Opening and Guest Introduction

Ketamine obliterates that and you don't have agency at the higher doses. You leave the room, you're in your own mind. I call it a scramble and all kinds of things happen.

Forms, themes, strange things like talking with dead people who seem totally alive, which makes people think, oh, maybe they're coming from outer space, I can figure out how my mind would do it.

So it's very different. So with a kid, for example, it's very liberating from the intensity of what you're bringing into it. to having another kind of experience of yourself as imagination and freed from all that, freed from parental control, freed from your own control, freed from your own misery.

Of course, misery doesn't pursue it. Ketamine reliably is neutral to positive in terms of emotional valence. Welcome to the To Curious MD podcast. I'm Dr.

Ali Ahmed. And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience, and beyond.

learning more about the art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to the Two Curious MDs podcast.

I'm your host, Surya Raman, and with Alia Ahmed, today we have our guest, Phil Wolfson. Thank you for being here, Phil. I'm just going to read a short bio, although this bio is quite comprehensive and will cover a lot of things, and it just is a fraction of the things that I think we can talk about here today and you bring to this practice.

Phil Wolfson is the creator of a new psychotherapy modality based on the use of ketamine, ketamine-assisted psychotherapy. He's the CEO of the Nonprofit Ketamine Research Foundation and directs the training of CAP practitioners through the Ketamine Training Center.

now numbering over a thousand practitioners across the U. S. and internationally. He is the author of the Ketamine Papers and No, A Sun's Song of Love, Life, Illness, and Death.

He has been the principal investigator of the MAPS face-to-study of MDMA treatment for individuals with life-threatening illness. Dr. Wolfson's work is the result of an intense, now many decades long clinical psychiatry psychotherapy practice.

He is a founder of Progressive Therapeutics, Inc., an exciting new commercial psychedelic and psychoactive drug development corporation that is allied with his nonprofit.

The second volume of the Ketamine Papers is being prepared for publication in 2025. I'm really excited. Let's move that to 2026. All right, we've got the latest here, guys.

He was featured in lead articles in the New Yorker Vanity Fair and Oprah Magazine, and KRF's Research Education are training our leaders in this field.

Phil Wolfson is also a 60s activist, a psychiatrist, psychotherapist, writer, practicing Buddhist, and psychonaut who has lived in the Bay Area for 46 years.

In the 80s, he participated in clinical research with MDMA or ecstasy and has created nine patents for unique herbal medicines and ketamine. He was a founding member of the Hefter Research Institute and is a journalist and author of numerous articles on politics, transformation, psychedelics, consciousness, and spirit, and he's a graduate of Brandeis University and NYU School of Medicine.

Thank you for being here, Phil. That is just… And it is just such a beautiful honor for our podcast to have you. And you've been a beautiful supporter from our early days of the work that Alia and I started in this intersection of adolescent and young adults and ketamine.

And she and I, when we first connected, were just kind of struck by the fact that we're putting the adolescents in the young adult mind after, you know, it's an afterthought.

And yet the work that you did, the publication that came out in 2023, where you published the case studies of some of the select adolescents you used, really told us a story, really told us that lived experience of what these cases were that were coming to you, who these families were, how these illnesses were impacting them, and then how the transformation took place as you worked with them with these tools that you've developed.

So we're just really, really Excited to have you here, wanting to learn from you, and also just appreciative of the fact that this exists. The work we do really stands on the shoulders of people like yourself, and we're truly grateful for all that you've done in all these different ways.

So I guess my first question to you would be, what inspired you to focus on adolescence for the Ketamine Psychotherapy study? Well, I've always done adolescent and family work.

I'm a family therapist by background. I'm actually part of that whole family systems development that occurred in the late 60s, 70s. I was at Washington School of Psychiatry in DC.

So a lot of the systems theory and the evolution of ecological psychiatry, I was an enthusiastic contributor and part of. as we left the Freudian domain and the analytical work to have a more field theory to use Gestalt language of where people really live.

and they don't live just in their own hides, they live in their systems, their social systems, their political systems, their cultural backgrounds, their economic backgrounds.

But the considerations of family dynamics, cultural dynamics, all of that became more and more the focus of what we were concerned about.

Why Adolescents Became a Focus

and dealing with families and therapies. There was the work of Sol Mnuchin and others who really took on the idea that people lived in systems, people lived in cultures.

I had a love of that from the start because why am I a 60s person? I didn't come to it by background. I came to it because I grew up in the McCarthy period when things were so constricted and culturally negative And I finished high school in 1960. And as we began to move through the early 60s, a sense of the breadth of life and the breadth of life beginning to emerge.

