What Saved Me: Psychedelics, Trauma, and the Long Road to Healing Transcript

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Introduction and Guest Background

So I think we're at a tipping point where if we're going to make it a really long time as a species, this is going to circle back to really we need to deal with this.

We need to deal with what's going on collectively in our nervous systems for thousands of years. How are we going to get to the next point, evolutionarily to how are we going to do it?

And this is a main component that's going to be hard, but we have to do it. So I think that's where we are now. And I think that's in times of chaos you tend to see usually something rise through it.

And now we're seeing a lot of understanding of suffering in a new way right now. This is doctor talks. Real talk from real doctors. Only issues that matter to you most.

Hello! Today we are excited to have Keith Kurlander here, who is a pioneer and I would say a pioneer in both education and training. He is a pioneering voice in the evolution of mental health care.

He has been known for weaving together all the sciences and I would say trauma informed care and deeper dimensions of human consciousness, integrative medicine in terms of integrative psychiatry, and specifically for psychedelic assisted therapy training, as well as for ketamine assisted therapy training and so much more.

And he is a co-founder of Integrative Psychiatry Institute Training program, a platform that I'm very familiar with and really respect. And he's also a co-founder of the Integrative Psychiatry Center in Colorado.

He has over two decades of experience, is a licensed professional counselor and entrepreneur and educator, and has committed his life work to supporting clinicians and patients to move beyond just symptom management to really what he I know you describe as thriving patients.

It's not just about healing, it's about thriving. His passion stems from his own lived experience and complex trauma history, a bipolar spiritual awakening, and his dedication to exploring what we call the root cause of suffering with the innovative lens.

So, without further ado, I'd really like to welcome you to our podcast today. We are so, so excited to have you and have a ton of questions. So do you feel ready to begin or take a deep dive in?

Thank you. That was quite an intro. So let's see if we could live. I could live up to it, but it's great to be here. Thanks for having me. Thank you. And thank you for making time for this very important conversation, which I believe really helps patients and helps people in this field to really learn about this process.

And I would really like to start with learning a little bit more about you, your personal healing journey, and really what shaped you into this professional path that you are now such a leader in?

Well, I'll I'll tell the shorter version of this story. It really started for me at age 19.

Keith Kurlander's Healing Journey

I was at University of Massachusetts Amherst, and I was a very shy, introverted guy. I knew I was struggling, but didn't know to the degree that I was struggling.

And then one night I had done psilocybin mushrooms with some friends, and I went back to my dorm room, and it was in the high rise on 19 storeys up alone in my room.

And I started to get really flooded by, some very powerful, very dark emotion, emotional material that I didn't understand. But I was having a process of recognizing how I felt, like I have always felt this way.

It was right on the tip of my tongue. But I couldn't quite place it. I'm miserable. I'm alone. I'm in tons of pain. And so I then proceeded to go over to the window to starting having very strong impulse to jump out the window, and I got to the window and I'm cracking it open and the windows are small there.

You'd have to work hard to get out, but you could do it. And I'm starting to kind of lean toward it and I felt pretty committed to that's what I was going to do.

And then I had a full hallucination of my five year old sister, who was actually my five year old sister in front of me saying, you can't do this. It's not okay with me.

I started crying and crawled my way back to the bed, held on to the bed frame like gripping because I was afraid I was going to go jump out the window knowing that I was like, okay, I can't do this for her.

For me, I should do this right now. But for her, am I going to do it? And what was terrifying was I was like, I'm never escaping what I've seen today.

I was like, I now have to deal with this thing that's been bugging me for a while, and and it has been bugging me significantly. But now I can't escape it.

And now it's a drastic force in my life. And then I proceeded into a severe mental health episode that lasted a long time, and nobody could explain anything to me, really.

It was a very biological explanation. That's all I was getting. And part of that was true. And I was doing therapy and I was on at the time I was on Paxil.

This was 1994, so I was on Paxil and out of van and high doses, and eventually the symptoms calmed down a little enough. And then I went in and out of many, many rounds of intense symptoms, and my baseline, which was already my baseline, was always know.

I thought it was just severe introversion and but it was actually much more complex than that. I was dealing with very significant kind of a low grade depression.

