Opening on Healing-Centered Intake

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So I give them a few minutes to settle into the room I usually enter. Then with my computer, after having kind of reviewed the intake forms. Our intake forms are designed so that they're open ended questions.

Getting to the crux of the matter, sometimes making sure that all those checklist questions are also answered, but really getting to sometimes those questions.

And I think the questions of when you what you ask in that initial interview or evaluation, whatever you want to call that is very important. So I'll sit down and I'll to down.

After reviewing everything that the patients entered into their record and ask those that question of, you know, what brings you here today? Where are you at today?

What does it feel like for you today with all the things that you're going through, what are your struggles? And that starts our conversation. Getting to story, getting to the narrative.

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.

Oh yeah. Thank you so much for being on this podcast today. Harriet is the co-founder and medical director of Shaman's Healing Center in Sacramento, California.

She's been a psychedelic medicine practitioner with an integrative approach to treatment resistant mental health conditions, and has been a practitioner for two and a half years, in addition to all of the other achievements.

So let's jump right into what drew you to psychedelic medicine. Psychedelic medicine to me, makes sense now. It probably should have made sense a long time ago, but it was a culmination of things, actually, and a natural draw to help in patients in really complex, disparate conditions.

Was my focus in my 26 years of practice in medicine. It wasn't until, of course, pandemic came that I kind of realized some of the things that I was working through for my own healing.

And my first, very first psychedelic experience in plant medicine really opened my eyes to myself. My own inner wounds and trauma really came to surface, and I, in that single kind of first experience, really entered into this space of depth and understanding.

But in a very still, very connected way with my family, with my work.

Introduction to Doctor Talks and Guest Background

And really, I saw the power of this experience not just for myself, but for patients as well and for the work I was really hoping to, do in in my practice of really being a provider who was able to understand the story.

And we talk about narrative and, it was in 2016 that I did my master's in narrative medicine at Columbia University and was able to really engage with the story of medicine and using creative arts, an interdisciplinary approach to understanding the context of people's illness, not just the illness itself, but who people are in in their story and how that illness represents itself in their life and treatment.

And there's definitely novel approaches to using narrative medicine in healing. And so the combination of not just the story, but the inner aspects of that story, the consciousness of that story really brings the merging of psychedelics and narrative medicine to a new realm of healing and a new, new realm of practicing medicine.

I was at a long answer. That's a great answer because it is a big container. Going into psychedelic medicine seems like it becomes a path, and we start to reflect on the past that led us here.

And so that was really wonderful. And you started as a pediatrician in pediatric hospitalist, did a lot of work in academics. Started my academic practice at Baylor College of Medicine, but it was really it's very, very odd that I was I did engineering before I went into medical school, and in my senior year of engineering, I had a summer project, a summer internship, a project at in Baylor College of Medicine.

I was doing I was with the neuroscience group, and we were working on the gab energy system. We were working on the hippocampus, and I didn't know any medicine at that time.

I had no idea what I was looking at in terms of the hippocampus, that CNN structure in the brain. And it was really odd that I was I had that opportunity to in to do, you know, lab bench research on GABAergic, receptors in the brain, especially in the hippocampus, which is where we're talking about when we're talking about trauma, when we're talking about, you know, the effect of trauma on that and the cellular system in the brain.

And at that time, it didn't make sense to me. I was doing model, what with my, my, my role was to basically formulate the media for the growth of those neurons that we were able to test using patch clamp techniques, which is very specific microscopic techniques that you lift up the membrane and you're able to run neurotransmitters over the surface of those membranes and then, able to pick up the sensory response of those neurons by when you ran those neurotransmitters across the field, the media, the culture, media.

And it really it lights up, you see the electrical activity on the screen, and you can see how responsive the neurons are to different neurotransmitters.

And here I am now, almost 30 years later, and now using ketamine as a substance that really can activate and regenerate those neurons to heal. So it's come around and it's not by accident.

There is a subconscious drive that we all have that. Just to this, to this field is going and so is that circular. That was the thing to right that coming to of of your story.

What was that. That was the subconscious. Yeah. That it was. Yeah. And linking don't need to. Yeah. It's it's it's always here. Right. So go back to that part.

You were saying something about the how you got to this and the. Yeah. And even studying engineering I was always asked little, how did I go from engineering to medicine.

It really was about understanding systems and understanding the process, seeing the body from, from an engineering perspective was I was I was profoundly intrigued by the human body.

Of course, I hadn't had I'm not so did any bio until my senior year of college. And so but even after having kind of that engineering foundation. So every system in the body to me look like a process design look like a, it's very elegant and beautiful and very efficient system.

And it just it just made sense. So here my, you know, really looking even at the, the spiritual aspect of healing, the psychological aspects of healing, the things that we really can't quantitate we can't really understand to that level that yet.

And I think we'll get there even with that. Oh, no. And the fascination with the human body and seeing it as a system has. How did it go and, take you into pediatrics?

It was really I was very much interested in studying, I went into medicine thinking, I really don't know what kind of medicine I'm going to be doing. I was thinking I was going to end up in doing research, using me, you know, getting an MD and and being able to do clinical research to extend the work that I had been doing, in my engineering background.

And that was again after my initial research work at Baylor, I went on to do work with and in the bioengineering department at the University of Texas.

And at that time we were looking at infusion pumps and insulin infusion pumps and making them biocompatible and testing those sensors that go into infusion pumps, which I now know now they're biocompatible.

From Engineering and Pediatrics to Psychedelic Medicine

Again, that was 25 years ago. So my interest was really very, very, you know, very that time, very research oriented. I was very much a, a researcher, but I loved kids as well.

I mean, I am a kid at heart myself. I love being around kids. I had natural, drive and draw to children, mainly because their minds are so alive. There's there is a, there's an imagination that hasn't been, taken away from them, you know, there is this beauty that I see in children in the in their eyes, in their, their words and the way that they process and think and ask those questions and that, I feel really keeps us alive.

And I again, that was a natural draw to that curiosity that the child carries. And being able to be stay connected with that. Yeah, that's so important for just research itself.

But also children do represent something that's messed around with. Yeah. Yeah. This is the original flowering. And so how does this, you know, when, when you're talking about being a psychedelic medicine practitioner now kind of coming back to present day, where do you find yourself, like reaching back for the narrative medicine skills, reaching back for those pediatric skills, like how do they show up for you in your day to day?