And that's really what it's about. One could talk all about the difficulties of the 60s, et cetera. But basically, it was an opening, an opening of mind, soul, politics, political expression, You know it was a very confusing time in some ways and a very liberating time so I was an activist trying to stop the war in Vietnam.

I worked diligently on that through medical school, and I was part of building a community medicine world, which didn't exist up to that point. And I was very much a part of the social justice anti-racist movements.

And they formed me. I became a citizen of the world rather than coming from a little place in New York City that

had almost no culture. or very sterile culture.

And becoming a citizen of the world changed me probably more fundamentally than any other thing, psychedelics, Buddhism, anything. To become an internationalist, and I cry easily, I'll tell you why.

As a person involved with people from all over the world, and creating a notion that everyone has the rights, the derechos, to live and to live well has been fundamental throughout my whole life.

So everything I think that comes out of me relates to that as a spiritual, emotional, you know, cultural community practice. So that's the kind of philosophical background and the course of life I took on was studying Buddhism, moving in from Vajrayana, Northern Thirubhuism into secular Buddhism, writing about it.

But many different things appear as you grow older that look interesting and change you because you're getting influenced by so many things as we are right now.

So to go back to your question, I had two boys. And I say had because my oldest son, the book is actually called Noe, short for Noah. And he lived in San Francisco in Noe Valley.

I had two boys and my oldest son contracted ALL at 212 and lived four years with treatment. This is the early 1980s. He was diagnosed in 84 and he died in 88. That's why I cry.

So the stream of love continues to go on. And, you know, people take death and they say, oh, it should end after a year. Get on with your life. Oh, I got on with my life.

I had another child to raise. There's a wonderful man of 50. But the soul of a son or a daughter, is permanently large in one's being. And I'm grateful for the 16 years, even the tortured four years that I have with him.

So from my point of view, nothing moved me more or was better for me than raising children. I loved being a father. I really took it seriously. I took a year off and traveled with them through Europe in a camper wagon when they were 10 and six.

and that was the best year of my life. So the welfare of adolescents of children in general, adolescence in this case starts because we made a determination around age of when we felt comfortable using ketamine within a family-centered psychotherapy.

The welfare of children is a constant. I've always had the theory that if parents really were loving and thoughtful about their children, they wouldn't send them to war, and we wouldn't have war, because there's nothing worse than losing a child.

Nothing. for any reason. Okay, so I was doing ketamine work, which I started a long time ago. It's one of your other questions. I had an experience with ketamine, oh, in the year 2000 with friends.

It was extremely powerful and I was not naive to psychedelics. I had been very active in the legal period with MDMA and other substances developing psychotherapy that revolutionized the field because we were doing long sessions with people in intimate ways that really changed all nature of the interaction between therapists and the people we were working with.

And I was working with families. I was one of the few people who actually published a second paper on MDMA on working with families and working with mostly what I called it psychotic, but bipolar one individuals, not very effectively.

And I had come out of running an alternative hospital in the public sector. So it was very comfortable working with mental illness, quote unquote. So I had that experience.

It revolutionized my being in certain ways. I was sophisticated. And here was something that was totally different.

that in the Buddhist sense took away my sense of form and made me into an energy format.

And I felt the sense of death, but didn't die. I was comfortable with it. It was a very profound experience. I can still see parts of it now, you know, 25 years later, 35 years later.

So I didn't do it again, because I think when you have a profound experience, you get what you get. And then around 2000, about 10 years later, I formed a men's group, which has continued on a monthly basis.

Over 300 sessions, very unusual in the world. And I fountainhead for my own life and work with, you know, a small number of men who are very wonderful beings and we've been together.

We've kind of secret by wonderful beings for a long time. We're not very secret and people have written about us So we meet monthly and we've been a psychedelic group of practitioners basically exploring medicines and exploring culture of being in a group together for a very long time.

Out of that came my sense of respect for what tenamine could do personally, and I'm watching others, and I began to use it in a small way clinically. In my clinical practice, it's legal and off-label legal, so I could use it, and I developed this program of assisted psychotherapy along the lines that MAPS and Hopkins are done with psilocybin.

But more therapeutically, not as vibrantly as MDMA, but not as long. So ketamine lent itself to a three-hour psychotherapy sessions, which is what we do, an hour of which or more is under the influence of the medicine.

And it's a very flexible medicine. So I could do all kinds of low dose to medium dose to higher dose to sequential because there's no tachyphylaxis. and you can use it repeatedly.

And at one point, I felt confident enough to make a decision around very desperate families coming to me as a court of last resort and saying, can we try ketamine for our child or young adult?

And, you know, we're talking truly desperate, suicidal kids, eating disorder programs, kids who are at the brink of death, ICU, history kids. And so we began, we began and we set an arbitrary age of 14. I hope you don't mind me.

