## Narrative Medicine and Time

A long form ray when there was more time. Right. And now that we've kind of chopped up time. Yeah. Into small pieces to do 15 minute visits. And it's impossible.

Impossible? Yeah. Let's, like, visit history and physical and diagnosis treatment and put it in a chart. And you get me the room and say goodbye. See you later.

You know, it's too robotic. Yeah. It's the difference between a novel or short story. Yeah, and a tweet. And now we're to include where? We're just saying the 50 minutes till the minutes story.

Yeah. And I think what we're doing with narrative medicine is recognizing that even in a short time, there are still skills you can apply to expand it out.

Because we can play with. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

This is the first recording. 11 two 2024. Yeah, we are doing it. We are talking to our our ourselves, our, each other and, really coming together from, our stories, our lives, our experiences, our inspiration.

And happy to be here with you. You know, they've been saying they're very happy to be here. We've been dreaming about this and contemplating. Yeah, we've been designing.

We've been co-creating, creating. And, this partnership feels like it, needed to be brought out into the world. And it is being offered into the world with this, with the spirit.

Yeah. Making something new. Yeah. And quirky. It has to be quirky and dirty and has to wear all of those same. And yet everything that we are in the right here.

So the podcast is thank you Singing my God, tell me where you live, where. Well, we're both physicians. Yeah. Sure. Went to medical school. That's in the medical school.

You know, we go to, it's, you know, it's, it's a label. Yeah, yeah, it's, one of the layers of our identities. And we're also mothers. Not, and I love the love that comes from being a lover of mothers.

And everything that came out. But it came not from the vision of a mother, And the love of the mothers. And that connection, that mother is absolutely in there.

Pediatrician. Pediatrician. So we have been alongside mothers all the way higher careers, seen it, heard it, felt it. Yeah. Yeah. The mothers eyes. It speaks when a mother dies.

Yeah. This feels like a moment of speaking out these truths that comes from this perspective of being in medicine and motherhood. Right. That's always been there in the last couple of decades of our lives.

And we've both been kind of traveling in parallel channels almost. Yeah. Through our interests. Or are they parallel or. Right? They're in this never intersected.

They you know, I mean, they were we were side by side and then and intersected parallel also. Then somehow I feel like I was there with yours, with your story.

There's some overlap. Yeah. There's some overlaps there. Yeah. The weaving, the weaving. Maybe it's that we were weaving through each other's stories, but we never really recognized. Yeah.

The space between the weaves. Yeah. That's not true. Yeah. So. Yeah. Who are you? Yeah. Who are you? I'm now a podcaster. We both love our guest. Yeah, we just started.

We just started. And, you have just begun. I'm curious. I think you were talking about how curiosity has been a real central part of what you have brought into your every day.

Yeah. And I think, to be a mother and to be a physician, and now to get into it and have gone into storytelling and to recognize that there's more to the medical enterprise than just what we've been taught.

## Launching the Podcast and Shared Background

Yeah, has been a real big part of what drives us. Right? Been inside the medical industry and we've seen what's missing and we've seen it's good. But we also see this opportunity. Yeah.

And missed. Missed opportunity. Yes. Right. Opportunities. Missed opportunities. Missed. Right. Which now looking back feels like an opening place of discovery, a place, you know, reflection.

Yeah, yeah. Making meaning making meaning. Understanding and moving it forward. You know, let's move the story for right now. No. Yes, I love that because there's this kind of, almost an inertia that's happening in health care where we've kind of lost our way.

Yeah. In medicine, we rolled around. Right. You're swirling. So I'm going with this one. Yeah. Slowly. Yeah. I was kind of lost our way. We're like in medicine is this thing.

And medicine is that thing. And as healers, who started out being out of the box because if you're a woman and you're in medicine, you're already out of the box and you're an immigrant and a brown person and the person, you know, I guess color these days.

But, person from a mixed background, culturally, this displaced people, I would say displaced from one country to another to an up to one system to one, nationality and language and displaced and placed again and landing in the universe of America and the opportunities America and grown up to move seeking knowledge knowledge with something that was truly the thread that kept all of that connected, all of those displacements, all that understanding was like, oh, then we heard about this, too.

This is cool. You know, that's different. Wow. Why is that different? And why am I different? What the heck is going on here? So curiosity comes from a place which I never even asked myself, why are these stories?

Why is this? When does this curiosity them stop? I mean, I'm seen, you know, in medical school, engineering, traveled and learned and taught in research.

But I'm just like, I'm done with curiosity. I can't get to the end of curiosity. Are you done with curiosity? Until curiosity is done with you? Yeah, yeah.

Curiosity over done with us. And yeah, like describing the journey of learning, and how we, engage with all the different parts of our lives, the challenging parts.

So wonderful parts, the, the parts that don't really fit. Right. And still making them fit in some way that makes sense to us. So part of what we also did is not just learn, but also tell the story of what's emerging.

Yeah. And I think we've shared this narrative medicine interest and trust interest surprisingly that an interest what would you call it already. But it's it is it is medicine.

Yeah. Storytelling is medicine. Medicine okay. I tell your story. Yes. So before we start though, I want the audience to know that we are physicians. We are not getting medical fights so do not use this as medical advice.

This is a disclaimer. And we want to be able to talk about hearing without being prescriptive and also, recognizing that every person is unique and whoever is listening, if you get elements of this in your in for yourself and and using this as a healing tool or therapy or whatever you want to, but recognizing this is not an official diagnosis of any kind.

This is, you know, because every person is different and your story may be different, but there is that perspective that can be given to talking about cases, medical cases, that is, clinical cases.

And we talk and we talk about teaching and, sharing stories in medicine for the purposes of engaging with what it feels like or what that, that illness.

What does it mean? What does it mean to have a mental health, a mental health condition, chronic medical condition. Right. What does that mean? What is pain?

And all these things that we have a diagnosis label for breaking that open for psychedelics. But we do not want anyone to take this advice as medical advice.