Oh, it's such a fascinating question. And see me, because yeah, it does seem to flow in a certain way when patients come. Now, I have that opportunity now to have that one on one that that time that, you know, 1.5 hour or sometimes discussion.

And when patients enter the room, I give them a little bit of time to settle into the space to see our space to really connect with the healing effect of, of the space.

And that is, you know, the space of, you know, when somebody comes into the hospital or into a doctor's office, they should feel like this is a place where they can heal.

It shouldn't be called austere or dry or mechanical. It has to have this sense of warmth, a sense of comfort, a sense where somebody can talk about themselves in a more supportive way.

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After reviewing everything that the patients entered into their record and ask those that question of, you know, what brings you here today? Where are you at today?

What does it feel like for you today with all the things that you're going through, what are your struggles? And that starts our conversation. Getting to story, getting to the narrative.

And having the patient tell you what they're looking for and not what we're wanting to prescribe or recommend. It's really about listening. When I call radical listening, noticing the pauses between the words, noticing the words, the use of the voice, the way you know, you connect to your thoughts while speaking and noticing the body language just the way can.

The story unfolds as it as you listen. Taking down notes, of course, in my electronic record and I really try to document what I'm hearing, you know, in, in real time.

And sometimes I wish I could record those, those visits because I think there's a lot of power in in the way that story unfolds naturally versus me kind of documenting.

Then, then comes those questions about, you know, what are their hopes, what are their goals, and what are the barriers that, you know, have prevented somebody from, you know, that imagined outcome that they're seeking, right?

Yeah. That's absolutely it's almost like you're expanding that, you know, when we went to medical school and we trained the history of presenting illness, right.

You taught to look at the patient in a certain way, break it down into their age, their ethnicity, their gender, what their presenting complaint was, and then just ask them, where does it hurt?

And, you know, try to engage that. And here we're asking questions in an open ended way. We're not trying to bring it into focus for the practitioner so much into the diagnostic place.

We're kind of opening up the container. It sounds like you're you're asking them here, sit down and whatever you're carrying, just just let it sit here and you're creating that sense of safety with even just a setting, your perspective, your ability to sit and listen.

I mean, we know the studies that show that, physicians interrupt their patients within about 18 seconds to 18 seconds of personal information. And here we're completely changing that around.

We're saying, no, you get to tell me what you want, you get to tell me how to how you want to look at this treatment even, and how it fits into your life.

And you start with what are you carrying? What are your expectations? What are the barriers? What's your voice? Who are you right now? And that is just such a beautiful place to start.

And I feel like when we do that and I've experienced that, people feel such a sense of relief. So what do you see happening in that alchemy of story space that we're now in right.

It's like all of a sudden they've told you their story and there's a part of you that's reacting to it, and the part of you, of them that's reacting to you holding the story for them.

So we're in that intersubjective narrative medicine space now, right? We've just started like, oh, we're in a different relationship here. Can you define that a little bit?

Yeah, I think in narrative medicine we talk about the third space, the space between the person and the receiver. You know, there's a third space where the story is held and understood.

It could be the observer, you know, as we as we do when we read a book, you know, we're the observer of that story or when you're watching a film. And, and so you kind of have to as you're sitting with a patient, really remember that, that there's that third space.

And what unfolds in that third space is, is how is it perceived, what's understood. Another important facet of this work comes to not just the mind but the body, right.

In medicine, we're taught well, you know, here is, you know, you've you come here, you've got a heart attack, right? You present almost at the end of your disease, you know, dysfunction, right.

Something has to go bad before it comes to, you know, some people seeking help and it makes sense. I mean, that's kind of how we get trained. You know, we have to look at pathology, right?

The outcome of something. But if we really ask those questions, even for our pediatric patients or younger adult, how do these things that are happening in your life manifest in your body?

Like, what do you notice? So when you're tense, when you're scared, what do you notice about yourself and what do you notice how what is your body saying to you?

What is it? And then something comes up, oh, I notice my heart rate goes fast. I notice that I get sweaty, I notice that I my stomach hurts. You know, I immediately feel, you know, I have to go to the bathroom or I get I get rashes or, you know, or my, you know, I tense in my, my face and my muscles get tense.

My back gets tense. I have pain, you know, in medicine we call them somatic somatic form, right conditions, somatic sizing. There's so much sizing. But really why wouldn't they so matter size.

Right. I mean and those same somatic somatic symptoms become a condition that we call, you know, hypertension that we call IBS, that we call fibromyalgia.

Narrative Medicine and the Power of Story

You know, inflammation cortisol stress constant cortisol stress is going to lead to something or another. Correct. What do you think. Oh, absolutely. I'm I'm seeing you say this and I'm just envisioning, number one, that research fascination that you had when you, you know, went into the lab and you saw how different neurons could react and how here it's almost like when a person is sitting there.

I honestly, most of us are so disconnected from our bodies right, that just bringing awareness to the fact that you can have interception, that you these symptoms, quote unquote, that you're feeling are not a bad thing.

They're just your body trying to tell you what's going on. And then if we would just accept those as signals that we could then interpret, we then become a bit able to, I think, shift things for ourselves.

So yeah, the body has this beautiful way of, you know, speaking back to us in all those ways, feedback. Something's wrong. Here's your, you know, and how can we interpret that.

And sometimes I find that for for patients who are treatment resistant or are carrying a lot, part of the issue that we're dealing with is that the body is no longer safe in some way because of trauma or, or something that they've had to dissociate from their own body to feel safe.

How do psychedelics kind of, you know, factor into that? How do you see psychedelics interacting with that? Peace. Well, I find that it's very interesting because, you know, at our center, we do I mean, this is to psychotherapy and, you know, I used to walk around with my Harriet Lane or my and my, you know, Stan Stanford

book of the antibacterial.

You know, just to look at all of the, resources that we use for all the drugs, right, that we use in medicine. Right. Knowing the dosing, knowing the, you know, pharmacology, knowing about the drug interactions.

And that's something we stored in our heads as well. And we had a we had a, you know, a book full of drugs that we were able to administer. And then we prescribe in into an antibiotic.

And we said, here's an antibiotic here. This should make you get rid of your pneumonia, get rid of, you know, urinary tract infection or whatever, and make sure you have anybody and, you know, in ten days, this is how you take it, and you should be better.