No, I think what you're describing, and I just want to really kind of summarize some of the things that you really are speaking to. One is your personal story, the motivation, the driving factors behind that story, the real depth of that experience of loss of a young boy and young child and a father, and what drives that impetus or that to do something greater for others as the struggle is real.

And I just came today from a funeral of a 19-year-old who passed away. You know, my client coordinator, her son was killed by a drunk driver in the middle of the day, 3 p.m., and died on impact.

19 years old, one actually, you know, his birthday is who's just around the corner. And that loss that you describe is, I mean, I can't imagine that loss that's just a loss.

I would have gone ahead with adolescence, and I not lost a child. But I am so formed by what happened to me in that period of time, because it was so drastic.

And a lot of things happened around it, which I don't have to go into. So it was such a traumatizing period for myself. But I would have done family therapy with kids no matter what.

And that's a contingency of our program. Everyone has to be in family therapy, even divorced families, which makes it harder to do the work. We can't do large volumes of work and we're collating and we're about to publish 21 cases that we have solid info on.

We're just finishing the tabulation, so hopefully we'll have a paper out.

as quantitative on adolescent young adult work with ketamine before the end and you're really you're really the pioneer in this field and really had to think out of the box to really get to do this kind of work I mean now we can talk you know in 2025 where ketamine is is illegal treatment for treatment resistant depression and there are now roads and avenues of support for and resourcing that you really have developed.

I rely on your book and we refer back to it all the time and the ketamine papers in particular. It's one of our standing requirements for my staff and the the therapists and nurses to really get the story, and it's written so well, I would have to say.

It's written in, historically, there's so many contexts, the contextual, it's not just a protocol book, it's actually got story and context and the history and the science, and I think it's important to recognize the psychedelic realm, as you've described that in your experience with adolescents.

I would say that book is a bit out of date, that's why. You need a new one. But I recommend a paper that Geeta Vaid and I wrote in 2023, which is a very complete paper on the kind of work that we do.

And I just would add, ketamine is off label for myriad things, not just treatment-resistant depression. That was a thing that was invented by the anesthesiologists and the academics who saw a vast market of unsuccessfully treated persons.

But we use it, PTSD, OCD, DID, all the main diagnoses. We don't use it for active bipolar schizophrenia, certain personality disorders. We see borderline personality disorder as basically traumatic in origin.

and think ketamines done well is successful with it. But with adolescents, if you don't mind, I'll give you just a few of the details around. Yeah, I'd love to hear some of the challenges of young people or what you faced during their treatment and how that's actually changed over time.

Tell us. Well, one of the concerns originally was the issue of brain damage. So people like FDA, et cetera, raise the issue of what's the critical age when children don't have brain issue development.

And it's probably three years of age. And for us, we've said to people, probably five. But we picked 14 because it's a period of adolescent growth. And what's remarkable in the way adolescents do handle it is that they do very well with ketamine.

may take to it. And even at the higher experiential dosages, they love it. One of my kids swims like a fish across the reclining couch. We just graduated one of the kids in the paper who is going on to college right now.

And she came at us highly suicidal with a terrible divorce family. And a lot of what we try and do is further kids' autonomy. So when you pick age 14 and up, you're in a position to really help kids with autonomy.

within the safety realm. And so, wow, she's truly autonomous. And why wait for something to be… Why wait? Why wait for somebody to become treatment resistant, especially in adolescence, because I think…

Well, she was on meds of all sorts, she's known for meds. We see ketamine as the first line antidepressant, a first line treatment. Exactly. So… And it works, it's effective.

Let me open it to more questions. Yeah. Tell us some of the challenges you've faced with in the treatment or with young people. And I imagine since you've been practicing, there's been a variety of different types generationally.

The largest issue is that children are dependent, and they're pretty dependent through their early 20s, if you remember. And the maturation process is not linear.

And they're dependent on people who are often squabbling, fighting. The issue is mostly the nature of the

environment in which children are raised, whether that's squalor or broken families or economic deprivation.

or it's quarreling, you know, middle class or, you know, wealthy people who don't get along, children respond to that and become, you know, they act out.

They act out the problems of the family. And so they act them out very, very severely at times. They will take it on to be the IP, that's an old concept, the identified patient.

They will take it on and threaten their lives and even make a serious gesture. One of our boys was in ICU for two weeks. He's graduated some years ago.

Another one of our people in the first report. So for that to have succeeded, we had to tame the father's rage a bit. We had to create a more sense of respectful environment in which the kids were okay because the 12 year old daughter comes to our attention while we're treating the older boy and she's saying that when she graduates from elementary school, she's going to kill herself and she has a plan.

So here's a family. pretty upper-class lawyer, and they have two kids, one of whom has been seriously suicidal, and the other is telling them they want to die.