All the time. I was agitated all the time, and I always was. And it was it was just like, oh, and no where I grew up, nobody was talking about that. So fast forward a little.

That's my early 20s. In my 20s, the way I went about trying to solve that. I did psychoanalysis for a while, but then I was like, this isn't getting me very far.

So then I went into the the yoga world intensely, got connected to a guru and went down that world. And that was helpful a lot. But I still was not well.

So eventually I started seeing that I was really using yoga and meditation to really bypass my struggle and try and transcend my struggle versus move through my struggle.

And I was pretty good at doing that. I, I took well to meditation, so it was sort of easy for me to disconnect from the emotional body. But when I came back to the emotional body, nothing was changing.

Even with a lot of meditation, it was changing slightly. It was just a slight move of the needle. And then I went to school for it to become a transpersonal psychotherapist and made it my entire career to both help people, which was totally, really inside of me.

I just wanted to help people because I was like, I knew what it was like to suffer. But I was also on a mission to

solve my own problem. Fast forward, I started chipping away at it.

I would say I was doing some good sort of attachment work, chipping away at it, and then I went through a whole nother phase of working with different medicines in my 30s, mostly ayahuasca.

And what ended up happening was it exacerbated everything again. And it wasn't until my mid 30s, after probably hundreds of hours of good psychotherapy now, really good psychotherapy with good psychotherapists, psychiatrist, multiple psychiatrist.

By this point in and out of my life, it was a Colombian charm. And in Colombia, in the jungle, when I was, face down in the sand on ayahuasca. And I was like, what is going on with me?

People are not experiencing what I experience every time I do medicine. It's like the biggest crisis of my life. And I'm describing and he's like, oh, you have childhood trauma.

Like this is childhood trauma. And I'm like, well, I had this and that. I don't like never abuse. He's like, no, I'm telling you, this is childhood trauma. You don't.

The medicine is telling me this is childhood trauma and it's very severe. So it was that person that said that to me for the first time after very well educated therapist, now 15, this is now 15 years ago with trauma psychology still wasn't very integrated into psychotherapy sort of milieu.

It just the language was kind of starting to come in. And so no one was like, hey, this is just obvious trauma like, and some predispositions and things, but and so then I really I actually stopped working with the medicines because it was just too amplified for me.

Like I was so in touch with the trauma. I just didn't have the right tools. So the medicines was great for me up to that point, because what they were doing was just showing me so blatantly by so much implicit trauma in my system.

And, you know, it didn't have a lot of language to it. And then I really did some amazing healing. There was a lot of intergenerational Holocaust trauma in me.

I had to fly out. I felt I needed to out to Germany, and I went to different camps and I did a lot of processing there. There was a lot of child, early childhood, developmental trauma, complex PTSD stuff.

So I really got a good handle. I feel like on the trauma in those in those years. And then I was like, but my body's injured still when body was really injured, still from all that, you know, at that point is 35, 36 years of living with such severe trauma.

And my self-care practices weren't that strong yet. And so then I found integrative psychiatry, and I found integrative medicine. And then I started working on healing my body and the injuries to it, which then I also was starting to heal my brain in a new way because my brain was also injured to some degree, I would say, relatively speaking.

And then I got better. I mean, I'm pretty well at this point, like I, you know, co-founded this institute. I very efficient all day long. I have a family the like sure.

I still can move in and out of states and stuff, and that's always with me. But psychedelic medicine was a it was a big part and it was putting a magnifying glass on an issue and it was not going to cure my issue, but it would it was going to show me my issue, and that's what it did.

And so now here I am today and I'll stop there. Oh, wow. That's definitely quite a journey. And when we talked about the your path to where you are now, it really sounds like there was so many paths that you were intentionally seeking to guide that self kind of process that understand that deeper.

You know, the things that we carry in our body, the generational trauma that exists without having that kind of language like we do have now, right? We can talk about transgenerational trauma in a very different way with a lot of awareness to all the different resources.

So seeking that process, finding those different paths, I'm just very fascinated and also touched by how much work you have done to really get to this place that you are now as a leader in this work.