Right? And we gave all these different drugs with the same expectation that, you know, 80% of patients will get better by research and evidence alone.

Right. And here now we have one drug we're working with, one singular drug. And it has unique effect on the person, their psyche, their body that is completely unique.

And it'll it'll manifest. It will it'll treat according to way it interacts with the body. And as we sense in psychedelic medicine, it's only a catalyst, right?

It's only the key that opens the door, and it unlocks those places that we have learned to hold in our bodies, suppress case in case those places of trauma that it opens that allows for that opening so that you while even opening it, you can look at it, observe it and process it again with therapy.

And by doing this, at this deep, deep state, this where your body is able to relax into a place of deep pain, say, in this supported setting, you can really just work through those places of that pain, that root cause, as we say in in healing.

So that's that's the power of that single medication and esthetic legal psychedelic has. And it's different for everyone. There's no unique treatment you know, that we can see, in patients.

So yeah, there's no one way, no one size fits all. You know, it's really wonderful that you can take one substance, like you said. That's incredible. Right?

Just think about the various like, arsenal of medicines that we usually have. And as a physician to switch to saying, well, it's not the the arsenal that I have with me, it's just this one tool that's a very humble place to approach it from as well.

What was that like for you to go from, you know, having that physician, you know, identity that you carried all this time to like, oh, whatever you've got, I can fix it, you know, to this space.

Now, what what kind of practitioner do you find yourself to be? You know, I find myself to be more of a facilitator. I'll be honest. You know, a just a facilitator of that and that witness to somebody else's internal healing when they're ready to do it, when they're when when they feel they put the work in themselves as well.

When. And just being a facilitator of that, being the coach, you know, being the guide, being and having this opportunity and privilege and to do it, I find it more that when that trust is there between the doctor and the patient.

Right. And this can happen in conventional medicine as well. It's not like it's not there. You know, as we've both done, you know, you've taught narrative medicine in academic practice with residents and students.

We have really seen that in currently in medicine there is the art of healing is really being taken away from us. We aren't given the time we aren't given the opportunity.

We we've got other things that have taken over. You know, the way of getting to that story, right? Because we have diagnoses, codes to complete, we have insurance billing to, you know, everything has to be labeled a certain way.

And categorized and subscribed and then, you know, put into a chart and, and spit out and, you know, a formula of treatment. Right, which we call a differential diagnosis based on your, you know, what you your final conclusions are for that diagnosis.

So it's taking away from the. The creative. And don't forget the transgenerational effects and the epigenetics and the, you know, genetic effect on the body as well.

There is that element not not to be, you know, devoid of that, that definitely comes into healing and recognizing it may not be something that they inherently experienced in their life directly, but may have come in utero.

Right? We know about the Ace studies and the effect of adverse childhood experiences have on disease outcome, where obesity rates are 300 times higher and cardiac risk is, you know, two and 200% greater.

I mean, there's and that's in utero effects are architectural changes that happen in before a child is born or even, you know, that happened to their mother before she was born, or, there's that genetic epigenetic effect on the body as well.

And so looking at those risk factors, of course, as we call it in medicine, and, you know, looking back in terms of story as well, which we call family history.

Right. But really, and getting that social history right, and then putting it all together. To really see the patient in the context of who they are and how they did and how they sleep and what they eat and what they do with their bodies, and how supportive they are and how connected they are in their community, or whether their family or loved ones or friends.

Yeah. I mean, you know, it makes it sound like what we're taught in medicine is so narrow or what we're allowed to do in medicine or what has been defined traditionally or in this era of electronic medical records.

What medicine has become has been a cataloging of the diagnoses, a way of just getting to the label, getting to the fix. But then where's the healing?

And in what context is that healing occurring is not something that's the concern of regular mainstream medicine. And what you're bringing in is like expanding the scope.

It's like going from a telephoto lens to like a wide angle lens and saying, oh, epigenetics matters. Intergenerational trauma matters. What your grandmother was carrying matters.

Radical Listening and the Third Space

The fact that your family lived through the depression, that there were events that took place, that there are toxic exposures happening right now, including you know, if we talk about gun violence, if we talk about all the things that are occurring constantly and that we're soaking in, that expands the scope of our caring, that even expands the scope of what we're saying is making a sick and what can make us.

Well, yeah. So we're really getting at this place where as a physician, as two physicians in traditional Western medicine, to step into psychedelic medicine as a as a practice, it requires us to expand our vision to include the whole person in their context and just us doing that.

Just so much for the patient themselves. All of a sudden, that expands their possibilities. These are treatment resistant patients that have spent years on medications that didn't work, that went through the system, that are quote unquote, a burden.

Some of them are burnt out on therapy because their therapists have reached the end of their, end of their scope of being able to help. Because what we're learning through psychedelic medicine is it's, you know, it allows us to build on that neuroplasticity.

It brings us back into that, a critical period of brain learning. Right. Like we're actually opening up, we're getting to the stack places. We're saying, oh, this was your brain before psychedelics, where you were kind of trapped in this space where everything was defined by either your trauma or your story, or the recursive thoughts that you're having, the inability you feel to live your authentic life, for example, or, or, and then here we are kind of softening up the, the brain a little bit and then, you know, giving them the space of another human being, being able to give them sometimes that corrective experience they need.

Maybe sometimes that's the first time they've actually felt seen and heard, and how powerful that can be in letting somebody's truth come out. Yeah. No healing that just is that just.

And if you asked about, you know, I guess as a pediatrician, you know, I see that what happens to most people, what happens in their childhood that developmental arrest or effect it has on their inability to trust, you know, the lack of attachment, the anxiety of not having that secure attachment in that first year of life sets the tone right, sets the vagal tone for that body, and for that effect.

And then comes all the other things that happen, right? The traumatic experiences. I mean, there's not one person in this planet who hasn't experienced trauma.

What comes through that trauma, you know, the resiliency effect of of that trauma, but also the pathological effect of that trauma on the body. And I see trauma now more as a infection, a virus, right, that can infect the body.

And what is the body going to do. It's going to store it's going to remember. It's going to say, I've seen this virus before. I've got to remember it.

I've got to remember it. So the next time I see this thing, I'm going to be able to attack. And how does it attack? It has a fight or flight response.

The second time it gets even higher and it gets, you know, and it gets sensitized to that degree that eventually after a while, it gets tired, it gets dysregulated.