And they're planning it, and she's a sophisticated 12-year-old. I didn't do ketamine with her. I referred her to a therapist and coordinated. We went through it all.

We got through it. But if you can imagine the nightmare of having two kids wanting to die, one almost dying, and the other threatening it because you're really in an awful discord as a family.

You know, you have to heal the discord. You're not going to get the kids safe unless you take care of the discord to some extent, including separation, which is hard.

We lost it. So you described your first ketamine journey and that experience of dying, that experience that people can have on ketamine. And you were much older and you had a framework, a philosophy, a system of how we interact with the universe, Buddhism having structures within it that allow us to kind of understand when we're in this kind of state.

However, how do we when you when you are having this conversation with teenagers for example and Yeah, let me give you a little a little discussion about Academy Depending on dose, you can use ketamine, very low dose, which we do to facilitate defensive relaxation and to facilitate dialogue much like you can with MDMA.

So you have to be skillful. You can use lozenges. You can use nasal spray. Off label, I don't use Provado. And you can use low dose IM. You can be very creative with low dose.

You can do it sequentially, you can use it for anxiety. It's an extremely flexible medicine if you do it well and very few side effects. So when you get up in dosage, it becomes what I describe as a meditative experience.

You are no longer rooted in your sensations. It's a non-aesthetic, and all your sensory drops away. So whatever resources I might have had consciously to help me with that experience, they didn't exist.

And they wouldn't exist for you. What would exist is your basic framework, but not a conscious working framework, because you're not in that kind of consciousness.

You're commenting. So my comments during that were, I think I'm dead, okay, but it's not so bad. But that was over a long visual stream of energetic forms of all sorts.

So you don't have agency at the iodosis of ketamine, which is one reason why ketamine is so obliterative of the now, and allowing people to move from here we are, Phil's talking like this, to he's going to emerge from ketamine, or having memory completely intact, unlike with ECT, but he's going to be in a reformative kind of consciousness

for the most part, not always perfectly.

And so that break enables a redoing of your being to some extent. The more rigid your personality in a kid or an adult, The more OCD, the more ruminative you are, the more you need more sessions, or the less successful ketamine will be.

But it's highly successful, and as you know as pediatricians and physicians treating people, the problems of people's obsessional states are the main problems that we encounter.

People grasping at this, this, this, and not letting go, and that's what they fight over. So ketamine obliterates that, and you don't have agency at the higher doses.

You leave the room, you're in your own mind. I call it a scramble. And all kinds of things happen, forms, themes, strange things like talking with dead people who seem totally alive, which makes people think, oh, maybe they're coming from outer space, I can figure out how my mind would do it.

So it's very different. So with a kid, for example, it's very liberating from the intensity of what you're bringing into it. to having another kind of experience of yourself as imagination, and freed from all that, freed from parental control, freed from your own control, freed from your own misery, because misery doesn't pursue it.

Ketamine reliably is neutral to positive in terms of emotional valence. So it's remarkable that way. There are many remarkable substances, but we're just talking about this one.

the imaginative mind and the access and the loss of that ego break your barrier, right? That blocks that sense. And sometimes the losing that sense of self is such a regaining of sense of self.

It somehow takes you back. It is. You're going to your West. You're going towards an essence that exists in you. That's that whole conversation about healing, intelligence, Michael Middhoffer and pioneered off Stan Grof, et cetera, whether that what that's about.

I have a critique of some of that. But there is for many people a sense of wishing to rectify, to handle, you know, things they feel badly about, to not be so reactive.

to be able to have balance and equanimity. Ketamine is about finding balance. So in that therapy of finding balance with children or adults, that's really where you're doing the integration work to help amplify that notion.

Yeah, I have found that working with adolescents and then adults as well with ketamine that their experience is remarkably different, at least in comparison.

Working with Families and Consent

Here we have an adult who has complex history, treatment resistant medication, alterations of their brain chemistry, substance, whatever history they carry in their body that's been over time.

And then you have the adolescent brain. which is young, it's less impacted or less absorbed by all the complexity of life. And their experiences are so correlated to that psyche, the beauty of, and how sometimes I think they're a little bit easier to treat because we're not layered by so much history.

But that's just my own opinion and their response is much easier than I would say with adults. I must have kids who smash up, no matter what you do. They go into the pair group, they smash up.

What would you say about that? Their experience? Tell us more. Well, I would say that kids have to learn to take care of themselves, what's good for themselves.

Kids do a lot of things that, as we know from experimentation, that aren't exactly well thought out. And some of

that's peer group pressure from someone who's pulling them into it or Wilder, et cetera.

And kids like adults are going to experiment. And in our culture right now, worldwide, because this is not confined to the United States by any means, Worldwide kids are doing 12, 13, which is very young.