Yeah, but what can be learned with this curious. Lens? Okay. Like that? Okay. That's my insight. Now, what's inside of that? Like absolutely. The lived experience, people, with illness is a very different experience.

And we don't talk about it very much. From that perspective, let's grow this outside of what it's traditionally been like. And that's give me an example.

Yeah. So, you know, to give you a case, I think what I will give you is a story of narrative medicine and how it kind of shifted it. So, my, I was doing this narrative medicine work, you know, doing workshops, taking students to go see art.

A good friend of mine, Ted Maia, who's an artist and patient, was showing art to medical students and talking about the lived experience of illness. Right.

And I was finding that the lived experience of being. Yeah. And how we can demonstrate that, how we can share that. Because that's an experience that's hard to share.

But and yet it if we don't share it, it creates a kind of isolation. Yeah. And a condition for where? Oh, you have this illness. Now you are this person labeling with that.

Yeah. Versus you can define. Yeah. And so how can we break out of a going. No, this is still a human experience I'm having. And whether it's call this or that, and how can I invite other people into my human experience, invite, invite, exit and then the word invite.

Yeah. So we want narrative medicine is the art of inviting people into, you know, let's, you know, creative healing way. Wow. I think we just like that.

And, you know, I, I, you, every time I talk about narrative medicine, you know, the question that's coming next while I'm, I'm, I'm passionate about medicine, I really am.

I love that concept only because it made sense. And I was curious about this new, new medicine.

## Curiosity, Medicine, and Storytelling

But the question I often get is, what is narrative medicine? Can you define that? Can you define it with this defined a possibility of what narratives can do and feel like there's like the definitions.

And then there's the lived experience. I think both of us came to it from a place of we are swimming in stories. We've both been pediatric customers. We've worked with really high stress and in really high stress environments, with families going through the worst day of their life, produce inner child children with children.

I would say in one perspective, the whole like the child and the illness. And why does it show that the illness. Well, what the illness does or what we consider illness is really sometimes not about this.

So it's just life, but it's also really the beauty of that expression of what happens in the context of that illness, too. I mean, it's not all bad, right?

I mean, it doesn't have to be. So we're kind of breaking the norms a little bit. So I think what we, you and I probably reached for narrative medicine as a tool to step out of the medical interaction and look at it from a different lens, like what happens when I take this interaction that just happened.

Yeah. And I put the lens of, somebody reading a novel. Right, right. That that's where narrative medicine comes from, right? Is that when we are sharing who, you know, has a PhD in English literature and M. D..

Yeah. But also has a, you know, a PhD in literary criticism and took the university and there you go. And coined the term narrative medicine. So going back to the mother of narrative medicine, I think she was looking at it like, oh, this is curious.

We don't have a way of talking about the health care interaction in ways that go beyond the labeling, beyond the interaction itself. How can we take it and study it and look at it and go, what else is in there as a human experience of exchange and meaning making?

That's happening as we're in the room reading, sometimes we'll be in the room and something will change on a dime and the mood will shift, or you'll read something about the text of people's body language where they're placed in the room.

That'll give you an insight and and there's no way for words to actually this, one patient told me that they were. They know now how they were feeling.

That they don't feel now, and they become aware of the emotions and feelings and sensations they don't feel like they're spraying from the edges. Brain from the edges.

I said, as you disclosed this beautiful term, a man who is stolen does not speak a single word, but speaks when coerced in conversation in the medical visit to one word, as they presented.

But as they evolved in their treatment, in the healing learning language, they expression of a feeling. What mental health, what depression feels like with those simple words right from the edges?

I said, wow, that is you have said something profound that I need to write down because now I understand some part of what that means. So you write and when that person feels heard.

Yeah, that that metaphor. Right. Framed from the edges. So imagine that you do feel it connected you both in a moment of meaning where he felt a bidirectional understanding.

Oh, she gets it. Yeah. In the quickest way that I could convey feeling or feeling depressed. And if somebody can

get that lived experience, that experience, like I walk around and I feel free.

Yeah, I had momentary experience. And so I think what what we found ourselves doing when we were in clinical medicine was trying to understand this other layer that exists.

And now that we've said to the psychedelics, we're finding it all here. You get to see down on, I tell you what drew me to medicine. Let's do in general, in general medicine was an unknown desire.

Did not wanting to be a doctor. I was like, no, that can be for me. But I wanted to be in science. And I figured, well, I guess that's engineering conversing.

The option between. And then there's you can be right. You got to be a lawyer, a doctor, an engineer. Three tries. And don't even think about being an artist or, you know, going on that creative side of your your space and head.

And I was I'm fascinated by math and science and, physics and that was it. My favorite class, my favorite teacher, miss Lee clinic, Clear Creek High School used to throw erasers at us and we weren't paying attention.

That was the day this gave us problems to solve that were just like, fascinating. Like, oh my gosh, do we get to solve like, what does it feel like for a mosquito to land on them?

What's momentum? Momentum is that, you know, that hits the windshield. The driving works, the momentum figure that, it's going at this velocity, mass, acceleration.

You know, this is the math. And we were like, real world made sense. Like, I remember learning about centripetal and centrifugal force and while making rotis with my mom in the kitchen and I was like, oh my God, I got it.

I got I can make a round. I know exactly what I need to do to put pressure on the periphery and as it as I'm making the routine, and this is the key to making them round.

I'm telling you, you make them round, you put them pressure on the edge of the roti and it moves and it rotates throughout and it becomes round. And I was fascinated by that.

I was just fascinated. And so my curiosity, you know, is just and I told you, I feel it in like the middle night. You have this, it just clicks, right?

And then you're like, okay, I got this. Now I got to do this and I make this so engineering requirement and I look stunning. But I don't get me wrong, I loved it.

I love studying and we have an engineer I know I love those in May. They know us design and you know, circuitry and chemical reactions. And putting it together in math and solving a problem.