That same response that was necessary in that first insult becomes the the disease or the condition in the body. Yeah, I've heard this. Absolutely. I've heard this said that, you know, when we talk about generational wealth.

Right. Yeah. Having a non traumatized, you know, attachment with one or both parents is is an UN acknowledged generational wealth a form of generational wealth.

Is is one way of looking at the fact that, you know, hurt people. Hurt people like it's trauma tends to manifest, get passed on, daily is is unless it's acknowledged.

Right. And unless it's acknowledge and acknowledging the fact that if you've not if you've actually had good attachment in those very critical years, it sets you up for success in these myriad ways, you know, and I think as pediatricians, we've seen in so many ways that this gets dysregulated all the way from, you know, not having enough support for maternal child health in the first periods of a child's life, for example, postpartum depression, you know, social emotional aspects for the mother.

Then we go on to, oh, you've got to work, but you have to pay daycare. And the fact that in this country, we don't have social supports for parents to go back to work and feel like, you know, they can be able to take care of their child and what that does, and just some of those structural issues that we have which don't support that, you know, and as you mentioned, like, and those set somebody up for whatever comes, whatever happens afterwards.

So, you know, when we're talking about the effects of trauma and the effects of problematic and problematic

attachment, what's happening in the psychedelic space that is operating on those two places, the trauma and the attachment, like I said, it's a it's a key that opens a door right to that state.

And with an opportunity to access that state. So say, for example, a patient has had an experience of abuse early in their life and has responded, embody their trauma, responses, fear and, freezing, say, where they feel stuck now in their depression.

Ketamine is a psychedelic, is able to may able to my allowing that person to access that deep meditative state and into that deep consciousness with intention.

Again, if that patient if that intention arises again, it's not what you get what you want, it's what you need. Right? When that door opens, being able to observe sometimes that traumatic experience with the in a supported, regulated way allows them to say, okay, this thing happened to me.

I've had patients who've gone back and held that child and comforted that child and said, it's okay. You know, just as a mother would have right when that event occurred.

So having that even that experience of connecting to that, that spot that, you know, where that injury occurred and able to give it the healing that it needs in whatever imaginative, meditative way one has in themselves.

In that experience to engage with and whether that's a felt sense of that experience, maybe that the body is able to say, hey, I can feel better now. My heart is, you know, the pain.

I can it's it's I don't feel it. I feel this sense of calm as patients describe. Right? In their experience, I'm suddenly at peace. I feel a sense of peace.

I, I know what it feels like to be to not carry this, this burden, this pain and and that lifting of that physical, emotional lifting, that can open up in their mind that space and that access to that learner mind, you know, and that you're able to manifest right into the openings of other parts of your brain.

And in that experience of psychedelics. Right, because that's what psychedelics does. It turns down that default mode system in the mind, that cognitive state where we're constantly self circling through.

And it's that ingrain process driven pathways that become very, very rigid with time and just toning those that that space down and allowing that access to the other parts of our, our imagination and our thoughts, our awareness that observer experience of being present, that sense of safety in the body that can be felt.

And ketamine is a dissociative medicine, right? It's a dissociative anesthetic, as you said, with hallucinations. Hallucinatory effects is what we're used to, you know, because you know that ketamine is used in pediatrics commonly.

And what were the observed responses was, oh, you know, the children just acting out in their imaginations while the medicine was coming down. The effect of that, you could see then that sense of calm and that antidepressant effect that then later on became understood.

Oh, ketamine has antidepressant effects, that has lasting effects. And it's not just the ketamine. It's an anti medicine. Right. It's a medicine that out of even after it's cleared your system has an effect.

And what medicine has that kind of effect that when it's out of your system it still continues to be making changes in the body.

Body Signals, Trauma, and Somatic Healing

Right. It's fascinating. The durability of the effect. Right, you're describing is that rebus effect, the relaxed belief under psychedelics, where you get kind of this open sandbox of your own perceptual field and new possibilities

start to arise.

Or like you described, you get a sense of distance from your trauma or you have a sense of compassion, and that's self-healing. That powerful moment where you can tell your inner child that scared or has been protecting you to say, hey, you know, I'm safe now.

You don't have to protect me anymore. And just that piece can sometimes rewire those reactions in the brain to where that protection, the next time it starts to get triggered, you're like, oh, wait a second, I recognize this reaction.

I don't think I want to have this reaction right now. The yeah, we start to see that people have access in their everyday lives to this new phase, new state, new pathway.

And as we see that integration is that, you know, that ability to go on to that second pathway more reliably to have access to that. Oh, usual. My, my, a trigger for negative thoughts.

It starts up and then you're able to kind of recognize it as it's happening and then shift to say, oh okay, I know what this is. I recognize it as it's going through.

And this ability starts to open up under psychedelics. Yeah. Which is fascinating. It is fascinating. And I think that's kind of exactly what happened to me in my first, my first psychedelic experience for myself was the capping of my internal silent anger.

It just came to surface that amount of trauma and pain and and disdain I had for myself came to surface because of it, because of, you know, several things have happened in my life that I carried, and I just let it sit inside of me, and it just rose to surface.

And it was able to just and I, I was watching myself do it. I was watching myself expose, expel this, you know, even in this very weird, like, I could see myself get very angry, emotional and and I started I started reciting poetry in my for a second.

I mean, I was reciting a poem on heat, you know, the heat I carried, and I could see myself do it. Like. Why, how is that? I'm seeing myself do this thing that I would never do in my conscious, you know, and you know, and treated and affected my with this substance.

Why is it that we can't do that right? You know, the need for the psychedelic experience. We can naturally attain a psychedelic experience, right through dreaming, through breath, through grounding, through meditation.

We can, So the question that I often ask myself is, how can we live better? Right? How can we raise the child better so that we can do these things without medicine?

We can live our lives noticing our emotions, our thoughts, giving it space, looking at our parts, our, you know, all our protector parts, our manager parts, our little exiles, and giving them a voice and giving them space to to really be with each other and understand each other.

And not letting that self, that true self really wither away. You know, and that's the child, right? That's that child that, you know, I mean, children are very wise.

They will tell you exactly what, what they want. If you give them the opportunity, right. When you when you walk into the room, all you have to do is look at the look at chat, ignore the parents, right?