They're doing all kinds of molecules that I think it's a little early to start. And I don't think they have the judgment and they're doing it in bad settings so they get into trouble.

Sometimes there are psychotic episodes or panic episodes or, you know, a kid fell off the roof of one of our local buildings. Of course, he was on a psilocybin, a mushroom trip, and he got very paranoid.

And he thought the cops were coming and he went up on the roof and he lost his balance and he died, you know, and psychedelics don't kill people or kill people.

Even the Matthew Perry thing was misjudgments, stupor doctrines. You know, you look at the history of MDMA or ketamine, there are no real deaths from the medicine.

They're very, very rare. And they're from doing stupid things in stupid settings. Yeah. I feel like as pediatricians, we talk about development. And I have this theory that I want to float with you that I think has been formulating, which is that when we have these kids who are struggling, their development is arrested.

in some way. That rigidity that we're talking about, they kind of get stuck, just like a flower that's blooming. Everything that a child has is within themselves.

It's what you talked about earlier, which is that unwrapping of the gift that we contain. And if it gets arrested at a certain time, because of whatever reasons, the environment, the rigidity of thought, What I find with ketamine is that increased flexibility allows that development to resume.

For example, I've heard things like, oh, I was too afraid to socialize, I can't make friends. But then they have this need, this already existing need that they know they want to be moving past.

And then after they've done their ketamine therapy or kind of have made a few of those advances and recognize that they're trapped in the in the cage of these ideas, it's just one thing that needs to die is this idea that they're depressed, that they're this, this is who they are, right?

And once we free them, that resumes. So in some ways, I feel like when we talk about adolescence, we're talking about an arrested development framework where if we remove the blockages, the development can continue as it normally would.

What do you think of that? Well, I think that's very apt, and it's supported neuroscientifically. So at the Trauma Research Institute meeting at Bessel Runs annually, I was just at, and there was a fellow named Teicher, I'm blocking his first name, an older guy at Harvard, who looks at critical periods of brain development in terms of trauma.

And there are incredibly important times when even with sexual differences, when, for instance, the corpus callosum uh which divides the brain is affected in density and thickness by trauma differently in boys and girls and this occurs you know at different ages i forget the name the the ages and there are myriad things around this that support the notion that trauma you know hinders development And we know that's true, whether it's neuroscientifically or neuropsychologically, that trauma keeps kids from learning, from growing, from thinking, well, they're reactive, they're amygdala-based.

And so one of the things that we talk about with ketamine, you may have seen it, is that kids get smarter. But I don't think that it's just that kids get smarter.

I think as kids get relaxed, they learn better and they're more available for learning rather than being in the, you

know, reactive trenches at the room.

So I think an important point. Yeah, I think that is, that is, you know, the psyche of the child, whether it be the adolescent or the child in a young age, right?

Even in utero, the rest of development that can occur in trauma, that's the ACEs. really demonstrate these studies. In your view though, just a question to pose because the adolescent of the 80s and the adolescent of the 90s and the 2000s and the adolescent of the now, the 2025, what would you say has changed in your treatment approach or in the treatment approach with the family, that dynamic?

I'm very curious to hear that perspective of time in treatments and the effect of that on the brain too. You're a relatively young person. You know exactly what's changed.

After COVID and even before COVID, kids went internal. The socialization of kids was broken. The overuse of phones and games and the introversion of kids and the substitution of the mechanical sphere for the real life sphere has been terrible.

Parents have a hard time restricting it. You know, middle class and above parents tend to want to go to work and have people watch their kids and they live two lives professionally, not really focusing on it.

And so, you know, kids are abandoned into their world of a play, but not playing like, you know, when I was growing up, where we played together on the street, had fights, you know, played stickball in New York City, you know, played handball, and hung out.

We had friends, friends groups, and kids, I think, in school are having them, but they're also much more isolated within their own domains, and even within their core groups they're doing Hey, they're doing 15 year olds and I see across the country, then with various gaps are doing quite a bit of substances 15 and up.

I think that's true in Europe as well. We're watching massive use of medicines. from street level in Europe, Southeast Asia, it's true, Brazil, it's true.

So, you know, the kids are turning inward, using in groups and not being particularly involved or invested as much as they were or could be in the life of the mind and the life of the body.

So I think that's what's changed and I think that's very difficult for us and with AI It's not going to get easier. Not easier. Let's talk about this.

When you've got a teenager and you're considering this treatment and you've talked to the family, how do you talk about this aspect? How do you tell between therapeutic use and problematic use?

How do you engage the kid in this conversation of, yeah, we're going to talk about ketamine and we're going to talk about it as a legal medication, but there's also street ketamine.