Was there a pivotal moment, or was it just this collection of these experiences that made you kind of realize that conventional psychiatry was not the way or integrative medicine was?

The more of the you mentioned a little bit about them, the body had to heal too. Now I'm just kind of very curious about what brought this coalesced, this idea.

It was a pivotal moment.

From Trauma Work to Integrative Psychiatry

I was on another round of medication in my 30s and I support medication like it can be very useful times, but there was a pivotal moment where my friends kind of did a mini intervention and said, you're falling asleep like a year.

We don't feel you anymore. You're you're the medication has actually dulled you. So too much, you know, like they were empathetic to what I had been going through for so long and understood.

But they were also like, you're going to get stuck here. And they were right. And I think my wife may have also had said that to me, too. At that point.

And that moment, I was like, you're right, I've done a lot of trauma work, but now I'm kind of dolled out on medication. I'm I need to go to the next degree.

And then I found functional medicine and, you know, and it was an integrative psychiatry specifically. So it was a good match. I didn't have to separate those two modalities.

And that was kind of the the last big piece for me that, I needed because my body was just so injured and metabolically injured and that so many different systems were injured.

When I say that I'm kind of seeing this evolving philosophy of mental health almost in your story even, it's almost like in your journey you started from where you were, which was a place where you had no idea what was happening, not even informed about the childhood.

Kind of a blank like a Pandora's box. And then slowly but surely, you just persevered through that. And I can hear in your story that the way you looked at mental health also shifted, and you really brought in the mind, body, and even in the mentioning of the bypassing that was happening with yoga, like it was getting there, there was some change that lift, but, that wasn't good enough or that formed into a pattern that you recognize as like, well, it's not healing my emotional body.

And then even recognizing that there's an emotional body and then then actually going into the somatic. So I feel that in your trajectory, you're kind of mirroring what's happened to psychiatry over the last, like, you know, some 30 years or so as well.

Yeah. And I thanks for saying that. It has been, an evolution of my own perspective on healing in general, but in myself. And, you know, when I started this journey, I was I was at the peak of biological psychiatry, I, in the late 90s, you know, it's like antidepressants are just like, let's do this.

And I mean, we're still in the peak of biological psychiatry, really. But my understand of and again, I started really the heart of my journey in the, in the spiritual kind of understanding of human experience.

And so my, my journey has really changed a lot. And I still am. And then I met, you know, well well and I who the other co-founder of the Innovative Psychiatry Institute, we've been friends for 16, 17, 18 years now.

And so we just sort of came together at some point. We like we need to go do this education. We both know about this and we need to go do this together because the system is not up to speed.

They're out of date of just the understanding of a human person. It got to reductionistic where some great discoveries happened, which happens in when you get reductionistic.

But then we couldn't zoom back out. So that's where we are today. You know, I'm, I'm also very curious about, again, that partnership that you have with Will and the work that you do together and the conforming of those ideas in the formation of the Institute.

Tell us a little bit more about, you know, that balance of your vision with Wells vision and knowing that you're both co-founders and doing such heavy lifting, especially initially, what did that look like?

We have a interesting balance because I'm a psychotherapist and he's a psychiatrist, so and he practices psychotherapy. But my whole, you know, my study was, was psychotherapy and psychology, and it was at Naropa, which has the transpersonal piece.

And there's a huge eastern philosophical integration into understanding the human mind. And he was very, he was a Buddhist practitioner, and he was trained as a Western medical doctor and was very much like a full on integrative psychiatrist for years.

By the time we had started the institute, and I was a patient. So, you know, of my own experience. So it was a nice blend of like a lot of different pieces coming together to sift through.

How do we communicate this and put this into other people's hands. I'm curious as to how you mentioned that back when you first started the journey, there was not really an understanding of trauma, and now we have a better understanding.

And just for our audience, you know, just so we can all have a common language, as you were kind of thinking about this, putting all of these pieces together.

There's the somatic element, there's the functional element, there's the integrative. There's this even spiritual Buddhist kind of philosophical backing.

And what is trauma in all of these, you know, intersections. And then here's a shaman in the middle of the Colombian jungle who's like, just like, boom!