It's not really right. And but it was very mechanical, I would say. Other than that, I didn't know how to talk to people on tape. I was a nerd, and I was shy.

And I wanted to, I was looking at a lab, doing, making glucose, you know, infusion processing, responding to infusion, and, you know, able to really learn what that fact that biocompatible can do in the body is an insulin, but had no idea what the heck insulin was for.

Why were we doing this anyways? I was interested in the mechanics. And then comes the time to do a PhD and I said I want to do a piece de. I went to my mentor and he told me, no, no, you don't feel, you know, get an M. D., you know, and we all know why when you do clinical research, it's okay.

That's what you said. And I applied to medical school the day of bio, and I had to take about as far as I know. But I took biology as a senior in college and I the first class, I was like, oh my God, is are you kidding me?

Like it's a in and it's so efficient. They are we have we the engineers do not know this. They don't know this. They don't know the mitochondria line up nicely in the heart and the efficiency of the mitochondria is because of this.

The, the connections as mitochondria are making each other. And how related they are equals muscle contraction. So I was like, oh no, this cannot be. This is not this is the body and it's a perfect machine.

And then I again curious and then came home and I've been thinking bedside manner, which I'm not so good at, because I had to learn that art took me to the didn't come naturally, but I had.

I was lucky in that I had to physician parents. Yeah. The model, the model. So my dad was a big story. Where were you? Where was I? I went to medical school, but then, you know, and then university AK you or you guys got a grant, you know, it's a it's a it's a connection.

It's a connection. It's a beautiful. Yeah. AK you absolutely incorrect 1992 to 97. Formative years of my life. Very young life and discovering. Yeah, I learned about medicine from the time I could remember.

Because in our household, we were constantly. My parents would always talk about this patients labs and what happened here and this procedure and what with this diagnosis was and everything.

So it was like I was brought up in a chatter of medicine. Yeah a language. Well, they weren't all they have, however, you know, and so I was kind of bored of it too.

So I but I think I was a storyteller because I was always reading, I was always, an imaginative world. Yeah. And to me, the language of medicine was fascinating because I recognized early I think subconsciously.

Yeah. That how you speak about something gives it away. Right. And then what narrative medicine turns into, because my dad, later on in life, when I was starting to do all these narrative medicine projects, this is the story of getting it.

He was, coming out of anesthesia once and his barriers were down. So he was able to overcome barriers. Yeah, his barriers were down. So he was a loser and which didn't usually happen.

Yeah. Which usually happened. And he let slip that he had been following my work with narrative medicine, the writing I was doing, he was trying to understand, oh my.

And it was coming full circle. So this is my dad on at of, you know, coming up, driving home after cataract surgery and so me. Yeah, just being himself.

And he drove home. No, I was right. Okay, okay. And then sitting next to you is totally loopy. Yeah. Like, you know, I've been reading this about this new and something, and this is a guy who has been in medical practice for, like, 40 years at the time.

Yeah, he lived, breathed the medicine like he was the doctor's doctor. That he loved to diagnose. He loved to do patient care all the time to it. But he would get frustrated in the outpatient.

Right, because he keep seeing that, hey, I have the prescription for you. Why are you not listening to what I have to say? Right. And you would get frustrated when people didn't follow through because he was like, I had the answer.

Like I looked it all up and this is going to help you. Like, yeah, if you want to treat your diabetes, do this. And you recognize at the end of the slide that sometimes people came to him just because he was a safe space.

And he recognized that sometimes you just let people talk. Yeah. And they'll just tell you what you you name them, they do.

## Narrative Medicine in Clinical Practice

They do when they're in full allowance and think, oh, not even allowance. It's like, sometimes it's nice to just witness, as they unfold. Yeah. Witness being witness.

But how big that is to me, making humanity and if something happens. But I didn't get to share then anybody. Yeah. It's like it didn't happen. But if I can share it with somebody, especially in the inner turmoil.

Yeah. Oh, I have diabetes. Now. Does this mean I'm a diabetic person? What does it mean for my life? And he realized that he just allowed people to have more type of talk, that he got to the core of their question a lot more efficiently than if he had just looked at it from a place of, this is your diagnosis, this is the physiology, right?

Right. And gets yeah, but he was revealing to me that he had been doing this, almost, you know, he hadn't recognized or maybe he had grown towards the skill set over time in medical practice.

Yeah. And then he recognized that what I was getting at matched what he was doing. Doing already. Yeah. And that it made sense from the human perspective.

There wasn't a term for it. Yeah. You know. Exactly. And I think that's exactly how you to start. I said, this is the same thing we've been doing with old school medicine.

It's sitting down having a conversation and he ain't. And and the doctor being advanced. I'm listening. Being present, witnessing sometimes holding the hand, sometimes writing, you know, writing down things that are important that made more sense when you think about it.

Some time when the case history and put it together, the doctor is the person that you see maybe about broader perspective and knowing the science. I mean, come on in medical science.

Science, you know, the medical science, the history of that treatment approach and having that knowledge and curiosity. Yeah, it has to be about curiosity, right?

I mean, I'm curious. He tends to say, okay, yeah, I'm curious about your problem. And I mean, let's be very present with it. Yeah. And question and question and, you know, they sit in there and and to the truth of it.

Yeah. Medicine is also a detective story. Right? I'm constantly reminded that Christine is such a fan. I recently borrow, Alice Maple. I don't know, makes me marvel, but it was her role with this accent.

Yeah, which I did, I would say, and I could never speak French. Oh, yeah. Yeah. Okay. Go on. So. So that's the thing. It's like we're getting at something.

So back to the definition of narrative medicine. It's what doctors and patients have always done, maybe subconsciously. And we maybe in a long form right when there was more time.

Right. And now that we've kind of chopped up time. Yeah. Into small pieces to do 15 minute visits and it's impossible and possible. Yeah. Let's take a minute.

