIS, in the Center for Psychedelic Therapies and Research, and the School of Consciousness and Transformation. I had such a great time talking with Dr.

Willow and all the variety of topics we discuss and what she was able to shed light on. To give you a little preview, we chat about the different molecules that she has experience with, including MDMA, ketamine, and psilocybin. And she's able to tell us about the difference between each of them and how each molecule may be better or in some cases not recommended depending on each patient's personal history. We also dive into archetypal experiences that psychedelics along with dream states and meditation can induce within each of us that then lead us to understand ourselves and our place in the world to heal and grow. Dr.

How Dr. Willow Entered Psychedelic Medicine

Willow and I both actually utilize tarot cards too to help with these consciousness exploring journeys. So, we chat about that as well. I loved hearing her talk about the process she uses with her patients with tarot. and I think that you guys will too. And since this is the first time we're talking about tarot on this podcast, I do have a little bonus for anyone interested in tarot, which essentially the way I describe it is a deck of cards beautifully painted to represent the human experience. So if you want to learn more about tarot, I have a little snippet at the end that will explain a little bit more. So with all that, let's just jump right into our conversation. to start, can you just tell us a little bit about you, how you got into the psychedelic space, your journey, and what you do now? [snorts] >> Yeah, absolutely. So, I first got involved with the psychedelic space um when I was in medical school in Charleston, South Carolina, uh at MUSC. By the fates, one of the first MDMA clinical trials was um being conducted in the same town that my medical school was. It wasn't associated with MUSC. It was um sponsored by MAPS, the Multi-disiplinary Association for Psychedelic Studies, and um led by uh Michael and Annie Mitthofer. And I happened to meet them through the Charleston Young Society um and learned about the work that they were doing. Um and prior to that, I was not really, you know, interested in psychedelics or like really knew anything about psychedelic therapy. it was such a new thing like in you know research obviously it had been um happening for decades prior to that but um it was really new to me and um kind of from there I can go into more you know detail but um one thing that was that really struck me in learning about um the the approach of psychedelic assisted therapy is that it was so different than what I was learning in medical school. Um it was very um kind of getting at the root cause of things and like understanding things in a from a more like healing perspective than a you know what we see in the kind of med the western medical model which is really kind of addressing symptoms and um you know treating symptoms with medication and not really um outside of you know some examples like surgery or you know antibiotics we don't you know, heal things the same way that that we do when we're thinking about um psychedelic healing >> in in mental health, psychiatry.

>> Um so that really >> was just like worldview shifting for me. Um >> and kind of led me on this this path of continuing to, you know, volunteer and work with MAPS over the years. Um I worked on a couple of different clinical trials. Um and then you know throughout my residency was involved um you know with psychedelic harm

reduction um and and the the psychedelic research that's been happening. Um and now um kind of post residency post um psychiatry training and everything. I have a private practice where I offer um ketamine assisted psychotherapy and also um I do what we call psychedelic integration psychotherapy um where you know you're not doing the actual psychedelic therapy with folks but um kind of from a a harm reduction perspective.

We we're acknowledging and and understanding that people are going to be using psychedelics on their own and that you know lots of things you know content insights wisdom comes up during these kind of quote unquote recreational experiences and um by doing kind of supportive integration psychotherapy you can help people um get the most out of those experiences. So that's kind of what I'm focusing on uh now in my private practice.

>> That's that's so cool. I love that because I feel like a lot of a lot of places are offering psychedelic assisted ketamine therapy but kind of push off any other use of psychedelics that people are already doing.

>> So that's really cool. So at the time MAPS was doing the MDMA therapy and I guess that's that's still their big main focus. >> Um so what was that like when it was first starting and you were in medical school so like weren't even out and practicing yet. Um like what kind of things did you learn and Yeah. Um, kind of early on, like when I was in medical school, um, I I learned a lot about the the kind of psychedelic harm reduction angle.