Don't even listen to them. Just I used to go right to the child and say, hey, what's up? You know, forget about what I'm wearing here. I'm not a doctor.

I'm just here to talk to you. You know? Tell me what's happening, what it was. If you like to be you right now and then. Amazing. The the two things that you're describing really central to this practice, the ability to see ourselves

from that observer perspective, as you said, like when that was coming up for you, when what you were carrying, what you had suppressed, what was active in your subconscious and had been operating in your subconscious for so long.

And that was causing that, you know, discomfort because it was it was creating in you, a life, that that was not authentic. It was, it was. And, and so being able to stand aside in that psychedelic experience and look at yourself almost with compassion, it's almost like you're mothering yourself.

You're you're accompanying yourself and saying, hey, it's okay. You know, just like, you know, back in college, if somebody had a rough night and they're, you know, they just need their hair held back and they're, you know, just vomiting.

And, the, you know, into the thrown, we all just at some point psychologically just need somebody to hold us and say, just, just hold me while all of this stuff that I no longer want to carry, they no longer want to define me, that I, I recognize is the poison that I, I don't want to, either transmit or even hold anymore because I understand what the poison is doing to me spiritually, physically, physiologically, through these stress responses.

Right through these, these modalities that we can detect. Oh, your heart rate is at 90 when you're supposed to be sitting at 70 degrees, right? You know, so many of our patients walk around with these like heart rates that are just elevated.

And then six weeks after they look at their Apple Watch and they see, oh, my heart rate has actually like gone to a new set point. Yeah, I've noticed that, you know, and so what we're doing is a physiologic healing that's occurring through just this process of just being your own friend.

So self-compassion, which we know can be practiced even without psychedelics that become active for us through psychedelics. And then when you take that to the child, you know, children in our in, especially in hospital spaces are kind of, you know, not connected with is not allowed to be and sometimes can, you know, and I think children are sensitive to the ambiance that's around them.

Right. And I think that's what has always appealed to me about pediatrics is that no matter what, as pediatric providers, if you're a nurse, you're in art, you're, you know, if you're around a child, there's a certain level of presence that you've got to bring, otherwise the child will not connect with you.

Otherwise you won't be able to, you know, engage them in the therapeutic process. They're they're not going to give you access, right. And so if we're not, you know, connecting with that child's true self.

And I think that's where a lot of beauty comes from in pediatrics. Right. Sometimes we do things that don't seem like they fit into regular medicine and like, oh, you guys are painting nails.

You're not listening to music. You're, you know, but they create such beautiful moments of connection when they do occur. And we see those occur, right?

Like somebody's at the end of life just wants to be able to look out the window and the whole, you know, and I remember of the whole clinical team kind of orienting themselves to give that person that, that, that one thing that they needed in that moment and saw that need is where we are in psychedelic medicine.

Is that responding to somebody's real core need, you know, and you get to it in your history of presenting illness, tell me what your core need is. What what are you carrying on, what you there is that are getting in the way?

How is that shifted? How you are, as you know, in your family and as a friend, as a sister, as a, you know, the harder question, in application, in, in treating with other patients, it's really interesting because again, we have that doctor patient relationship and there is an understood acceptance to the roles, I think.

And and that creates a space of trust natural when it's when it's provided right in, in that and safe setting. And there

I still believe that there's, there is a hierarchy.

There's a little bit of hierarchy in medicine right there is that and it's okay. You can talk to me and be professional and I will. I've been trained and don't worry, I got this.

But there is this licensing, you know, and and patients see you in that light as well. So there is that, that you know, given platform or foundation in that relationship that has its features that you can attach yourself to, you can include with your licensing and their professionalism and the ethics, right?

When it comes to family, it becomes a lot more I feel like the work is harder in the sense that your not only does your family now also see you as a doctor, right?

You're the doctor to go to to ask the questions about this or that, you know, and but there's still this, well, I know where you came from and I know who you are, and I know you so well enough that I can see you.

How Ketamine Supports Neuroplasticity and Recovery

I've seen you when you're five years old and you are now, or when, when, when it comes to your relationship with your husband or your kids. The kids. Your kids can see you better than sometimes you can see yourself.

And I do see I do see that. I see them being able to reflect who I am through their through their experiences. So I think it really comes to, again, the same thing we talk about is just listening, spending time sometimes without your own personal imprinting of reaction reactivity, to something that said that has been been a trigger in the past, an automatic trigger and noticing it in your body as you do to it.

Would you say to your patients, notice it in your body? When that happens, give yourself just that sacred pause. And I say this to myself, this pause.

Allow for that sacred pause, that third space, open that stare. Don't close it. The space, you know, so it's a lot of mind talking. It's a lot of, you know, letting things go if something is said, just letting it pass, because that's not really what is being said.

Say my my spouse, my my my husband. It's not really what he's trying to say. What is he really trying to say here? And I practicing this this exercise called conscious clearing.

And there's a little bit of a format to conscious clearing is, you know, when something's really bothering you and you want to have that difficult conversation with somebody, it's an exercise.

And it and you break it down in terms of starting with the facts, you know, what are the facts? This is what's happening. This is what I notice. This is, you know, this is these are the facts of the situation.

This is what I this is this this this is what I feel. I feel this way. I, I notice my feeling. I noticed a story in my head. This story that I, that I go to. Right.

Is this the story? This is the automatic story that I go to based on what I'm feeling and what the facts appear to be. And knowing that we have a common understanding, right?

We have we want the same things, right. We want the best things for our family and our kids. Then we have that understanding. So how do we get to that?

How do I take away this story and really look at it and then the other person also has the opportunity to engage with the facts, the story, the feelings.

And again this year, the outcome of but both are trying to achieve. And then really listening to that to and reiterating what is heard, what is felt. And it's a this back and forth kind of exercise.

It's very difficult and it's very risky, you know, because I've taken I've done it and I thought, okay, this is kind of risky because something may come up and I may not want to hear.

Am I willing to take that risk? I probably should, because it might be important to hear something I'm not willing to hear. But, you know, maybe in this and just mutual kind of shared, you know, round, grounded place, we can have that discussion knowing that this is something we both want.

So that means it's a practice. And and that's kind of the ways that I'm learning. My, our staff is very, very engaged in it. Our center as well. So we are really mindful of the ethics of what we're doing and in the care.

And we have like a weekly kind of ethical meeting about different topics in ethics that come up, say counter transference, right, or transference. And we talk about projection.