And I'm the person in the middle here telling you, you know, what's safe and what's not, and how do we hold that? And I know that's a big question. Well, it's a wonderful question.

We have produced guidelines, which are singular, and I hope you can get a hold of them. We're distributing them widely. They're illustrated. Oh, there it is.

Thank you. And we have a new one coming out. We're just working on, which is about people getting in trouble, how to deal with it, kind of a 12-step approach.

So I was just finishing working on a section of this. So we're going to publish that. That doesn't mean kids are going to read it. I mean, this is probably older people are going to read it.

The conversation with kids has always got to be is what do you think you're about? It always has to be a turning from me telling you, you know, this is good for you.

This is bad for you. What do you think is good about this? What do you think is bad about this? Let's talk about it. It has to be a relational aspect.

And when you do relational aspect rather than top down authority, you know, unless it's an issue of safety. If I saw, so for instance, you know, we have various ways we use ketamine at home through parents, okay?

So we have kids who burn, as you do. We have kids who cut. So what we're trying to teach kids over time, it doesn't happen instantly, is that they can request a Wasinger of ketamine.

We only do Wasingers at home. and that they can take that when the urge to hurt themselves, damage themselves, occurs and chill. It's a half hour chill.

Okay, so they have to go to their parents, parents have to be present, handle giving them that, everyone has to be instructed. So we're trying to develop a kind of sense of how do you chill before you do the damage, right?

How far we'll get with that, it's a good strategy. We'll get somewhere with it, I urge it on on people. But I think it's a dialogic process. The more you say to a kid, don't do this, the DARE program, for example, was a terrible failure, because people would come in and say, you do this drug, you're going to die.

Do coke, you're dead, right? Well, kids had already done coke, and they weren't dead. And they saw friends, and they weren't dead. So they kind of dismissed it all.

as it would deserve, because the real question is, what do you think doing coke does for you? Why are you interested in it? What have you learned from it?

What will you learn from it? What do you think the troubles are? Do you want to talk about what the troubles could be? Do you want to talk about doing things safely?

Do you want to talk about where you buy it, from who you buy it, safety? So it's becoming an issue of harm reduction. which i think maps is pioneered well with the zendo and then is right now at burning man with zendo so i think that's true for kids too it has to be a harm reduction thing and parents have the right to say i'm not giving you any money you know to buy drugs you know your allowances cut off I'm not supporting you at all I don't think you're ready for this I think it's really bad and that's the safety thing that doesn't mean that the kid won't go out and borrow some from someone else.

But a parent saying that needs to say that with I see how your school work is not doing well. I see how you're getting caught up in this. This is not a good place to get caught up in.

I smoke weed and I do it. You know, I had a bad period and I learned from that or I've managed to stay in control and I've done other things. But I don't do them regularly.

And I think you're too young. And I and I don't want to support your use. You know, parents need to take a stand. And the kid may defy it, as you know.

But nonetheless, the parent is not saying I'm going to kill you if you do it. The parents saying this is bad for you. You're too young. I don't really want to see you get in trouble.

I love you. Let's talk. Let's be friends. Yeah. Or even in some cases, I wrote this as a thing years ago in the maps, a bulletin about raising kids in a drug environment.

what you do, what you show. So a lot of parents get caught in hypocrisy, right? They're in the basement smoking weed to hide it from their kids and the kids smell the weed and they know the parents are doing it and the parents

come upstairs and they say, oh, you never should do weed.

Well, the kids walks at them and says, well, okay, what were you doing downstairs? I really appreciate you bringing in the family into the conversation and to the care of the adolescent because often the adolescent is targeted as the one where all the illness exists and really becomes a scapegoat.

One of the things that I've always been, and we've talked about this in the IACAP conversations about consent, you know, the rights to mental health, the rights to mental health care in California, and then having consent with the adult in the room, which is, again, puts the patient in the center of, well, what do they want?

And do they have the, they should have the autonomy for consent and why, but ketamine is, when it comes to consent, still requires, I mean, what is your belief in consent?

That's a very good point and a difficult one. So in many families, you have splits. One person will say, I really think we need to try ketamine, for example.

Or I don't disapprove of his smoking weed on weekends, not during school week. And the other parent will say, no, ketamine is dangerous. You can't do it.

And I won't approve it. And then you as a physician are in a position of not overriding that parent. You cannot give the kid ketamine. And if the kid is not in a position, the kid can vote, okay?

I vote. I want to do ketamine. No, I don't want to do ketamine. The kid can vote, but the kid's vote is not consequential compared to the disunity of the parents, the liability that we live in as physicians in which, you know, you could be sued for disregarding it.

So you really need full permission, certainly till 18, to go ahead with a child. Thank you for addressing that. Have you ever had an adolescent gift consent and then say after maybe the first one, say, nope, I don't want to do this anymore?