It was as you said like really early on and um I because of the stigma I couldn't really talk about it you know even into my psychiatry residency um you know at at UCSF in San Francisco I had mentor or you know teachers and um you know other instructors and my my psychiatry training um kind of dissuadeed me from talking about it from being involved olved.

Training, Stigma, and Residency Experience

Um there was a lot of skepticism um about you know the efficacy of psychedelics um and certainly in South Carolina where it's a lot more conservative um I didn't really feel safe talking about it. So it it it didn't feel, you know, as comfortable or safe to talk about my interest because I think kind of at that time to talk about psychedelic therapy was also to kind of ally yourself as someone who was like a a drug user, you know, and the the stigma there and and not wanting to kind of put myself in that that position. Um even though that wasn't the case at the time. >> Yeah. Um, so kind of wanting to like avoid those labels. But, um, so what I really learned, um, kind of during that time, I I I watched I did some of the the MDMA therapist training. I watched some videos. Um, that's, you know, back then it was really in like the training was really informal. Now they have a very formal uh, therapist training program that takes place over months. Um and back then I kind of was it was really informal and and casual um learning and directly from Michael and Annie um on you know a few few occasions and um it was just it was so striking and I think this is what kind of led me to deciding that I wanted to do this you know as a career path was just seeing how people were these the participants in these clinical trials were so changed in the the MDMA clinical trials.

They do three MDMA sessions. >> It's Yeah. And it's like so it's it's so so few number of sessions. three times you're taking a medicine, you know, and that's having this impact where, you know, someone who has severe PTSD and they're suicidal and they're, you know, been hospitalized multiple times and their, you know, relationships with their families or their partners is disintegrating and they go from that level of functioning to, you know, starting a company or starting a new job or, you know, this just it's like a total 180. Um, and it's just like so amazing to see. And like at that time, like when you're in medical school, and I'm sure you remember this, you're being kind of taught in this, you're just like absorbing everything, right? And so to see something that's like just totally different than, you know, what you're learning in the textbooks and like from from your teachers, it was just really compelling. And I was like, I have to I have to do this. I have to be have to do what I to be a part of. Yeah, I know exactly what you mean. In med school, you're kind of taught a lecture and at the time you see it as that is the end all beall. That's what all doctors do. But what I've learned recently is that's just so not the case. And all of these alter like quote unquote alternative healing therapies, not even for mental health, but all all all areas of health, they can do a lot of good for people. >> Yeah. Yeah. And um there's something about I think meeting the patient where they are rather than being like in the western medical model we're so paternalistic and prescriptive that there's this idea that we know what's best for the patient. And a lot of times that's true but it's not always the case. And I think it's really important like when you're doing like treatment planning or you know in psychedelic therapy, we're setting

aside we're kind of bringing this beginner's mind uh perspective and we're setting aside like our assumptions about what's right and we're letting kind of the patient open up to their own inner healer, to their own kind of process with it. And that's it's so it's just a totally different paradigm than we have in in the kind of western medical model.

>> Yeah. Now we're seeing all the studies about psycho psychedelic therapy and also any other integrative medicine aspect and the studies are actually there. Like a lot of this stuff works. We just weren't taught it and so a lot of doctors still to this day assume it doesn't work. It's so interesting.

>> Yeah. Yeah. >> Was it hard when you were in residency? So you started out in med school, had this experience and then in residency you kind of just went down the the normal path as people do during residency. Was it hard knowing that there's these alternative therapies out there that you couldn't pursue as much as you'd like during residency?