We talk about all these things that we need to be, aware of because we may because of this possibility in this hierarchy, this hierarchical effect in psychedelics being very mindful of that, that aspect, because we don't have all the answers, you know, just because that have a license and training and all these things doesn't necessarily make me the expert.

You're the patient is still the expert. And, but there is this definitely this there is this possibility of, you know, this medicine or this is this treatment, being very mindful of how you support that.

And avoiding the possibility of, you know, I know better than you because, of course, just because I have had more sessions or seen more things doesn't make it that I know more.

So I think there is the humility that we talk about and narrative humility is a topic in narrative medicine, right? Why is it in why is it and why is even self-care so important in in healing your own care, your own awareness?

Asking your questions about when you're fatigued? Are you going to be making the right decisions, and noticing the the effect of, you know, the penetration if you know, that can happen when you deeply involved in, in this kind of work and giving yourself time for yourself.

Absolutely. You hit so many points over there. I want to just go over it. You know, just this idea of wisdom you've almost talked about, like wisdom. It's like in that moment, if I can look at it from this conscious space of, inquiring, what is it that I'm carrying?

What are my needs? What are what are the other person's needs? But also what part of my story is kind of trying to insert itself in here, what my my story is wanting to attack, but then having that ability to study that gives you the space to say, okay, what is mine and what is not mine, what is, you know, what is the right thing to do here in this moment?

And how do I stay aware of, you know, what the person needs. So transference, counter transference, detecting those things and then what is it that I end up carrying?

I have to tell you, this is really hard work. You've been doing this, like, a lot longer than I have. And the psychedelic medicine part and I, you know, I can hear that you've come up with these principles as you've gone through some of the practical parts, right?

I mean, these are all hard won lessons in being aware and how important it is to pay attention and train your staff to pay attention to those things because they're going to be going through it.

So you have this ethical, duty towards them as well. And so just even as a psychedelic practitioner, realizing that our circle of concern is kind of like broad and the ability to keep safety comes with this internal work as well.

There's there's this upskilling that's happening for the entire system so we can protect ourselves while we also connect with the healing. And I've and I've experienced this myself, I don't know if you've noticed, like every few

weeks or so, I'll just have this really, somatic experience of a migraine and just fatigue.

And I've learned to recognize that as or I'm just carrying a lot from the week. Let me get out, let me get moving. Let me do the things that are self-care related so I can get back.

And then suddenly I'll see like, oh, some sort of energy shift. And I'm like, okay, I'm not okay. I'm back in my, you know, back to my stable, you know, place that I recognizes as homeostasis.

But it's easy to get it kind of like kicked off that space of homeostasis. So what are your, you know, some of those, processes for you. How do you get yourself back to homeostasis when that does occur?

Well, it really began when I was drawn to narrative medicine. In studying it, I actually applied to the program thinking, I'm going to learn how to write.

That's what I thought narrative medicine was about. I thought it was about writing about medicine. So I thought, oh, perfect, because I had been writing and journaling, you know, throughout my and I came to a point where I had all these, you know, these experiences with patients that I just didn't know what to do with you know, it was really, really traumatic things that I had witnessed and being part of in patient care, that was really deeply disturbing to me.

And I'm I started to write to that, those stories and just to kind of unload and and release it from, from my, you know, unprocessed parts in my mind.

So I was able to put it to words and, and saw again myself in that, in that space, and whether it was true or not, but what or whether the outcome was what I felt it was or not, it really it helped me kind of look at it in perspective.

I wrote a story recently about, well, about my intake within a patient and what I observed from the patient story related to his degree of depression that he had had for 76 years.

He'd been carrying, you know, his brain in depressed, hadn't had done any form of therapy, came to ketamine treatment after doing some research, was treatment resistant depression multiple medication.

A psychiatrist had suggested ketamine as a as a treatment. And he came with this understanding this this is a medical treatment until we had our first intake.

And he spoke a little bit about his early childhood experience with with abuse, with corporal punishment. And what it did to him was really made him very disconnected from feeling, you know, he couldn't feel himself, he couldn't feel his emotions.

Self-Compassion, Family, and Practitioner Humility

So he lived almost all of his life just being very mechanical, very driven, very successful in his life, but never been able to connect to anybody in his family emotionally and had a divorce, you know, after 20 years of marriage and couldn't really understand his emotions, his in, you know, whether we call that this time or, you know, this did alexithymia, right, where they people who can't feel their emotions, whether that was a result of that early experience and then in with ketamine was started to again, started to sense his emotions.

And it it was a little hard initially for him to sense those emotions. It mean you can see that the the trouble he was having even with the opportunity to feel those emotions because didn't know what to do with them. Right.

How do you what do you do with these? I feel, you know, I'm feeling sad now. I'm feeling like really connected to people. I can, you know, I've never been able to have a I could never talk this way before.

And suddenly I'm able to connect to people. What do I do with this? You know, where do I go? And, so for me and for him, we had this writing experience.

I was writing to what I had observed from him, but I also noticed a little part of his story that was my father's story. My father, who, probably had the same experience growing up, and he used to speak quite openly about being beaten up by his, you know, by his foster father for disciplinary reasons.

Right. That was the age when you disciplined with, with harsh corporal ways and, and you scared somebody to do something. And that's how my father responded.

And really had trouble talking about his experience. And when he before he passed in, it's very difficult to talk about. But before he passed, you know, I in the last few years of his life is when he started to really talk about who he was and what it was like for him.

And so I saw I saw a little bit of my father in, in his story and immediately felt like, wow, this I was able to connect to my father's experience in this emotional, you know.

Difficult. But definitely I felt like it was this connection I was able to get to have. And so that's these are the ways that, you know, through writing, through reflection, through shared storytelling, meaning making that we can have in this shared experience.

We can really get to our own healing. Thank you for sharing that. I think what it brings up to me is that, our patients sometimes have the medicine that we need, in some strange way.

Right. The stories that need to find us kind of connect and how beautiful it is to have that moment of connection, to be able to be led into that emotional experience by a third person who's completely unrelated to your own personal story.

But there's that intimacy there, that shared space of who you understand and how that works. Somehow, in this transpersonal way of healing to where you heal your relationship with your father, you heal your understanding of what happened to him and how that cascaded down into your story.