This history of physical and diagnosis treatment and put it in a chart. And I, me the room and say goodbye to you later. You know, it's too robotic. Yeah.

It's the difference between a novel or short story. Yeah. And a tweet. And now we're to include where? We're just saying that 50 minutes. Tell me minutes story. Yeah.

And I think what we're doing with narrative medicine is recognizing that even in a short time, there are still skills you can apply to expand it out, because we can play with time.

Yeah. You know, one of the wonderful things about narrative medicine to me that was just so operational in hospitals, medicine was the idea of time. Yeah, the chaos narrative and the restitution narrative, you know, where,

oh, and somebody is in the hospital, the quest, the quest narrative.

You know, when somebody is in the hospital, they're in a chaos narrative. They have lost track of time. And so one of the things we recognized as I was teaching my students and everything going, you know, when a patient says that you didn't spend enough time with them, right?

And they're going, yeah, it's because for you it felt like a good chunk of 15, 20 minutes, you know, in a very busy time. Yeah. In a very busy day where you've given, you know, 22 people to exactly things.

And for them it's a small, small sliver. Right. But, you know, vast they that felt endless. Yeah. Right. You're waiting and you're waiting. And so recognizing that when you walk in the room and you slow down to their time line, right.

But sitting down and by just aligning, right, taking a breath and arriving. Yeah. It's called a certain setting in psychedelic medicine, man. This is the term and that's you know you know bro that everything these days.

So and I just took. Yeah. And I just took a breath and I feel like I just settled. So I'm going to settle in a little bit more now. And recognizing that yeah, we are dealing with how to play with time nowadays and how can we make the most out of that 15 minutes.

And so I think that's what this podcast is about is the medical, you know, the interaction, the narrative lens, you know, the lens, the psychedelic mind, and then the psychedelics and the integrative medicine.

Don't forget the science of it. Operation machine in this science boom, the art. Yeah, the spiritual, the heart, the body, the liver, the kidney, you know, the the thought, the desire, the sadness.

So healing is is not it's not just about hypertension anymore. Thank you as well. With the heart feels like I don't need to be in no rest mode. What's it carrying that's creating the hypertension.

Yeah. To which the the blood vessels are remodeling. Right. And the cortisol is pumping and over time what that does to a body. Yeah. So we're going to have cases I'm telling you.

And we're talking about this kind of healing. We want to be able to demonstrate or even review or even support or even if you have questions, I think curiosity, let's keep that label on.

Let's keep that going. And when kids are curious and they stay curious as long as they're allowed to stay, theories stay curious. With curiosity. We'd like to discuss cases medical, special and all together. How, you know, psychedelics is an opportunity, right?

It's a tool. Narrative medicine is a every two. The definition that I know have in science is a tool. Spiritual practice, right. Something together? Yeah. I'm so curious.

It's like that. It's like that big elephant in the room. In a dark room. Right? And we're all that comes from. Tell me about, you know, about that. But where that comes the elephant in the room is that this comes from a story.

And you're going to tell me about that story. Okay? That means you're telling me that. Okay, so it is a room. Now, I might be. I'm 7 or 5 blind. I don't know, has to be many men. They're not blind.

I see they're in a room. In a dark room. The lights are turned off, and each man is positioned on a side or part of the elephant. And it's dark and they're asked by somebody, I don't know, maybe this is the story, but maybe my interpretation.

It's a great thought. They are asked to interpret what is it that they touch and what are they touching, and to imagine, you know, and to disclose or express what they feel valued, extrapolate externally from whatever intention.

So one man standing by the trunk of the tree, the one I the gave right, the foot of the leg of the elephant feels the tree. And so this is the tree, of course it's a tree.

It feels like a tree. Come on. And it comes with the ears and the person's. This is him. And way and something like that. And so each person, the tale is interpreted and, they don't even they know what an elephant looks like.

They've seen elephants many times. And yet when the lights turn on and you saw something else of the same thing and it's you didn't see the elephant in the room, right?

You saw it totally different. I love that definition of the room. So it's like the most obvious thing, right? Right. Which is the, you know, interpretation of the location of that story.

But the elephant in the room goes beyond that. It's also about, philosophically, what do we see from what we are exposed to, right? A world our perception is exposed by what we interpret of that, the priors, the priors, the interpretation.

So all of these layers that we're bringing in are our ways of interpreting, but remaining curious allows us to remain open to the fact that we may not be 100% right.

Yeah. And that that's okay. Yeah. Because the knowledge is always growing. Yeah. It's co-created. Yeah. I love this one way that we read. And you can ask questions too.

What you're seeing is it like sitting image this I think this you don't stop it. But you know. Right. Premature closure premature. And I think that was one of the things that, I think as a medical educator, it brought me into the intersection of art and medicine was how do we get people in teams, for example, standing around the same patient, right.

Doing that interpretive dance of the elephant in the room. And they're all feeling a different part, because a medical student is looking at it differently from the attendee who's seen a thousand of those cases. Yes.

And they all have their interpretations. But how do we get everybody to hear the patient? And the patient has their interpretation, and how do we get everybody to hear about these thoughts?

Yeah. Everybody who's in the room. Right. And the lived experience. And how do we get them to talk to each other but also hold space for some a viewpoint that may not align with their own viewpoint.

Right. Because I think that's also the the layer that happens in medicine where if somebody's perspective is different from ours, you know, I don't really know how to handle it.

And in know right, we get challenged. We think we know pain when we don't know anything about pain. Right. Really? I mean, unless you have it, you know, we think we know.

Oh, I can take your pain. No problem. You know? And we think it's just one thing. Oh, yeah. It's gone. What's it out of ten which I hate that question number ten.

Tell me what the pain scale is as a girl. The right hand side. Right. You know. Yeah. And how we've reduced it. So the reductionism scales and it misses the big picture and how narrative and storytelling and moviemaking and perspective, taking all of these narratives and skills are so critical to us understand the full spectrum experience that that experience.