>> Yeah, it it really was. Um, and I I appreciate you kind of pointing that out because like when you're in residency, as you know, it's like you're >> Yeah, you've got your blinders on. You're just kind of in survival mode, like getting through the, you know, 80 100 hour work weeks and, you know, just kind of surviving. Um, one of the things that I think was really helpful for me was being in a greater community of people like outside of my residency. So, other people who were, you know, involved in research or you know, volunteering with MAPS or um, you know, in the kind of psychedelic harm reduction space. having a community of people um like that kind of was this parallel like nourishment that I got like while and I I was really lucky because there you know are kind of more of us in the Bay Area than you know other places like if I had stayed in residency in Charleston it would have been a different um definitely a different experience um so it was really great having that kind of community support I feel really you know lucky to have had that and I actually wrote my or um I did my senior talk uh in residency on how I had this like parallel training program that I kind of created for myself. So like I had you know everything that I was doing in my you know regular kind of clinical training um I did a research track within my residency.

Ketamine, MDMA, and Psilocybin Compared

So I was able to do some you know psychedelic research um work as a part of my residency but then I like sought out like additional training like I completed the MDMA therapist training like while I was in residency >> and I did some somatic training and I did you know some other things that really kind of supported my ultimate goal you know kind of filling in some of the the gaps um of my interest. So that kind of made it, you know, and as my, you know, as you get further along, you have more kind of elective space or like your your your schedule is a lot different than it is like when you're an intern, for example. >> Wow. How did people respond to that when you did that as your senior project? >> Most people in my program know me, so they kind of knew that that's what I was that's what I was doing, but um it it it tracked based on, you know, [laughter] >> how how they knew me. But um I guess yeah it it was a lot of work. It was a lot of extra work. So a lot of you know doing kind of training stuff or read like tons of reading. Um, >> and I feel like what's kind of in funny, I guess, is that, you know, I I know a lot more about psychedelics than I do about, you know, different like, you know, anti-depress. I mean, I know a lot about anti-depressants, but like I feel like I know a lot more about Yeah. like the history of psychedelic therapy than I do about, you know, nitty-gritty of like psychoanalysis or things like that.

So, >> that's so cool. I actually had a a similar experience. So, I'm obviously in family medicine, not psychiatry, but I did my uh final year um research project about psychedelics, looking at primary care providers views on psychedelics. >> Yeah.

>> And uh I mean, similar to you, people kind of expected I was going to go this route. Uh but it was it was really interesting seeing the feedback when I presented it. A lot of people were they literally took the mic and said they wanted to try psychedelics after this. So, I don't know if that's good or bad for the residency program, but it was cool to see people's eyes open up to this whole different world. >> Yeah. Yeah. And reducing the stigma by like sharing your experience. That's so >> Yeah. Yeah. Like this podcast. That's why I'm doing it. >> So, you've you've worked with MDMA. Um, you do ketamine now. And then you have you've worked with psilocybin before as well, right? >> Yeah. On a group study. Yeah.

>> Since you've kind of done a lot of work with all of them. Um, what do you think about each of the different

molecules? Do you have one that you think works better or do you think they're really kind of tailored for specific disorders?

>> Yeah, that's such a great question. Um, I think kind of more the latter, I think, you know, certain medicines are better for, you know, certain things.

Um, one thing that I've learned with ketamine, so it's it's great for depression. Um it's great for um acute suicidality. It can be useful for anxiety. Um and it's not that great for trauma. Um so kind of knowing those things. So like with ketamine, it's a dissociative, you know, dissociative anesthetic. And so for people, a lot of people who have trauma, they tend to dissociate as a way to, you know, protect themselves from, you know, that's the like a a defense mechanism. And that can be really disorienting if you're, you know, having a ketamine experience and you're you're feeling your body dissociate. That can be kind of almost like retraumatizing or like anxiety provoking. Um, so you have to be really careful like it's not like a total, you know, contraindication, you know, for for trauma, but it's just not as as great. I think that there are once we have more tools available to us, MDMA is so much better, you know, from a neurobiology perspective, um, for, you know, experiential perspective for PTSD and trauma because of the way that it decreases our fear response. It tones down the amydala response um, and allows us to access traumatic memories without getting really overwhelmed and flooded.