And so something in your story heals. And I think that's something that we leave on the table a lot in our Western medicine paradigm. We don't allow our patients to give us the pearls that we need.

And so physicians can feel like burned out because in in what I understand, to be the doctor patient relationship, the intersubjective experience, this third space that opens up, it's for both of us.

It's not just one direction, though, and I think that's where that, when you talk about the, hierarchical space that, that we've created, you know, establish the trust, but also realize that we can reoriented to say, I'm, I'm alongside you as a human being.

And what happened to you could also happen to me is a place of empathy that I think we we lose when we get into that hierarchical space. Right? Because otherwise we're thinking, well, I'm the doctor and I'm this is what's happening to you can't happen to me because of that.

And, and we, we kind of get distanced from our own humanity. And in that comes a space I think is where we're talking about this physician burnout, you know, epidemic of people religious feeling like medicine is not a good place to be as a physician sometimes.

And they've invested a lot of themselves in studying and and becoming what they want to be and getting to a place sometimes after ten, 15 years of, of striving to then realize that the paradigm itself feels not right.

Not connected. And so I feel like what we're speaking to in this dialog that we're having is the greater physician, you know, even community, because there's so much of a barrier of stigma about psychedelic medicine, right, that that we just kind of turn on our blinkers to it and say, oh, well, you know, the 1960s happened and psychedelics got put into schedule one.

And so it's something that doesn't have any, any medical purpose. Right. And so when something gets put behind that kind of veil, most physicians who are trained and are in training don't realize that this is something that can help them as well.

And that it can help them open up emotionally to understand that their own stories that we're carrying can be healed. And I remember that even before psychedelics narrative medicine did that for me.

You know, like you said, like writing your stories is kind of a psychedelic process because you end up putting down a story. You end up being able to have perspective on it.

You end up being able to make something new out of it, change it on the page, and then that becomes active. But that's a much longer process that needs, you know, that time, attention, education and ability.

However, in psychedelics, it becomes available to pretty much anybody to be able to, quote unquote, pull down their story, look at the person who look at it from perspective, have the ability to transform their story, in some way. And, you know, has that transpersonal healing happen.

So I just feel like we're kind of hopefully changing minds and hearts about psychedelics getting away from some of the hype that surrounds, yeah, psychedelics right now, because I feel like the hype also brings up a lot of expectations that our patients come in with.

So maybe we can kind of, as we're heading into closing our interview, like talk about how do you manage those expectations that patients are carrying?

Yeah, they come in with a lot of hope or their last resort. I mean, when we first opened, we thought this would be, you know, this would we would be getting referrals from doctors of hospitals or other therapists and, psychiatrists.

And and that didn't happen. We actually got a lot of late night Google searches and in Greece and made in the middle of the night when somebody was awake searching for something to help themselves.

And they've tried everything. So there isn't there is a lot riding on this for them. There is a lot of hope. There is a lot of unknown news. You know, they've they've been traumatized by the system as well.

And they've gone through that system and there's distrust there. There is this idea that this is not covered under insurance and I have to pay for it.

And I don't know if this will be worth it for me. You know, I'm putting everything here on the table for this to work. And so there is a lot of pressure for that that I feel.

And I think we do. We have that open conversation. I have it in that first intake is, you know, you've thank you for sharing everything that you did and to get to this place.

It took a lot of courage for you to come into this, this visit today. And that itself is your first step to your towards your healing. Just making that step and saying, you know, this is who I am.

This is where I'm at. I'm here, I'm here. It's been a long ride, a long journey to get to this, to be able to have this conversation and that, you know, even that that assessment, how that comes through, what's shared is an assessment of their readiness.

Right. What does it look like for them in their in their home? Do they have the support. Because there's definitely that need to have to have support not to, you know, are they in an active situation where things are unsteady and still they would need to have, again, the protectors in their, you know, their armor up in a situation.

So those assessments are really important in your first intake, assessing their degree of the complexity of their condition, how well they're open to receive a medicine that they don't trust or know about.

Or do they have the alliance with their with the provider that's going to be administering this? Do they have that trust? And are they curious? In if they if, if, if you feel like they're curious, there's, there's there's an opening.

And and then letting it you know putting it all out there and saying these are the things when these are the things I'm seeing. These are the things that I'm hearing and reflecting on with you.

Managing Expectations and Preparing for Treatment

What do you think? Do you feel like you have everything here that you've, you know, would would be something you could put some time in, in giving yourself some space to do that?

Do you think you have that and what do you what else do you need? Let's talk about that before we engage with this in this process. So let's, you know, getting the body ready.

You know, looking at how you're living, it's getting everything really organized and see if this is something. And it does take preparation and it's nuanced and it's not for everyone.

And it can be, but at the right time with the right, the right kind of structures around that sort, it's incredible when we talk about psychedelic medicine and then, you know, as a theory of the practice, and then we bring it into the, the what has to happen on the ground.

What does it mean when we put our arms around everything? It really means putting your arms around what situation the person is in, understanding defended.

They have to be. Are they in a space where they have a few weeks to give themselves that time? This is not something you can like. Do a meeting in the morning, get your ketamine, go to the next meeting and feel like you did anything.

Because after a ketamine journey, you're opened up, you're sensitive, you're vulnerable. Your your protections are down. If you go back into a space in which you're protectors need to come back, how do you stabilizing that can be how disturbing and also how it can pull you out of the journey.

Make make the ketamine experience not as durable as something that we see. How do you, what do you say to, you know, practitioners out there, for example, you know, how would we ask the question?

You know, does your therapist, quote unquote, believe in ketamine? As your psychiatrist, you know, informed and we get mixed responses. So let's say you had the ability to talk to the audience of, you know, the practitioners, the therapists that our patients are seeing.

And they don't know anything about ketamine. They're just ketamine naive. They have it open up, YouTube or, listen to a human podcast or anything, and their patient is about to go through it or walks in and says, I'm considering ketamine therapy.

You know, leaving aside like the what you need to know about ketamine, how does what does the patient need from their practitioner community to be able to engage with this ketamine process?

Like what what attitude can that practitioner have towards what their patient is going through that would help them out or would be productive space? Well, I wasn't far from that person as well.

You know, I, I when I had my first experience, I didn't just like unlock. And I was like in it in I actually had to really study it and study the science behind it and really, really go to the books and go to the papers and go to the research.