Got it. And as pediatricians, I cannot tell you, there's a whole aspect to this question that I'm just sitting on because I'm kind of mind blown by how much trauma adults are carrying around.

Defining Trauma and PTSD

Because as pediatricians, we are trained to be mandated reporters and, you know, screen and all of that. But I don't believe adult doctors are. And I think that leaves a lot out of this discussion of mental health.

That's a great it's a great lead in. Well, trauma is a theory. And PTSD is a diagnosis. And that's a very, very important distinction at the beginning of this conversation, which is we'll talk about what trauma theory is and what it is a theory of trauma.

And then we could talk about, well, what's the PTSD diagnosis and how does that fit in. That's a largely in medicine largely. And it's starting to evolve largely.

We were looking only at the PTSD diagnosis and not holding that. There's something called trauma theory behind that, that we need to look at it to see if someone's traumatized.

And so what is trauma. So trauma is a collection or a single event or a collection of events that gets stored as memory in our system, or largely implicit memory that are telling our threat response system.

So fight, flight, freeze, collapse. That system is recalibrating from these events where we were overwhelmed, that we felt overwhelmed and could not digest the experience fully when it was happening, couldn't stay present.

So once we are not present to the experience, a trauma can get initiated and that memory essentially gets encoded in a way where the threat response system is now simply more reactive than it needs to be.

And the threat response system, you know, is in our entire body. So it's connected to every system in our body, starting at the brain and going down and then going back up to the brain.

So it's a two way street. That system, we we have signals coming up to tell it to calm down. And we have signals or to speed up and we have signals from the top down.

And so what happens is we have these undigested experiences in memories, some of which we'll never know exactly what they were. Mostly we'll never know.

Actually, the very, very fine details of what our happened. And then our threat response system is activated sometimes in some people, almost all the time.

And that is sending signals to the body that has big repercussions in the body, because that system's meant for survival. And when you activate survival in the body, you know, you can only do that for so long.

The body can always be in an activated survival state. So a lot of repercussions happen from that. And there's different things we could look at there.

But people could be in a, you know, a chronic state of needing to fight. And they're very agitated and angry and aggressive and, they could be in a chronic state of feeling like they have to flee or collapse in kind of all the way down the line is the full collapse, where it's just like they look deadened.

They're flat. There's a whole dissociation spectrum along this. Now it's theory because, you know, we're theorizing or putting together ideas based on these symptoms systems.

And then we have a spectrum of trauma. So on one end of the spectrum everybody's got on digestive memories in them. That's okay. There's maybe a little traumas.

The system is working pretty well overall. But you know we humans and everybody's a little got a little trauma and that's that. And so that's the one of the spectrum.

There's these sort of little traumas the system could use some fine tuning if you were willing to do it. On the other end of the spectrum, you're not doing well and you have probably a mental illness.

And there's other causes of mental illness, but this is going to probably be in there. And you have and you have all kinds of injuries to systems in your body and maybe diseases that are actually developing from this.

And so then we come to PTSD. PTSD is describing a certain presentation of trauma along that spectrum. Not all of trauma is just a certain presentation of trauma.

And, you know, you can read the list of the symptoms. And there's identify viable events. And, it's very narrow. It's how it's helped came out of the 70s, you know, Vietnam and war.

And it was helpful to just be like, oh, there's this thing called PTSD, right? But it was narrow and it's still narrow. And most people are struggling with trauma in their system.

To some degree. That's something we can all grow from, because every time we heal trauma in our system, we learn, we grow, and we we actually typically become more compassionate, as human beings.

So there's, like post-traumatic growth. It's called there's something very generative that comes out of the healing process. Not that we would wish trauma on anyone or events that caused that, but it so on there but so that I would say that is a central theme.

I think in most people suffering is trauma. And I think in spiritual traditions, we've talked about this in different ways from the traditions I've studied.

And it's, you know, we're not that kind to each other. So it's a pretty, the bottom line is, is that our nervous systems are fairly traumatized with each other.

And we're, we're we're still at a very early stage of getting along. We're doing okay, but we could do a lot better. Evolutionarily speaking. Yes. Well, we definitely could do a lot better.

And having this conversation really gives light to that indication of what we can do better. I really want to and this is for clinicians and providers out there because I'm both you know, me and three are conventionally trained physicians.