And that's something that ketamanine or you know psilocybin or LSD does not do. So you know it starts to kind of separate out I think um and for for people who have um maybe more mood instability. So maybe like in the bipolar spectrum or um you know tend to to have more um kind of affect instability or have more like in the personality disorder range, MDMA might not be a great option because there can be a little bit of a a mood drop sometimes after. Um we don't see that as much in the we see that in recreational use for sure. um but we don't see it quite so much in the clinical trials which I think really kind of speaks to how important the support is and the psychotherapy aspect um for having you know not having that you know sometimes they they call it like the the Tuesday or Wednesday blues like after ecstasy >> um so we don't necessarily see that in the um the clinical trials but we're giving people follow-up phone calls like every other day after they take MDMA so if therapists are following up with them and so you're you're really getting this kind of you know tight container and support.

>> Yeah. So that's kind of a >> interesting. So I wonder I wonder if it's uh the doses that people are doing in a recreational setting that's also influencing that. But it's interesting that in the clinical setting you don't really see kind of the serotonin depletion as people call it.

>> Yeah. Yeah. Yeah. and like you know maybe it's just that you know having the extra support you're able to tolerate it better you might have more tools um that's one thing that I you know we can't really look at in like a like a clinical trial setup like we can't do the research design where we're you know not giving people the supportive psych you know so we can't really compare it um but it'll be really interesting like as you know this is you know once we get FD approval and we can do more comparisons like out in the wild um like what what we might see um you know coming from that.

>> Yeah, that's so interesting. And it makes me think of too the risk of serotonin syndrome which is a theoretical risk but in the in the literature so far it looks like from what I found you may know differently that there's been um pretty much no cases of serotonin syndrome when it's done in a clinical setting which I also find interesting. So, I'm wondering too if it's I mean people in a recreational setting might be getting drugs laced with other things or taking other drugs together, >> right? Right. Or yeah, being on an SSRI and like not reporting it or um but yeah, you're you're you're right. In the clinical trials, we don't really see serotonin syndrome. And we're we're we have a lot of like medical monitoring, really safe environment. So I think that's one of the benefits of the medical model for psychedelic therapy. I don't necessarily think that's the only thing that we should have available, but I think that that's a benefit of having the regulation. It's the safety aspect um because serotonin syndrome can be fatal. >> Yeah. gonna actually ask your opinion on what do you think about these drugs being legal for I guess you can't really delineate whether it's going to be personal therapy use or recreational but yeah what are your thoughts about um because a lot of people think that they should be legal but only strictly for medical use so I'd be curious what what you think about it >> yeah I really think that we need both the medical model so like FDA approval um so that we can you know doctors can you doctors nurse practitioners prescribers can prescribe these medications and give them in the safe container that some people need. Um I also think that that can potentially can keep other people

from accessing >> psychedelic medicine. So like people who don't have pathology for example who don't you know don't have like psychiatric pathology um they wouldn't you know meet criteria to you know they're not diagnosed wi with something for example it's a little it becomes a little more difficult to give someone MDMMA in a clinical setting if you don't have PTSD for example um you can you could do it off label but you have to like with as with you know a lot of things in in medicine you have to think about kind of medical legally like what's defensible in a you know in a malpractice suit you know how are you going to say like this is you know the standard of care for example so there's there's there's that aspect that you have to be cognizant cognizant of um >> but I think having recreational legalization of psychedelics in combination with a really robust public health education um system and safe spaces for people to use psychedelics.

Archetypes, Tarot, and Symbolic Healing

Um I think that that's as important because just like meditation and yoga or you know vaposa retreats or you know things that we're doing as kind of individuals um even going to psychotherapy if you don't have a diagnosis right um you know so these things that we're doing and Bob Jesse uh calls it the betterment of well people um Yeah, I really think that that's important. Um, and I think, you know, that we should be able to, you know, it kind of brings up the question of cognitive liberty, like do we have the ability, the freedom to explore our own consciousness >> with the with the use of, you know, you consciousness altering substances.