And really then I sort of say, oh my God, this is like, this is real. So my, my answer to that is, you know, ketamine is a legal medication. You know, it's a, it's a medicine use very commonly.

It has, you know, and in the sub anesthetic dosing, it has this psychedelic mind opening. Processes that unlock or open up parts of our brain and allow for, again, that expansive state for a deep meditative experience for a temporary period of time.

And it works on a whole different operating system in the brain. You know, we're not working at the serotonin system. We're working at the energy system, we're working at, again, increasing Bdnf, right?

What is Bdnf? It's a brain derived neurotrophic factor. It increases. It's like the fertilize of the brain. It's a natural hormone made in our body that, again, allows for regenerative growth.

I know that because when I was making that culture media, I was sprinkling a little bit Bdnf on there, you know, growth factors to help support that cellular matrix for those neurons to grow on.

And I mean, literally, that's what we were we were doing. So I'm there is the science behind it. The evidence is there. You can look at the clinical studies, look at the papers done and broadly now nationally, and convince yourself before you, before you say no, before you're saying this is not possible because we're learning.

We're always in science. Medicine is always evolving. And, and I think most physicians and most therapists and most healers who are in practice have went into that, went into practice for a certain reason.

I mean, every single one of them wanted to help people. It's only after years of, you know, being in the system itself that we become, you know, disheartened, disillusioned.

We begin to question because we're not seeing things as we were told, like as we were told that, you know, as a surprise. We're going to, you know, accessorize came around the 1980s.

I remember, you know, my writing, the first prescription for it as a medical student, when when we had the option now to do an SSRI. And that was the new, you know, the new medicine that was going to, you know, help people.

And it was never in my training. It was never designed. Yeah, I remember we, I, we were never told that we had you're going to be this on this medication for all your life.

It was there was a prescribed course of treatment and there were things that, you know, you had to do to ensure that my one year patient would be able to come off of this treatment, with resolution of their symptoms.

So, you know, we've lost kind of that. I think we've kind of become more prescriptive. And so I think most doctors recognize that and recognize that if they're given an opportunity and I get a lot of and nurses, other doctors as well, kind of really asking those questions like, what is this look like?

Oh, this is, this is this is your clinic. And I said, this is not a clinic. This is a healing center, and that's it. And if they're curious, then, you know, then they'll be they'll be more, you know, aware and maybe ask more questions.

And that's great. Yeah. I mean we're definitely talking about also some some I love the way you put that, you know, that I need to start again. When we're when we're talking about the kind of remission rates that we're having with this medicine, it can feel like it's too much of a good thing.

It, you know, like we've talked about it just too good. It's like really we're seeing 80% remission rates. Like, you know, you don't have to be on a medicine every day.

We're really challenging some of those paradigm of what can be expected in a therapeutic context. And I feel like as a physician, as a physician, until I experience it myself, I didn't quite understand how it worked.

And so it really is a is a moment, I think, for a physician, the profession of medicine itself to, like you said, you know, leave the possibility open that for something surprising, something revolutionary to happen, and then to recognize that we've we've been conditioned in certain ways to accept, expect a certain pathway that healing takes

and that that is a part of our own conditioning.

So it's almost like psychedelics ask the profession itself, as it does humanity, to recognize our own conditioning around our possibilities. Yeah. And with the kind of unlearn the things that we've been, you know, that we've been taught to really unlearn.

You know, if you have to think about systems, if you think of systems biology, for example, you know, I, we don't have to wait for somebody to have, you know, heart attack to treat them.

When can you really start treating that heart? And I just leave it at that before it becomes a heart attack. That's beautiful. When can you start treating that heart? And I got a sense of, oh, you can start treating that heart from that first moment.

You look in the child's eye and you connect with them, you know, and really connection being the the centerpiece of what we're dealing with here. I know that psychedelic practitioners are people who have been physicians or nurses or healers all their careers and are now stepping into psychedelics, are finding this need for community, need for healing, and community are finding that they can heal in ways that they otherwise hadn't before.

And that was the surprising piece to me, too, is it gets us away from thinking of the molecule of being the operative piece and instead going to the human being, the actual healing modality.

Changing Medicine Through Connection and Healing

And all we're doing is unleashing it. Yeah. And what needs to be healed, right. What is what part of the body needs to be healed? It may not look like, you know, the numbers or the outcome that we we would we would want right.

Maybe some of these tension or stress or blood pressure can be healed by, saying to a patient, hey, you know, maybe, just maybe it's just about breath and maybe just, you know, again, from understanding where, where is that trigger to begin?

And it may not be in a prescription, but maybe in just a practice or an understanding. And I think, I mean, I think most doctors, healers, nurses, students, residents, you know, I think when given the, the space to be in a place where they can have that connection, I think it's it's still there.

I think we have to think of new ways of providing that, you know, facilitating that practice of medicine and teaching it to our residents and students, you know, who are who come into medicine with that learner's mindset, you know, and keeping that, you know, keeping learning on line and engaged with in that process.

But things have to do certain things that do have to change in medicine. You know, if we're not able to see a patient in 15 minutes, 2.4 patients per hour, I mean, it's impossible to really do that.

I mean, the current practice of care and, lovely to give ourselves the space here and have the ability to give ourselves the space here, to really give the time and the necessary energy that healing takes and that healing takes time.

That's something that I always reach for when I'm telling my patients to is, this is a process you've entered. It's not going to be a quick fix. It's going to be it's going to go at the pace of healing.

Yeah. You know, which can start a whole new process. Like you said, your your patient who is in his 70s recovering and finding even even at that space that there's so much more to learn.

Right. We always have this idea that humans stop learning once they're adults or that there's no capacity for learning. But here we're talking about learning as a baseline condition for humanity and learning about ourselves, learning about each other, learning about what it means to really connect.

And I feel like psychedelics are kind of the response that comes up after a massive period of disconnection that we felt as a human species during Covid, and it feels like a lot of people are reaching for connection.

This loneliness epidemic is happening, this mental health crisis that happening and really, if we can remember that it's not the psychedelics, it's the humans and the connections that we can make, whether with psychedelics or outside of it or in community or whichever way, the data alone creates some resilience in the human condition to deal with what we're.

Yeah. Through that, through that. With that, I will conclude the recording. Yeah. Thank you so much. Thank you. Thank you for tuning in to Doctor Talks.

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