And it's just even now when I practice conventional medicine, I'm really very intrigued. Why why is it that this awareness of, you know, even the gut brain access, even the systems connection, the poly vagal theory, the relationship of trauma to illness manifestation, the story around illness, the context of how illness presents itself through generational effects, the use of aces, and why is it aces?

You know, adverse childhood experiences increase the risk of diabetes, cardiac disease, obesity. It's all there.

Why Mental Health Care Must Evolve

And yet we are as physicians and providers and clinicians in this work, we are still not fully I mean, we're learning now more and more that it's such a relationship trauma has and how it shows up in the body and the way you described your initial experience, it almost felt like and maybe my my interpretation, is it like something uncapped?

There was something you were holding that was so intense and it came in an intergenerational and that has a memory in your DNA, you know, somewhere along the line and it just, you know, showed up in you in, in your life lived experience and and with the use of a medicine that's a psychedelic that just, you know, catalyzed that opening of awareness.

And so it's fascinating. And yet why is it where we are? So what are your thoughts on why is this, this element of denial or blockage of this understanding of integrative, the importance of integration in mental health or physical or even medical, you know, care?

I think people have been running from the demons inside of them for thousands of years because they are ghostlike. They're confusing. We don't understand them.

We in a sort of evolutionary way. It's not a good thing to slow down and figure it out. So I think that there's a lot of reasons why it hasn't been mind first, mind healing first, and why, especially in the last, let's say 100 years, if we just think of modern medicine.

It was like, well, we got to really focus on this body thing because we got to live longer than 35 years old. We got to move along here. And that was great.

Right? Like, here we are. We're talking we're older than 35. It's great. That's a cool thing. And and it was you know, things were hard when, when we didn't have certain types of medicine.

Really hard in a different way. But I think that this is a human problem and it just it's going to show up in medicine, you know, that we're not going to heavily focus on getting to the bottom of suffering like we're going to we're going to focus on what we can see in a microscope because it's more tangible and it's easier, and we can make some headway quickly.

And we did. So I think we're at a tipping point where, you know, if we're going to make it a really long time as a species, this is going to circle back to really we need to deal with this.

We need to deal with what's going on collectively in our nervous systems for thousands of years. How are we going to get to the next point evolutionarily to how are we going to do it?

And this is a main component that's going to be hard, but we have to do it or we're we're probably not going to last that much longer I don't think I mean, we'll last, but like we won't thrive.

Like things could definitely take a downturn. So I think that's where we are now. And I think that's in times of chaos and has been in many periods of chaos on the, on the globe throughout all time.

But I think in times of chaos, you tend to see usually something rise through it. And now we're seeing a lot of understanding of suffering in a new way right now.

And we're going to have some great tools eventually. So we have some good ones right now, but right now, some really good ones probably pretty soon. I love that, I love that, can I just mention that I love how you are framing this and evolution of humanity context, because it makes so much sense that the moment we're in right now, in 2025 is trauma. Here.

We just say that the trauma of white supremacy and colonization and all these ways in which, you know, the Holocaust and just just keeping on and what we notice with trauma is it makes our lens narrower.

Right? That's the thing is, when we're operating from the amygdala activation and we're getting flooded, it just narrows it. Just like when you were in that bedroom 19 storeys up, it narrowed your choices down to a very black and white choice.

And that is what's happening when people are so activated in their bodies and in their systems. And it's a fight for survival. And we've created systems out of which the trauma has been amplified, made beautiful.

The stories have been kind of, you know, aligned around it. Identity has been, you know, kind of usurped by the trauma story. And once that happens, it is well nigh impossible to do what you're stating here without these tools that you're talking about.

And I think it just amplifies for me just what a crux we are at right now and humanity. Because if we do this right, if we can pivot and really recognize.

And I love how the psychedelic sciences conferences in 2023 mentioned net zero trauma by 2070 or something. And this concept of net zero trauma really appealed to me, because then we're thinking of this idea that we're constantly making trauma two, even as we're trying to treat it.

And if our systems are creating trauma, no matter how much we try to heal it, there's always going to be more.