So going back to, oh, how can we remain open as we're going through medical training, which is seeking to be more reductive? Right. And, seeking to reduce somebody to their diagnosis.

And when we get stuck in that model, what happens? Not stuck, stuck physically. Clinically stuck is a good place. When you get stuck, you want to have good places to live, whether you want to in place.

That is where curiosity is in that stuck space in here is to use that space because it is in these new words that stuckness is meaning. So what is happening in that stuff space is it is we stuck in a place of I'm you know what I do with this, you know, mean or it's why am I here anyways?

Right, right. What's the action? Me here. Right. It's stuck in this place. Yeah. Oh, you know, why did I get here? Okay. You know. So how can we get out of this situation like that?

Or is the question, I mean, even important when you stuck on. Of course. Right. But there's another question. You're getting to the spiritual part of it, which is that when somebody finds that gap between who they are.

Yeah, who their true self is, right. And the likes of winning. Yeah. I think that's that stuck place with the disconnect. Yes. So within a column is stuck okay.

So if you're stuck on a case these present your case.

## Elephant in the Room and Perspective

You will have cases of stuck staircases in places and most cases stick right. I it's stuck. And then you come curious to that. You know, I mean, in psychedelics, a lot of our patients approach psychedelics because one of the kind of storylines that have come out of the psychedelic experience, you know, it helps you get unstuck.

Yeah. Right. It helps you move through the stuff. Move through. I find that 829 tell me more time to work. Hey, even recognize what you're stuck in? Yeah. This is like and reveals to you.

And what are you in, what is your setting in and your set state that you are in that is holding you or, you know, presenting you in imprisoning you? And sometimes, like English, is not all the way 100% of the because I think that, okay, this is this isn't really language.

So we around docs tell you with a history, our story. It's also part of the narrative as well in our narrative as humans and things and immigrants and people of color and ageism.

Yeah. Ageism in the norm. I think, you know, this is this. So I said, this is believe the other day I said, I think I've been a misfit everywhere on this planet.

And now it's okay. Yeah. And it's okay. Like it's, it's I think this place, well, you tell me about it will own it. Own it, will own the space. Yeah. And I think even coming from the ancestral spaces that we carry.

Right. And with nesting and others, global health, both global health providers, medical doctors served in many different colors of life. And, you know, countries and languages, and again, the story is universal, I'll tell you.

Right. The stories are universally known. It's a different story. It's time. But there's threads that are there cause yeah, yeah. And there's it's interesting to see that, of course. And we, we also talk about research.

We want to talk about research. We want to talk about cutting edge. We want to talk about hey, opening this up into throw this idea away. You open up them, open it up a little more.

Come on. Yeah we can do this. So absolutely I think that's what we are. That's the motivating force here, is that there are some places that medicine as a profession.

Yeah. Research as an endeavor has gotten stuck. Yeah. Right. And to bring it back to that stuff, places like where have we gotten stuck in? I think one of the frustrations we have sometimes is that the research, gets stuck at a really low level, right?

And doesn't focus on outcomes, for example, in, in psychedelic insight, in research, for example, beyond just proving the utility. Yeah. How the molecule is working. Yes.

What do we do with that. Yes. And so on that. What did it really do to this patient. Yeah. And their life and the transformation and you know yes. You read news reports but the news reports really just, skim over some of the real, highs and lows of healing.

Yeah, that we get to hold our patients through. And I think that's the that's the part that we're learning the most from as physicians. Yes. Even after 25 years and medicine, stepping into psychedelic medicine has not just brought up all of our clinical skills from a different angle, where we're doing the art of it and the science of it and the humanistic, relational part of it.

Yeah, but also the ethical side of it, which is how do you hold this medicine with this ethical stance? Yeah. Psycho spiritual part of it. Right. And we can, you know, really for the audience that want to know these things.

And I'm curious to, you know, our, our goal in this podcast is to, support, educate, case work. I would say, you know, patients who are seen and treated as individuals, their story bringing the elements of their story in the context of care and of that, you know, the context of who they are.

There's, you know, they sit and say psychedelics and aspect of that story. And, but what are we really treating or what are we going to be asking those questions, each person as they read these stack stories or as we this double stack story.

Yeah. What are we really treating? Absolutely. And here's the moment where we jump off into well, we can't. When you talk about the context of the person, you've got to think of where they live.

You know, the, the history of injustice, maybe, where in the societal fabric of structural injustice to the, you know, that they find themselves the intersectionality of their demands, their lived experience of health and well-being, but or illness, you know, how they were treated within the health care system, their history of incarceration and in cases sounds overwhelming.

There are tools to address these issues sideways, and that's what Narrative Medicine provides those that tool kit that helps kind of methodology museum location, the five minute visit really that can be real five minutes of knowing your connection.

Yeah. And how can physicians develop this capacity and a skillset to know that no matter where they go, with enough of this kind of perspective, they can really show up for their patients in ways that may not have been available to them before, and more just open up the sharing framework to allow in what maybe what the patient is already, you know, subtextual subconsciously asking for.

But we haven't been able to detect. Yeah, I know this patient here because they really just like talking to you. Yeah. And they do best, you know. And they want to be.

And you're the only person right. Not prescription that. Yeah. Yeah. We're going to like to say okay this person is here because we really get along. You know, there's this part of this, aspect that they want to talk to me about.

Yeah. So they're alive and they find some, meaning and coming and sharing that even in just that conversation. Because conversations are also living things, right, that you don't know sometimes if a conversation where the conversation is going to end.

Yeah. Based on where you begin with this, this is where the discomfort comes in. And the physician, right. And this is the next episode you, you talk about.

Yeah. We'll talk about the discomfort. Yeah. We go to discomfort I love that. Yeah I mean operating from a place of discomfort or uncertainty as a physician because there's a place of doubt and concern and and you mean you have to be able to be confident in that, you know, know everything you know, and you shouldn't know everything because you want to know more about, you know, from on what you learn, right?