Has that ever happened? I've had kids who didn't like it. So they dropped out.

Adolescent Development, Trauma, and Modern Risks

And in our study, three or more sessions were really necessary for effect. And some kids didn't like the experience, some kids left and went to to back to school or other places.

So our end is restricted when we look at kids who did it once or twice. They didn't get much benefit out of it. So we've had kids who certainly dropped out, but they were the minority.

A lot of that is because of loss of control. So ketamine, even at low doses, the first stage of getting used to ketamine is letting go of it. it teaches you to let go of control.

And if control is really uppermost in your mind, I can't stand to not know where I am, what I'm doing, who I am, even though they may do it with friends, which is part of the contradiction, they may not stick with it.

We haven't had parents come into it and withdraw. We've had some lack of successes, Some of them are very tragic. We had a family with two physicians of backgrounds like yours.

They had a daughter and they were divorcing. I think one was Muslim and one was Hindu or forgotten. And they were not getting along. And the man was pretty anti.

But the daughter was in this excited state of wanting to die. And she was 14. And she came to us saying, oh, I am so happy. I want to die. Just let me die.

I'm so pleased to die. I really want to die. And she was doing things to get herself dead. And she had been in an institution. And bang your head, the institution couldn't control her.

And they threw her out. Institutions have limits. And so the mother prevailed and came to us And we agreed, knowing we had almost no chance of prevailing on her, but she was gleefully talking about dying.

And when we would export without the medicine, all she could do was talk about this. And as we export, well, why do you want to die? What's in it? Yeah, there was mild stuff about peers and not belonging, but it was psychotic.

was truly psychotic, meaning that her wish to die had no correspondence with causation, with situation. So we ended up doing very rapidly, three treatments.

Of course, ketamine is very good for suicide. And the ER is really good for suicide. We've used it. We don't do acute suicidal work. But it's really the medicine for changing suicidality.

Lori Calabresi in Connecticut has a large number of IV cases around young people with suicidality. But she just ate it up. And she couldn't stop. And so tragically, we had to release her into a deeper institution where she was still going for it.

And I lost track of whether she actually survived. I don't know. So it was a terrible failure, a terrible experience. It was an academy failure. Academy doesn't treat that kind of psychosis.

And we couldn't. We couldn't get near it. And the parents were doing family therapy. They're busy, you know, triangulating. They tried. The woman really tried hard.

The man kind of went out on a limb and just left. Well, I had a patient very similar. Well, not similar, but maybe similar. I'm not sure. She came in with acute suicidality.

She was a young adult, 21 at the time, and she responded to treatment. Then third or fourth session in, and she started to report that she would rather be there than here.

I mean, and in the session, I mean, the dissociation from reality was her desire for her reality. And it was in conversation that came up in ethically, like, is this the right thing now?

The treatment has the suicidality, Yes, it did abrupt that, but then it re-triggered her need for that access to another state of being. Well, you put your finger on the point of departure, so people get hooked.

want to be in the elevated state that they get into. Now, almost none of us do. But those people who are ketamine-dependent are people who are manic, basically.

They're inflated. And they love the state they're in because they're avoiding all the pain of this world. They're avoiding all their personal pain, family pain.

Orc pain, all the rest. And those people who turn on to ketamine for that to be inflated are the ones who are at risk. And I haven't seen that with a kid.

Yeah. I wanted to ask, and thank you for bringing up this question, because number one, we know that ketamine has this anti-suicidal effect. And so I'm curious about how you think that's working.

What's the mechanism? I think it's the psychological effect of the continent. So we can't really, Soraya, separate out the biochemical neuroscience effects, whether, I don't believe it's neuroplastic, but it's interestingly glutamatergic.

We can't separate out nor see what an MMDA receptor is like. So one component seems to be the ketamine itself. When you look at studies like Alice in McKenna's study, the meta-analysis of IV clinic results, the success rate was

29.7% for full remission from depression with successions or more, 50% of some improvement.

So that's kind of like your placebo control. This is with no music, no fancy bells and whistles. There's someone in a room with an IV, and no one present for the most part.

A drip, which I've seen and watched. OK. So that's kind of like what you might think is the biochemical effect, except for one thing. The second component is the psychological, emotional component of letting go.

So even in the IV clinic, though there's no integration following, there's an experience of letting go. So there's a reset, right? So that reset seems to me to be critical.

And if we do it enough times with integration, good integration, then I think we see the psychological effect predominating so that people are less reactive, more attuned to balance and being out of balance and rectifying getting back in balance, because people don't find pleasure in being out of balance unless they go really out and they're fried and they're just completely drunk or whatever.