And I believe that that that we should um because I think you know the people that maybe if we didn't if we only had recreational psychedelics for example and we didn't have medical psychedelics I think there would be a lot of people who wouldn't be able to access that that care because they need that more you know they need more support or maybe they only feel comfortable in a medical setting. You know, I know lots of people. I have people that come have come to me in my private practice specifically because I'm also an attending at UCSF and so they feel like comfortable about having that kind of institutional connection. Even though this is my private practice, they feel a lot of comfort and safety in, you know, that that sort of like medical container or, you know, they're they're coming to see me because I'm a an a doctor, not a therapist. Right. >> Yeah.

So I I think that there you know and then kind of brings there's the other piece which I think is also important is uh religious use of psychedelics. I think that that's something that you know all three of these kind of arms um are being pursued in different ways and I think that you know to have a really fair uh productive psychedelic renaissance I think we need to have all of those things available to to folks. Yeah, I completely agree and especially what you were talking about with cognitive liberty and also going back to just how we diagnose psychiatric disorders as you clearly know very well, but it's it's wild how you can have one less symptom in the DSM and you technically don't have depression. And so it just points to the idea that mental health in general is such a sliding scale of not just mental health but just our mental state. And so I feel like it we shouldn't be the gatekeeper to whether people can explore their subconscious like you said.

>> So I completely agree and I I I just and I you know we have alcohol and other mindaltering substances that are legal and so there's other substances that are technically way less harmful to the body that I think should also be legal.

>> Absolutely. And that that's a really good point to bring up. There was the study that um David Nut uh did where he you compare the the relative harm of substances of you know different substances and alcohol and tobacco are much more harmful than psilocybin for example.

>> Yeah, I read that study. It's it's it's so interesting the the graph that they put and psilocybin and LSD are down at the very bottom and with nearly any harm to the body at all. Um alcohol is the highest. It's wild.

>> Yeah. Yeah. Yeah. One thing I did want to ask about um so I listened to the other podcast that you did and you kind of started to talk about these archetypal experiences that people have um on ketamine and other psychedelics as well, but I know you mentioned ketamine specifically brings up these very archetypal experiences. I was just wondering if you could talk a little bit more about that and how that helps us heal, if that makes sense.

>> Yeah. Um I I think kind of at this point I have um a more experience in medicine sessions with with folks with

ketamine because it's you know legally available and and that yeah and that's what you know at this point I I've done a lot more ketamine work with with people than than I have in the clinical trials. So I I've seen lots of different types of experiences and I think the idea of archetypal content is also it's a very uh yungian uh perspective. So like depth psychology um the idea that in within our psyches we have this there this kind of wide range of this of um archetypal characters within our own psyche. And sometimes and there there's a a a method of psychotherapy called internal family systems that is there it's it's kind of a similar archetypal perspective um but it gives people a language to talk about their experiences. So often with PTSD for example um they'll be a protector like some sort of protector you know and and so when we think about hypervigilance that protector has like an overblown responsibility and it's always on and so like you it you start to you know and maybe you have like an internal mother like an internal you know caregiver um a lot of people have like an inner critic um you know and we these little characters start to come come up. Um, and it just gives a way to discuss to to kind of have a conversation with with a patient about their experience when I think like as a society, as a culture, we're not really great about talking about our feelings, you know, and we're not we're definitely not great about talking about different parts of ourselves. Um, and so it just kind of makes it a little bit easier. Um, and I think in the psychedelic space so often, more often than not, um, the insightes that we're getting are symbolic and that's kind of it's it's not literal. It's not logical. It's not, you know, a teacher standing in front of you telling you what you need to change. It's like so much more symbolic than that. And um you know having these like you know being able to to discuss like with an archet type of lens um makes it a little more palatable maybe and makes it a little bit easier to step aside from the the literal translation. You know, because a lot of times with psychedelics and you see this a lot in in recreational use especially, you might get this insight that like I've got to quit my job, you know, and it's like, is it really literally that you need to quit your job? Is there something else that you need to look at? Often times it's not that you need to like quit your job and move across the country and you know, you know, it's more that like there's something uncomfortable that you need to sit with. And so kind of thinking about it from an archetypal perspective allows you to kind of work with the patient a little in in a like slowed down, you know, less kind of like action where we're thinking about like, okay, let's what's the next thing that we're doing. It's like how do we slow down and really understand like what that feeling was or what that impulse, you know, to what does it mean to to to to move or to quit, you know, and exploring that.