Because you're constantly learning, that I think. Yeah. Let's talk about that next episode. And next episode is episode. Yeah. I think we talked about we are.

What brings us to this. Yeah. We're there is plain curious plays what nerve medicine can do. Yeah. We are too curious and too curious and nervous and feeling.

We are curious and narrative medicine, you know, we talked about what we do. We also talked about I want to talk a little bit about the naming of new kids and new, which we did that.

Yeah. So we're both of us that were two curious, you know, two very serious. There's a little, two and two, but there's been, you know, and also just thinking about being, you know, thinking about the two of us, you know, in our lives, having, been sometimes too curious, been said you're too curious, right?

Yeah. That's a negative. Okay. Right. Yeah. Don't be too curious. No, I know you. I don't want to be too curious now. Yeah, yeah. One of. Be careful with that, you know.

Yeah, yeah, yeah. You've been told that and your want to be curious. Thank you. Cuz I think this is I can go in the background check it out. Oh yeah. And that's a childlike quality.

Yeah. As pediatricians I think we both agree that, you know, curiosity is the kind of job of childhood, you know, playfulness. Yeah. And losing ourselves in that.

And that's the other place that we connected. Yeah. Connect them. It's an important aspect of the human experience that, I think over time we may, if we lose touch with that curiosity or when we lose touch with Mercury out there, if we lose something.

Oh, yeah. Yeah, that is that is where sadness lives for me. If I lose my curiosity, I know that will be a sad place and has been. Yeah, I, I just saw it in my head, that sad part of my life, which was not curious.

Okay. Like when we're stressed. So one of the things that we recognize, I think, as a practitioner and it's like a in your body's trying to talk to you.

Yeah. You know, you're always right. Like your body is sending you signals. Something about dying it's totally cool is it'll do its job. You know, and it's, Oh, my God, don't get me started on about the physiology, because.

And the brain in those type of is geology with the simplicity and spirituality. But it makes sense. So simple. It makes sense that it's so simple. It's not I mean, you know, just the heart beating the heartbeat in parallel.

Two parallel pumps that synchronize to each other. Yeah. You know, us. Bum bum bum bum bum bum bum.

## Stuckness, Healing, and Inner Wisdom

You know that when the, And the and spread and the, relax the tension and relax and attention. I mean, heart beats every single day. The first cell of the heart made in it from that one single cell to multicellular to this organ system.

It's been beating and annoying to our conscious, like, you know, to stay open. Yeah. So that wonder, that wonder, you know, doesn't that. Oh, synchronicity and what nature has to teach us.

Yeah. About how to live in balance. You know, the, the heartbeat. Like you're saying there's contraction and relaxation, interaction, relaxation. And that is such a lesson, right, of seasons.

And yeah, there's times when we're really active. Everybody who's behind us and the times that you're really relaxed and you respond and you want to be in both and flow through both.

And if we're not flowing through both in a way that is, you know, in balance and then we get stuck in a place, so we get stuck in, a certain way that we and certain, you know, certain channel. Yeah.

And then that is indicative of the pathology that's happening. Yes. Right. There you go. Stop right there. Indicative of that pathology indicative. When you get in there someplace, it's indicative of that stuff.

Yeah. But what happens, right. In that place of pain, however, don't forget the time is regenerating, right? It comes, you know, when you regenerating your your one part of you is illness.

Okay, let me go back to the home memory in trauma memory. It's just got it. This is out of sync. But there's, you know, the part. Hello? You know, I mean, I don't know why we treat hypothyroid the way we do.

I find that amusing now because I'm like, you guys are going to wait till the thyroid totally becomes dysfunctional and then you start paying attention to it.

I mean before that you're not going to do anything like it's only showing you little signs of some stuff. And you didn't even ask those questions. And I just sit down with them, you know.

You know, sometimes in their story they didn't disclose a few of that. So why wait? Let's heal the well. You killed the well, and the bad is not going to be as good, right?

Or whatever. Yeah, yeah. So you're talking about how sometimes if we're using only the science lens, we can shut down the story. Yeah. And because it doesn't fit into an already prescribed box, we may feel like there's nothing that we've done here.

Yeah. Or yes. Interpret or not. Get the box. We're looking at symptoms and looking at the problem, the box and making irregular heartbeats. You know, and so because we get to premature closure in something we don't remain curious about, like, well, what's really happening inside and what we do.

Yeah. Yeah. And so, going back to the heart and the relaxation and the contraction and the flow that we become available scenario. Yes. There you go, babies are right.

So we as practitioners of the body we recognize that. Oh there's ways and I think, you know science is backing this up immensely right now. There's ways that we can control the internal balance of our body.

Then there's something called inner healing intelligence inner healers. So maybe we talk about that, you know, how do we put the science and the art together with this idea that there's an inner healer, but there's a part of us that, yeah, you cut your skin, it'll clot by itself.

Wounds like. Amazing. I just cannot get over that. There's little fibrin layers. There's a little comes with a clot or like it's an army and I'm talking to each other.

We can always. Receptors are on line and just hit signaling. Send those platelets right over. We need them. Buddy. Can you rest? You know, how are they communicating what's happening and sit up.

And we do talk. And in seconds. Yeah. So there is an there's an ability of the inner healer that we see in these, in the material world. Yeah. But then we also talk about how there's an inner healer within all of us inside the spiritual world.

So when we go deep now, do you know, do you want to go into that realm? Spirituality? Are you kidding me? They're inspirational in medical medicine. Yeah, it is, because it needs to be right.

We put it in a box. Only talk about it. Yeah, but we put it in a box. Where? Oh, it's the chaplain. Yes. Right. So that's why this place in the US, you know, there's a channel where it goes, right?

Do with. And so that's so it's it's symbolic. Right. Is that the chapel is in one corner of the hospital in the basement somewhere. And if you're looking for a quiet place, you can go there.