You know, there's plenty of good examples of being, you know, finding balance through strenuous athletic activities. Basically, people know what balance points there are and when they're about out of balance.

Some of us go too far. If you do, you know, Robin Carr or Harris's idea of the, what's it called? The brain. Oh, the anarchic brain or the chaotic. Entropic.

If you look at that, when people go too far into the disarray, then it's different. But otherwise, people really want to be in balance. So there's that interruption, which is constructive because mind continues, unlike with shock.

And you know, psychiatry has a long history of putting people to sleep and thinking that they'll wake up okay because they forget where they've been. Ketamine does something a little more profound than that.

And I can't explain it entirely, hopefully someday we can. But the more we grace it with input of a psychotherapeutic nature, family therapy if it's appropriate, relational therapy, couples therapy, And the more we provide integration after the session and follow-up, the more successful we are.

So we're about 80% successful, and we take a lot of difficult people. We're not perfect. It just came across from two sessions this week, three hours duration, with people not particularly stricken but in longer lives in their 60s who really had a history of suppression, and living quite in a cage who've opened up after two sessions, I don't know.

I need a third one. I have a question for you. What's your favorite integration activity, both for yourself and then what's your favorite integration activity to recommend to families who are going through this treatment?

Well, integration is the coming down experience. So I don't know if I have a favorite integration, eating some… It's about talking about the experience when you're doing it therapeutically, being close to someone, really inquiring where they've gone, what's happened for them, and trying to make a kind of hypotheses of how this fits into getting past trauma.

or putting trauma behind, which ketamine does really well on making PTSD more remote. We have an acute trauma program that we have been trying to put into war zones with low dose ketamine.

This is really great for that. So ketamines are very flexible medicine. So why do I, eventually I want to have something to eat because I haven't eaten anything.

And, you know, I want to hang out. I just want to be gentle. To nourish this body that you're returning to. I love that feeling of feeling ourselves come back.

At our center, we give a little bit of a nourish bowl and we choose the right combination of a little bit salty, a little bit, you know, natural whole foods, all organic.

And I tell patients, when you eat, just reintegrate with that taste, that sensory awareness that you have right now as you're coming to. It awakens, and they just love the nourishables.

And it's the same standard nourishable that we give each time, but it invites them to really, again, become reacquainted with food, especially with depression.

I think anxiety and trauma, I feel like the taste is gone, goes. I've been a vegetarian for 30 years now, and recently I've become a sushi eater. All the Kutramans are making sushi, vegetarian sushi.

I like sushi now, so that's wonderful. Another integration practice. Integration is the enjoyment, the enjoining with life. Well, it's been an absolute treat.

In the Buddhist sense, we say embracing life. It's about embracing life, diminishing the activity, pushing the activity aside when you can, and getting on the path of kindness.

Thank you so, so much. And we end here, but we still have to end with a question because we are two curious MDs. And the question that we want to continue is, what would be a curious question you would have for the audience, for us, or for this concept or this idea that we talked about today?

And it's open to anything that you feel. All of this, the world's in a difficult place, as you guys all know. Yes. And we don't know what's going to happen, and it's never been this bad.

And we're all facing challenges of hopefulness, hopelessness, what to do, not knowing what to do. How do we ride it against forces that are growingly strong and destroying civilization?

So the only real question is, How do we develop kindness between ourselves and each other? Respect and tolerance and sharing. And so any of this, if it doesn't promote this, why do it?

Yeah. How do you promote kindness, Moon? How do you promote kindness? No, no. How do you promote kindness? How do you promote kindness? I mean, that was a question, right?

How do you actually promote kindness? By listening to you well. not interrupting you too often and respecting what you have to say and being gentle and thoughtful and in dialogue.

Yeah, thank you. So true. Caring about what your life and your mind and your soul and your being are about. Caring. Caring. Listening is caring and thank you.

I don't have to know you well to behave as a caring person.

Integration, Kindness, and Closing Reflections

That's right. So true. Thank you so much. I have to say, I can end on having been a physician in pediatrics at the front lines and with families with trauma.

I have to say the last two and a half years of doing this kind of work with families has really been healing. for my own burnout. I imagine medicine was one thing, and now I get to include spirituality.

I get to include that relational aspect, the kindness, and really see transformation occur. And that has just, I think, been life-giving. I'm honored and delighted you've hosted me.

And let's stay in touch. Thank you. That's all for the community. I'm glad to be in touch with you and respect your work. Thank you for doing it. So I'll tell our audience we will be expecting a part two.

A part two with Phil Wolfson is on the right. Tune into the Ketamine Research Foundation. Look at our website. There you go. Yes. Thank you so much. Thanks for joining us on the Too Curious Andy podcast.

We hope today's episode inspired you to ask new questions and explore fresh perspectives. We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health and wellness.

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