Psychedelics, Ethics, and Training

And so what you're talking about is a fundamental shift in our understanding of just where we are evolutionarily, and how important it is that we solve this problem within our each of our bodies, each person individually.

And I love how psychedelic medicine kind of brings these threads together. And the focus is really inward, you know, beyond the labels and beyond all of that.

Can you tell me a little bit about that? Because as you were talking about how PTSD is very narrow, I also kind of understood that maybe depression, anxiety has become this label, right, that we label people with.

And you're depressed and you're anxious, you're bipolar and you're this and how that can trap people into these states, thinking that this is who they are and the identity gets wrapped in, how do we unwrap that?

Well, the good news, I think, is, is how do we unwrap it? The good news is, is that knowledge is going to be completely free. It almost is already. But like everyone will have any knowledge they want in their pocket and it's basically there.

But within another few years it's going to be so good with AI, you know? And once knowledge becomes free, that's how we unwrap it. Is you need to get informed.

And so that's the positive side of what's happening right now. You can inform yourself and people will start doing that more and more younger generations, they're going to get influenced heavily, but they're also going to ask good questions in objective resources in AI.

And so so you've got two things going on right now that I think we have a chance here to actually unravel some things through educate, through self-education and that's an interesting thing.

We've never really had this type of self-education. You know, you've always been very influenced by your teachers and hopefully had good teachers. But there's so much subjectivity there when you have higher levels of objectivity.

And it's free, I think is opening a doorway to something possible. I think psychedelics are one of the better tools we have right now for disrupting a person's matrix and seeing something else, and potentially healing trauma and other things.

But I think psychedelics are are one of the better tools we have for a disruption. Not not a long term treatment plan. The disruption. And it's still a crew tool.

I mean, from my story, it's a crude tool, but it's a one of our better tools we've got. So I'm really excited that hopefully we can get this into safely into a lot of people's treatment plans.

And I do think what my hope is, we will have really, really powerful tools in the next 1 to 200 years. We won't get to see them properly, but that hopefully we can evolve out of this issue that we're I think as a species, you have to evolve through this issue to make it in the long run.

We're still very new as a species. So either we're we're going to, you know, not get swallowed by technology and ourselves or, you know, and we're going to beat it or we are so that's where we are right now.

And it's a tipping point. Can I ask you a little bit about your relationship with psychedelics? Sure. You mentioned that there were a period of time where you had a lot of experience and then more recently, less.

I just wanted to, for our audience, just kind of recognize what your perspective is on this. And then earlier I let you continue. Yeah. Thank you. In the last ten years I've, I've done more psychedelic therapy experiences three times in ten years.

The prior ten years, 40 times ceremonial experiences. And prior to that, some more sort of recreational exploration. Not a lot though, but some. And I would say that the intentionality of more of the therapeutic experiences were very positive, but I didn't need that much.

And I think we don't use that much in the research. It's not a it's not something like we're going to give you

psychedelic therapy experiences 50 times in the next three years.

It's like, that's not generally what we're even researching at all. And so I think that there used mindfully and sparingly, I mean, there are other uses that are possible, but they can be very positive.

And they were for me, I, I had a deeply healing ketamine therapy experience where it was very powerful for myself. I really connected with my Jewish lineage, and it was a time where it was like I felt the lineage saying to me, you've carried this for us.

You've looked at it, thank you. And you can now move on. It's like you can let that go now. And that was a very powerful healing experience for me. And prior to these experiences, as I said earlier, they were all very, very challenging and painful experiences.

So I think there's a great place for psychedelic therapy. If it's indicated, if there's not, you know, contraindications or whatever. I mean, I think there's a lot of use cases for it in a plan of healing.

It's a stepping stone. But again, it's one of the most powerful ones we have at the moment. I kind of also want to highlight something you said about that.

Learning is free and readily available to a lot of our population now, and it will continue to grow and develop in very complex ways that we can't even envision at this point.

But definitely I see that too, and I agree with that. I agree that we will be challenged as clinicians right to. And because we the growth factor of knowledge is just going to be I mean, we're going to be behind the curve as well.