But isn't there spirituality in every single patient? There is and is. This is what I appreciated. And I looking overseas. I really appreciated this part of walking into that place.

You're going to want to hear and see things people are doing. This is what it is. And in Western, as you dissect me, one is a this is the monitor. Look at the monitor, the, you know, heart rate and you know, and I'm oversimplifying, there's something be wrong.

I think there is a wellness component to, you know, I mean based on the studies that is coming that the eastern cultures, I'm sorry, they reach Western culture, that this is what it looks like.

It's, you know, they really do. I think because there's I mean, we grew up with that. I know I did grow up with all of it, you know, but some home beyond this and and have these too, like, and this rabbit here and I'll send you some and, you know, and this is the meaning of this song in our language and our culture.

And there was a ritual. There was, you know, a blessing or a blessing. We just be blessed, you know, we we bless the water. We, you know, we certainly.

I mean, I'm I'm certainly believing the blessing of the water. And that water is entering you and you, you know, it's it's sacred. You know, I had that in my, my repertoire memory bank.

And now getting to see. Oh, my God, that is important. And hello. So I had that. It pleases me you had it. You understand, in India and in the Middle East and.

Yeah. So when you, when we're looking at this psycho spiritual space from the perspective of healing, many different cultures, articulated a lot of different rituals, technology, and you can call it technology, like, oh, you know, there's words, there's voice, there's touch.

Yes. There's ritual space, there's incense, the smell, the sound of prayer. Yeah. Many voices remember entertainment. Right. And. Well, how sound is healing?

Sound is hearing. So we're all going back to the place beyond the separation, to a place of, I think, universal understanding that all human beings respond to some level of this technology.

Right. You hear the call to prayer five times a day, you know, some country. Yeah. And there's some sort of, kind of entrainment happening, you know, in your busy day, there's still miracles.

Yeah, there's still a call to your spiritual cell. Right? And you don't have to do it if you don't want to, if you're too busy. But there is a space for it, and it has to do with the time of day.

Yes. Right. So this idea that the five times that you're praying with, they have to do it. Oh, before dawn, that's a sacred place. Why can you tell me now what is it?

That would be okay with you five. No, no. Oh, right. So Pfizer. Yeah. Zohar, her answer is, yeah. So there's the five is, In Arabic. Yes, in Arabic. And, ones, the first one before dawn.

We're done. Before the break of night? Yes. Before the break of dawn. No, no. Light has entered into the atmosphere before the first break of the night.

It's in the, rupture. Yeah, for the first break. Right before actually, right before the first break. Okay. Now and then, what happens when you, as a human being, you know, on this planet, in looking at the dark sky towards the east, for example, you look up and you see the sun come up just a little bit, right and a right if you're right, you know. So yeah.

So there's this interesting kind of connection, time and time being something that's embedded in the natural world. Yeah. And the cosmic and the cycle and the melatonin, you run right.

That it connects with the event. The other right. The we are we are evolved today to wake up in the morning right before that's sort missionary pattern.

Right. Right. Okay then. So if you can can do that that's a spiritual space. Definitely. Right. So you're opening up and you look at the sky as light comes through right after you wait, because you have to pay for right before they go on this budget.

And then there's like the middle of the day. Yeah. So you're busy is before you eat. It gives you a nice break in the middle of your day. Yeah. Or, before noon. Right. That's us.

The the the horizon. It's like the sun is at the top of the tires, right? Right. So that's the time of day where you're like, okay, I'm going to stop in the middle of my business and I'm going to just drop into the meditation. Yeah, right.

And then same thing at the end of the afternoon. Yeah. So in the afternoon or the phone, I don't know what's the significance of that time. It's not always cosmic. I think that is because Mulgrave is right before the sun sets. Yeah.

This is before the sun set. Yeah. Because the sun sets the lower the horizon, right? Yeah. The image of the sun and the sun sets on the real center before the sun sets.

So somebody knew this, by the way, before science. Before we knew it, we enjoyed it. Theoretically. We intuitively that that was important. Yeah. Yeah.

So it's a technology. Yeah. It's a technology. And then then the last one is a the night and this prayer. So the middle of the night is prayers that, you know, so just even recognizing that eastern religion or philosophies, our, our technology.

Yes. Where our ancestors recognize that we are connected to something outside of ourselves. Right. And you can go back to every civilization that has tried to make meaning of this experience. Yes.

And no matter which way we go, we are connected. We are here. We are coeval to a grounded. We are on this earth and, in reverence to. Yeah, right.

## Spirituality, Psychedelics, and Informed Consent

Because in himself, in which is a really I think, grounding, space to be in. And I think that's where people who are coming out of psychedelic experiences.

Yeah. Go to and say, wow, I haven't felt that before. Yeah. Or I wish other people could feel them because it's a sense of being connected. Yeah. And so why is that healing?

Yeah. When you have, a mental health crisis. Yeah. I just, I see okay, that's the next episode of Insight Healing. Like, come. Yeah, that's a question.

I find that okay. Why, healing space. Like, why is the mystical experience healing? That's a great question. Right? With all these studies are showing us that when you do a suicide journey and you, the Johns Hopkins study that was shown, Roland Griffiths, who, just died last year, you know, his life.

Yeah, he did a year, to this idea of healing gone. Yeah. Of recognizing that the mystical experience was important. And then he created the mystical experience questionnaire from, I think, Walter Pinky's work and the Mystical Experience questionnaire has been correlated to the durability of the impact on depression.

Yeah. So it's like I mean, or any psychedelic romance correlates for literally it's to explain correlation. Correlation.

So if you take, 100 patients and you give them ketamine experiences or suicide and experiences, and you look at, you know, some people got better, some people didn't get better, and others the ones that got better.

How many had a durable, you know, durability of that effect? Like how long did that lasts for? And what they're seeing is okay, but then you measure the mystical.

Yeah. So you got a mystical experience questionnaire for all of them and break down the mystical experience. The questionnaire said, okay, so I do the for for if we do the for the team, there's 13 but there's a four.