Yeah, that is so fascinating to me. Just the fact that when you take a psychedelic or even in the dream state or anything like that, your mind puts together this picture of archetypes that help you. You have to figure it out.

It's not just going to present it to you clearly, which I I think is so fascinating. >> It um it reminds me a little bit of tarot, which I know that you sometimes use tarot or oracle cards in your practice. I'll just kind of give a quick explanation tarot, but for me, tarot is basically a deck of cards. And every card uh represents a different archetype of the human experience, particularly with the major arcana cards, which are kind of the big archetypes, like you were saying, even there's the emperor or um the the empress, which is the mother figure, and then there's the minor arcana, which are kind of little day-to-day moments. And so, I feel like that just ties so well with what you were just explaining. So, I'm kind of curious how how you incorporate that. Like, do you use it during therapy or would you pull a card based on what archetype the patient is expressing or >> Yeah, that's a that's a really great question. I think, you know, depending on the patient, I kind of lean into that more or less.

Teaching Psychedelic History and Ethics

Kind of the same thing for astrology. Um, I have a a background in archetypal astrology, so I kind of will bring that in like transits and and that sort of thing. Um, the way that I think about it and the way that I approach it with patients is just like we were talking about archetypes, this is giving another it's it's giving more language to talk about our feelings or our experiences. And even if we don't want to fully buy in, you know, if a patient, for example, like I don't want to be prescriptive or, you know, impose my worldview or or a worldview on a patient, but um the kind of the idea that um we're giving another way of being introspective or self-reflective that even if you don't want to think that like if you draw a card that it's, you know, telling you something, it's a question to yourself, what does that mean to you? You know, like what does the moon card mean to you? Like when you think of the moon, like what does that feel like? What does that evoke? It's so much more participatory. And I think that that like using that as a tool can be really useful, you know, and I I use uh archetype cards um or like animal Kim Cray has an animal spirit deck that I really like that is really kind of neutral, you know, it it's not that doesn't go in one particular direction. And I think the the animal animals are easy to kind of connect with for for people. Um so I use those um

at the start of medicine sessions to kind of help transition from the okay I'm thinking about my day. I'm thinking about you know what you know what I was doing right before this or even like my intent you know my intention for my medicine session. And it helps transition from that kind of thinking into like okay now we're connecting with something different. we're connecting to this eracular space or this kind of um you know archetypal space or symbolic space um and kind of lets your like a different part of your brain kind of engage which I think is really helpful and useful when you're going into you know a psychedelic journey. >> Yeah. Do you feel like so do would you pull a specific card or would you kind of shuffle and draw a card and see what the patient about it? Yeah, I I shuffle and have the patients pick a card and then that's you know one of the qu one of the things that I really love doing um in that kind of starting a a ketamine journey practice is um asking the question what is something within me? So within the patient um that is supportive on my journey today. >> Oh, I love that.

>> And so then it's like it's already something within you that's supporting you, you know, it's like kind of like you can't lose. >> Yeah. Yeah. That is so cool. I I love that so much. And I I love tarot and I love psychedelics, but I feel like they do really go hand in hand together because like you said, they're they're more like symbolic experiences that help you explore your subconscious. >> Yeah, absolutely.