Like as clinicians, because we will also be having to kind of keep up with that level of information integration with AI in terms of what you have seen in terms of training and as a clinician and as a person who's been doing psychedelic treatments and therapy and and a leader in the field, the role of ethics and the role of making those decisions is still in the clinician's hand.

Right about is this the right form of treatment? And are you ready for something like this and making those determinations, assisting with that guidance?

I still see that that that will be important and the ethics of caring. What has been your experience to date on the ethics of caring for patients who enter into and have done and have been challenged by the system as you were, and seeking their own healing?

I think it's a great point. The burden of choice is on the provider, and also it's not a heavy burden. It's something that's important. And even with AI, I mean, first of all, generative AI, this software matrix is in going yet to be able to understand who's sitting in front of us and the way we can, and not least in generative AI.

So this is definitely still important that there's a human provider that is feeling and seeing and experiencing and the person to make these decisions.

I think that's very important. And then I would say the the ethics is that, well, on one side of the ethics is we should never believe any things are panacea.

I think that's on one side of an ethical sort of a medical ethics perspective is like nothing is a cure. Nothing is the ultimate cure. A panacea works for everyone.

And so we we we need to always be very mindful with our knowledge that we have and the person sitting in front of us. And is this a good fit for them?

Now, the good news is it's a good fit for a lot of people from what we're seeing in the research. But that is one side of it. Like we can we can lose sight of what a person's been through and what this intervention could do.

It could be harmful if they're not set up in the right way, they're not resourced in the right way. They may not be ready for some reason, something. But then there's the ethics of the other side of the argument.

I'm just going to go about my business and never think about psychedelic therapy or anything that still feels fringe to me. I'm going to just do what I was told and not look harder, and that that has a different ethical ramification, right?

Which is as doctors and healers, it's our job to listen to what we've been told and ask more questions immediately and constantly review and think. And healing is evolving extremely quickly right now.

So that means we have to evolve in our knowledge. We have to evolve in ourselves. So I think there's two sides to the ethical coin here of not considering it ever is also an issue.

And so I think we do have to consider and I I'm a big proponent of following the the legal trajectory here. So let's saying go out and become a renegade illegally.

But I'm talking just more about like there's access to medicines right now. You could consider ketamine therapy and but no I don't want to do that. It's I don't believe in it. It's Google.

It's psychedelics as a side effect of cademy like any of that line of thinking, like you could do that, but it's like, are you willing to question these assumptions?

We should always question assumptions in any direction. Wow. Beautifully said, I love that. Yeah, I love that. Well, I'm gonna ask how this has informed your kind of perspective on what this where this field is going.

You know, I love how you frame that. Like when we take that ethical stance of knowledge is about to be democratized even more than it has been. And that brings a different balance of power and all.

Yeah. Thank you for stating that. You know, then what are physicians therefore really? And, you know, you mentioned yeah, lived experience suffering. You know, somebody who's been in the trenches as a human.

And we're also dealing with this idea that we've always looked at mental health through this lens of objectivity. And now we're really entering into a more subjective realm too.

With psychedelics, is every single person comes to the experience, like you said, from a different way? Are they prepared? Are they ready? Where are they at?

Or do they have the resources? It's so subjective. You can't just say, here's the ibogaine and here's the psilocybin and off you go. It's a process and it takes the time it takes for each person in a different way.

Your trauma is going to be treated differently. My trauma is going to be treated differently. And we're all carrying different things because we're all carrying different stories from all of these different lineages.

And so I'm really curious to hear what your vision and how you think about, like, how do we train people to do this? How do you train a human you know, you like?

I'm so curious because you've been doing this now. You've been training humans to do this. And what have you seen? I'm so curious to hear. Yeah, well, we'll start with psychedelic therapy.

So, I mean, from a training perspective, we've changed thousands of people and we were able to offer practicums where people could go experience it if they had certain indications and qualified, and then also, you know, be on the other side and be the be the provider and I think that is important.

Does it have to be that way? No, but it's important. We've all been talking to ourselves and other people our whole life so we could do that therapy. We've done that so we know that state or not, most people have not been under a

psychedelic.

And so it's sort of like, okay, now you're going to go work with someone that is under that, but you've never experienced that.