There's a technique for that shorter. That's shorter. Yeah. So you do you know any time during your journey in your psychedelic journey, did you feel, that you were connected to something larger than yourself or, understood that something, sacred about this internal unity?

External? Yeah. You measure internal and external in terms of pointers, in terms of scale. Right. And, idea that I found that he came up with this questionnaire, by the way.

Right. Yeah. Right. And this all this work started from the 50s and 60s when, you know, Tim Leary and, yeah. You know, all these different people were doing all of this psychedelic work.

There was a lot of this research going on. They came up with these mystical experiences. They they wrote these down right. They were actually literally sitting there doing, these journeys and talking to each other afterwards. And what did you expect?

What did you expect? Yeah, there's something about those as well. Any writing quality? Yeah. No quality. No. The other thing is this knowing that sense of knowing which I this is not a new term for me or in medicine and in learning about it when I, you know, the work in the wedding, I actually have to look it up.

Yeah. Me too. And you know what I mean. And in affability. Right. Which is that it's hard to even describe in words. Yeah. And then words. What are we finding that this is a universal experience that anybody can have.

Yeah, we have it in prayer. We have it out in your work. Yeah. In connection like spiritual connection. Right. In your community. Yes. Particularly tension like that.

And in a way that's hard to describe. And, yeah. So what about this experience is healing is that is the question that I think they're trying to get at through this mystical experience question there.

And so as we look at the research now and we look at all the random mice placebo controlled trials being done, and they're trying to blind the, you know, the, the medication.

So the participants who receive the medication or didn't receive the medication, or didn't receive the psychedelic wouldn't be able to tell the difference between the two.

However, how do you blind somebody to this? There's nothing else in the world that creates this experience. You know, that you experience. It's big, you know, when you're having the psychedelic.

So I think that is one of the things we're learning as we are, you know, embarking on our journeys as scientists and educators and physicians in this field is yes, we have this framework of research that's built around pharmaceutical, discovery.

However, does that framework of research work here? How is it not working and what is it? What are the real harms that are happening from us not being able to, really translate the research, the translating these clinical experiences that nursing our patients Abbie into.

Okay. We play devil's here because I think when I, I'm thinking about the audience at this point and that's you base of there. Because I know here comes questions.

And second place, because we feel like we have known this and get this and the work that we're doing right now. But for the audience, they did, they know what they were talking about.

And maybe they do. Maybe they close to that. But what does it really mean? Like come on. Well, I mean, how the spirituality really healing you? I have I am playing devil's advocate and we don't stop to because I think I've told this, I have this disease called fatty liver.

I mean, come on, how is spirituality going to fix that. Good question. So you know Maddie liver and you know and spirituality. Yeah. It's not going to heal that.

And also understanding that people come to the word spirituality from many different angles. And understanding that some people have also been burned by spirituality from their trauma left to right.

And so there's religious strong. There's others I had religious, so yeah, there's I indefinitely full disclosure is that, this is not the be all and end all know framework and that this is something that is for each person to understand and create their own understanding of like, okay, what is this body?

What is this lived experience? What is this consciousness? What's my true self? What is my purpose here? Right. There's the there are all of these questions that I think we circle around and I and I love that, you know, the adolescent young adult is the space where we do all this work, right.

We can kind of confront that idea of, you know, who am I? And you know, what's my purpose? You know, and more and more, we're finding that that is a harder discussion to have because we get bogged down in some questions of like, you know, right.

Like, most of us don't have language for our own spirituality or, don't understand how our body and our lived experience of connectedness, are disengaged.

Yeah. Or from each other and from our own brain. Right. Or how does that interplay work? Right. Like, why is it that, there are times when I am in a training cohort, for example, with others who are also learning about psychedelics, and we're practicing what is, what the relational aspect is. Right?

So we're kind of discussing maybe our own psychedelic journeys or talking about patient places just like we're going to do. And we recognize that there's there there are parts of this experience that we can't put into words.

Right? But we feel it, feel it. We feel it in our bodies. We know how it feels. And then that there's a wellbeing aspect there that we've lost. Yeah. And so there is a dark place. Right.

And then I'm going to call it now then when you get to a template that's very advanced and there comes creativity there and thinking outside of the box, what else co-create.

What else comes from this place? Yeah, I think as physicians too, as we're delving into psychedelics, one of the things is, you know, keeping somebody safe.

So whenever I'm prepping somebody, I'm saying that, yes, this may change your worldview or doing this experience, going through this experience comes with the the chance, the opportunity for the risk of who you are.

You know, I look at it, that this may shift your worldview in to a space which feels unfamiliar, that calls into question or maybe even confirms. Right.

What you already always know. But connectivity. So how do you, make somebody ready for that and also open up and to be ready? Right. They have a some degree informed consent.

Okay. So that's part of the informed consent, which is unheard of in medical practice. Right. And what other informed consent are we saying? Yeah, this is going to change your life.

Are you going to be okay with some of the disruptions that maybe chemotherapy to me or when we send them back and you really get informed consent. Did you get an informed consent for your for your treatment of anything?

What kind of informed consent? I mean, informed consent is a whole ball of wax that we that yeah, we can we can unpack that. What is really informed consent.

How can you be completely informed? And is it consent if let's say you're in an emergency situation, you're like, yeah, just do whatever it takes to fix me, I don't care.

Yeah. And I'll take the risk versus, you know, how do you get into a space where this is completely voluntary, right. How do you do informed consent, properly in an experience where you can't quite describe in words 100%, no matter what, you do need to read every book.

There is a psychedelic. But if you've not had the psychedelic experience, you don't know because it's an experience, right? And it's a hard to describe experience because it is an embodied field experience.

It's also, an experience that feels connected to everything. And so I can say these words, but how many times have your patients coming out of a psychedelic journey who are like, oh, I did not understand what I was getting.

I know, right, it does happen. That does happen. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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