>> So, I know that you teach a course at CIS, the history of psychedelic medicine, and I was so I was wondering if you could tell us a little bit more about that course >> and what you kind of focus on when you teach it. Yeah, absolutely. So, teaching this course at CIS, the California Institute for Integral Studies in the Philosophy of Cosmology and Consciousness uh master's program or it's a masters and a PhD program.

Teaching that course is one of my joys. I I just I I really love teaching and I really love teaching this material and to um these graduate students. It's it's yeah, just one of my favorite things. uh that I get to do and I feel so lucky that I get to to do that. But the course because it's in a philosophy program I um kind of have it's not just a history of psychedelics. So like what I do is we we walk through the history of um humans using consciousness changing medicines.

So starting, you know, thousands of years ago, um, you know, in in caves in Algeria and like the the bee man murals on the wall, you know, and like the bee mushroom kind of the murals. So like all the way through into like visioning the future of psychedelics. So like I kind of use this timeline and you know we have these different modules and we have like you know deep history. We have like you know the the the history of like the 60s like the the 50s and 60s the current psychedelic um you know renaissance and the clinical trials that that were h that are happening now and kind of into the future. And it's a discussionbased course and um the questions that that we're kind of exploring are what are these kind of like ethical philosophical um dilemmas and questions that come up and we talk about like cultural appropriation. we talk about in so in the 50s and 60s was you know Timothy Liry's method of kind of spreading you know psychedelics to anyone and everyone or does kind of like a more elitist like giving psychedelics to specific people and having like that trickle down into policy like what approach is better and we kind of you know maybe there maybe one isn't better than the other but kind of exploring you know those those different things and So we kind of talk about different kind of ethical uh dilemmas and one of the things that we were talking about kind of in our um the last the kind of visioning the future and kind of the current moment is capitalism and psychedelics, you know, and like patenting psychedelics and like what does that mean and like who gets to own >> psychedelics, right? and like you know who how you know and and we can learn a lot from the cannabis industry and like kind of what's happened there. It's a little different because of the the medical regulation and that we'll kind of I don't think that like cannabis we will still have medical medical psychedelics. [laughter] It won't I don't think we'll have just like fully >> recreational like we do with cannabis.

But anyway, it's kind of those sorts of questions um that you know there aren't any right answers I don't think but it's I think they're really important questions to ask and to think about you know as we're you know we're actively right now creating the future of psychedelic medicine like in this moment like in this podcast as we're talking like we're helping sh we're helping shape the way that we're thinking about these things. So I think yeah I think it's important to to ask ourselves those sorts of questions.

>> Do you believe that or I guess not believe but um I'm sure it comes up in your in your course the idea of the stoned ape theory where psychedelics kind of helped our human minds develop through the ages and become higher conscious beings. >> I think it's definitely possible. Um, you know, I think Terrence McKenna um was the

one who kind of uh came up with that theory and I I think it's definitely possible. Um, I think that there's it's hard to know, you know, I don't think that we'll ever know for sure, but if you look at and I I learned a lot about this like when I was ex, you know, doing the research for like putting this course together, things like democracy come like the that like things that are very psychedelic >> are like things that came out of cultures that we're now learning use psychedelics. Oh wow.

>> So it's kind of it it you know I think that that's really interesting to kind of to to think about and there was a there's a really awesome book, The Immortality Key. >> That's what I thought you were thinking of. Yeah, I've read that. >> Yeah. Yeah. So that's a really great book that kind of talks about some of some of that stuff. So >> yeah. Yeah, that is fascinating. I didn't even think about that side of things, like the political development and how people Yeah. the cultures that did more psychedelics had this more democratic society. That is that's fascinating. That is >> Yeah.

>> Before we go, is there anything else that you'd like to share? Anything else about psychedelics that's on your mind that you think we should think about just like the philosophy questions and the ethics? Anything like that you want to leave us with to ponder? [laughter] >> Um, that's a great question. I think the thing that I think is probably the most important and I'm going on a limb by saying I don't like to to to speak in extremes but I think that it's it it's it is the the most important part of of this space and like what I'm dedicating a lot of my energy towards um is this kind of the the public education piece and the more that we understand about you know how to safely use psychedelics the more that we educate our friends, the more that we talk about our experiences openly, which is not always safe and, you know, kind of use use your best judgment in in that in that regard.