Future of Psychedelic Medicine and Closing Reflections

It's a new language. So you would like almost be like, I speak English, you speak Spanish. We're going to try and do therapy right now. You know, it's almost that strong of an analogy.

So I think that's useful if it can happen at some point. A lot of people, as we keep going a little further on here, have had psychedelic experiences.

So they've had that. So it's not necessary to do that again. And there are situations where you don't need to do that and that's okay too. Yeah. And then I think there's just got to be a lot of, a lot of great training around ethics.

Of psychedelic therapy. It's not talk therapy. It's not ordinary consciousness therapy. So there's a lot that goes into that to consider about everything from the preparation to dosing to integration.

But I think us and other training institutes have a pretty good handle on, okay, like this is a good solid training foundation. And there's different ways to do this and to kind of say, well, where's the field headed?

I think we're going to have widespread availability of approved medicines soon. I think we're almost there. I would say that by 2030 you are going to have medicines, and by 2040 your neighbor is probably going to have done psychedelic therapy and it's going to spread very quickly.

And I see it. I come from a very conventional like I grew up in a very conventional place in new Jersey and like everyone around here, was like, oh my gosh, you know, about psychedelic therapy?

Like I was like, they're interested. There's a lot of intrigue all across the country. And we're seeing such interesting things happen right now in the current administration around psychedelic therapy that there's actually interest.

So this is there's something that's transcending party lines here, which is, I think, appropriate that healing transcends party lines. But it is, and it's interesting that it is not what I would if you would have asked me that ten years ago, I would have been like, I doubt the Republican Party would be interested in this.

That's what I would have said ten years ago. So there's this very interesting thing happening right now. So I think we're going to see, you know, again, it's not like that's the only type of therapy or it should never be that.

But I do think we're going to have a lot of access not that far away. And hopefully it makes a small dent into what we're dealing with. We need more though.

This is could be a stepping stone. And then when we have better technology, we need something pretty radical, I think, which could be our lifetimes. I want to express some gratitude for that intervening ten years in which so many people have worked so hard to get that bipartisan support.

We're here because of a lot of activism and a lot of good science and research, and I really respect the people like yourself and others who have held this, you know, responsibility.

Yeah, it's it's incredible. And I mean, there's so many players, but obviously Maps and John Hopkins, there's a lot of players, but there's been amazing work done.

And here we are and we're close. We're really close to a big move here. And I want to also mention that I taught a course in your IPA fellowship classes on narrative medicine and okay, great care.

And one of the things that came up as I was preparing for that, that talk in that lecture was the amount of appreciation of story of people's lives that is so unique that each person carries, and what are the ways that we can really bring in that creative element in the healing space?

Because when we have creativity, we have an openness to discovery to really explore. However, I was into that. You know, it's such an important part of the healing process and the use of narrative arts, really, to me, goes back to that way.

We used to heal, right? Which is the art of medicine was just sitting with patients and really learning about them. That relationship, they're learning about who they were, where they came from, how they live, and having that really solid connection, which goes back in time, right, to my perception of as a physician, was really in my childhood.

I had knew I knew what the doctor did because go with my parents and in a village in Pakistan and sat with the Hakim, which is a, you know, another name with my grandfather and the he had such a connection with his Hakim, his healer, because he knew him and he knew all about him and was able to was in giving him a prescription.

Who's really giving him a connection, a relationship. And I think that was that's just an important element to this human dynamic. And in psychedelic medicine and the importance of social justice, and where bringing psychedelics brings all the parties a hand to this leveling field of human humanism.

Right. We're all connected in some form of fashion. So if you had to tell your and this would be a last question. Okay. Yeah, I. Well, thanks for saying all that.

It's powerful to hear that. Yeah, yeah. What are your thoughts now if you had to go back with what you know now about this path that you've taken in so many ways, what would you tell your younger self if they had to find that path again?

Which direction would be the advice you'd give to that person? I would say that there is a star inside of you waiting to be born, and you have to be patient.

And that's the same for everyone around you. And it will happen. Few the sun, you know. Thank you. That is. Thank you. Thank you for saying that. Absolutely.

And seeing that star is shining bright. So. Yeah. Thank you so. Much. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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