Public Education and Closing Thoughts

But the more that we share our our own experiences with psychedelics and I think that that's going to contribute to an overall safer culture because legalization of psychedelics whether medical or or otherwise is coming. Um, and if we if we don't understand the risks and how to use these things, you know, to benefit ourselves and our friends and our communities, it can potentially be really dangerous. So, the more that we can educate ourselves, the more that we can read, um, I love psychedelic.sup support. I love double blind magazine. Um there's a great newsletter from the psychedelics group at Berkeley that's uh led by Michael Pollen >> called the micro dose I think. >> Yeah.

>> Um >> I get that. >> Yeah. So the more that we can educate ourselves Yeah. the I think the better off we're going to be. >> I that's a really good point because it it truly I think what is scares people now is the stigma that was created in the 60s and 70s and a lot of that stuff just isn't true. I mean, of course, psychedelics aren't um completely harmless. They, you know, can do a lot in your mind, of course. >> But yeah, I agree. And thank you so much for coming on. I really appreciate this conversation. I learned a lot. So, thank you. >> Thank you for having me. This was a really fun experience and I appreciate you inviting me.

>> Wow. Okay. So, thank you all for listening to all of that. As I mentioned in the beginning, I really had so much fun recording this episode. It definitely filled my cup by the end of this conversation because the two of us share the same passion for demystifying psychedelics and educating the public about what psychedelics really do and don't do that people think do. So, I will go ahead and link to Dr. Willow's website and all of her social media channels if you want to learn more about her and her work or connect with her.

But now, as promised, I wanted to give you all a little taste of tarot after this little spiel. I am definitely planning on doing a full episode on the tarot because I truly believe it is an integrative medicine mental health technique that I have personally seen change people's lives in such a positive and impactful way. So today I'm going to give you a little sample with a single card. So this is episode number 13 of my podcast and today specifically is the first day of Scorpio season for those of you that know anything about astrology.

So, I figured what better card to start with than card number 13, the card that is associated with Scorpio and the card that typically is the one that scares people away from the tarot due to its misconceptions portrayed in the movies, but in my opinion, one of the most positive and healing cards in the deck.

So, I'm going to tell you a little bit about the death card. So, when the death card comes up, when you pull it for your single card pull or it comes up in one of your tarot spreads, it does not mean you're going to die. It does not

mean someone around you is going to die. It's really not about the physical body dying at all. It's not even the last card in the major arcana. It's actually right in the middle of the journey. So, the major arcana is the part of the tarot deck that starts with the fool and goes along the fool's journey and ends with the world. And death is actually right in the middle. The death card is a beautiful and transformative card that truly paves the way for rebirth and growth, which is why it's in the middle. Just like the importance of the mcelium populating the ground and clearing away decay to create new life, the death card is an archetype [clears throat] of representing finally an end to a vicious cycle which is often happening in your mind or in your life, not physically you as a human being. It can indicate a toxic trait or an experience that you finally put to rest. You let that experience die in order to level up and expand your consciousness. Without death there is no life. And even in French, and I do not speak French, so excuse me for my terrible French accent, but leit which literally means a little death is a term used for an orgasm.

Named because you transcend the body through this experience. And there is so much more that we could talk about. The death card. It's definitely one of my favorite cards whenever it comes up in a reading. But with that, I will leave you a little preview of what our next episode is going to be about. So, thank you all. I appreciate you listening. If you liked this episode, please subscribe and share so we can get the conversation started about integrative and psychedelic medicine.

Let's dstigmatize it and have open-minded conversations so we can fully explore what this could mean in the world. [music] >> [music]