What Saved Me: Psychedelics, Trauma & the Long Road to Healing (Keith Kurlander) Transcript

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Podcast Introduction and Guest Welcome

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

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

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

And now we're seeing a lot of understanding the suffering in a new way right now, Welcome to the To Curious MD podcast. I'm Dr. Ali Ahmed. And I am Dr Surya Ravan.

With the wisdom from holistic, alternative and these conventional medicines, we are here to challenge the status quo. We're curious about the connectivity and complexity between diverse fields of knowledge as it relates to consciousness, chronic illness, mental health, resilience and beyond.

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

Personal Healing Journey Begins

is a pioneer and I would say a Pioneer in both education and training. He is pioneering voice in the evolution of mental health care. he has been known for weaving together all the sciences and trauma informed care and deeper dimensions of human consciousness, integrative medicine in terms of integrated psychiatry and specifically for psychedelic assisted therapy training as well as for ketamine assisted training and so much more.

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

He has over two decades of experience as a licensed professional counselor, an 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 in complex trauma, history of bipolar, spiritual awakening, and his dedication to exploring what we call the root cause of suffering with that 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. Do you feel ready to begin or take a deep dive in?

Thank you. That was quite an intro. So let's see if I can 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.

I would really like to start with really 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 tell the shorter version of this story. It really started for me at age 19. I was at University of Massachusetts Amherst, and I a very shy, introverted guy.

knew I knew was struggling, but didn't know to the degree that I struggling. And then one night I had done psilocybin mushrooms with some friends and they went back to my dorm room and it was in a high-rise on 19 stories up.

a load 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, and I am in tons of pain.

So I then proceeded to go over to the window to start having a very strong impulse to jump out the windows. I got to a window and was cracking it open.

The windows were small and you would 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 that 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 5- year- old sister in front of me saying, you can't do this. It's not OK 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 would jump out the window, knowing that I can't do this for her.

For me, I should do it right now, but for me I'm not going to do that. And what was terrifying was, that 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 has been bugs 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. 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 doing therapy, at the time I on Paxil, this was 1990s. So I was on Paxil and Ativan and high doses. And eventually the symptoms calmed down a little enough.

Then I went in and out of many, many rounds of intense symptoms. My baseline, which was already my baseline was always, I thought it was just severe introversion.

But it was actually much more complex than that. I was dealing with very significant, kind of a low-grade depression all the time.

From Trauma Work to Integrative Psychiatry

And I always was. It was just like, oh, where I grew up, nobody was talking about that! So fast forward a little, that's my early 20s. In my 20's, 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 it went into 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.

Eventually, I started seeing that I really was using yoga and meditation To really bypass my struggle and trying transcend my struggles move through my trouble and i was pretty good at doing that i took well to meditation so i always 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 just a slight move of the needle.

And then I went to school 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 because 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, chipped away, and then I went through a whole other phase of working with different medicines in my thirties, mostly ayahuasca.

And what ended up happening was it exacerbated everything again. And it wasn't until my mid thirties after probably hundreds of hours of good psychotherapy now, really good.

Psychotherapy with good Psychotherapists, a psychiatrist, multiple psychiatrists by this point in and out of my life. It was a. Colombian shaman in Colombia in the jungle when I was on face down in The Sand on ayahuasca and I Was like what is going on with me people are not experiencing what I experienced 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 I He's like, no, I'm telling you, this is childhood trauma. You don't, the medicine's telling me this as 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 therapists. Now 15, This is now 15 years ago. It's trauma psychology still wasn't very integrated.

into psychotherapies sort of mill you. The language was kind of starting to come in. And so no one was like, hey, this is just obvious trauma. I had some predispositions and things.

Then I actually stopped working with the medicines because it was just too amplified for me. Like I was so in touch with 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. 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 lotta intergenerational Holocaust trauma me. I had to fly out, I felt I needed to, out to Germany and I went to different camps and did a lots of processing there.

there was lot a early childhood developmental trauma, complex PTSD stuff. So I really got a good handle, I feel like, on the trauma in those years.

Understanding Trauma and PTSD

And then I was like but my body's injured still. My body was really injured, still, from all that, you know, at that point it was 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've found integrated medicine. 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 I co-founded this institute I Very efficient all day long.

I have a family. Like, I'm sure I still can move in and out of states and stuff. And that's always with me. But psychedelic medicine was a big part and it was putting a magnifying glass on an issue.

It was not going to cure my issue, but it would, it's going show me my issues. That's what it did. So now here I am today and I'll stop there. Oh, wow.

That's definitely quite a journey. And when we talked about 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 understanding 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 the body had to heal too.

I'm just kind very curious about what brought this coalesce, this idea It was a pivotal moment. I was on another round of medication in my thirties and I support medication.

Like it can be very useful at times, but there was pivotal a moment where my friends kind of did a mini intervention and said, you're falling asleep. We don't feel you anymore.

The medication has actually dulled you so too much. 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 we're right. I think my wife might 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 dulled out on medication.

Um, I need to go to the next degree. And then I found functional medicine and, and it was an integrative psychiatrist specifically. So it's a good match.

Uh, might have enough to separate those two modalities. That was kind the last big piece for me that, um, my needed because my body was just so injured and.

metabolically injured and that so many different systems were injured. I want to say that I'm kind of seeing this evolving philosophy of mental health almost in your story even.

It's almost like in you 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 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 mentioning of the bypassing that was happening with yoga like it was getting there, there was some change that lived 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 and 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 some 30 years or so as well.

Yeah. 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 at the peak of biological psychiatry.

I mean, the late nineties, it's like antidepressants are just like, let's do this. And I know we're still in the peek of psychological psychiatries, really, My understanding of, and again, I started really the heart of my journey in the spiritual kind of understanding, of human experience.

And so, my, journey has really changed a lot and I still am. and then I met, you know, Will and, the other co-founder of the Integrative Psychiatry Institute.

We've been friends for, 16, 17, 18 years now. And so we just sort of came together at some point. We were like, we

need to go do this education. we both know about this and we needed to do it together because the system is not up to speed.

They're out of date. just the understanding of a human person. It got too reductionistic, where some great discoveries happened, which happens when you get reductionist, but then we couldn't zoom back out.

So that's where we are today. You know, I'm also very curious about, again, that partnership that you have with Will and the work that do together and conforming of those ideas in the formation of the Institute.

Tell us a little bit more about that balance of your vision with will's vision and knowing that your both co-founders in doing such heavy lifting, especially initially.

What did that look like? We have an interesting balance because I'm a psychotherapist and he's a psychiatrist. And he practices psychotherapy, but my whole study was psychotherapy and psychology.

It was at Naropa, which has the transpersonal piece and there's Eastern philosophical integration into understanding the human mind.

Why Mental Health Care Must Evolve

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.

I was patient, so of my own experience. It was nice blend of 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.

Just for our audience, just so we can all have common language, as you were kind of thinking about this, putting all of these pieces together, There's the somatic element, 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 intersections? And then here's a shaman in the middle of the Colombian jungle who's just like, boom, got it.

As pediatricians, I cannot tell you there is a whole aspect to this question that I'm just sitting on because I am kind-of mind-blown by how much trauma adults are carrying around.

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

And then we could talk, well, what's the PTSD diagnosis and how does that fit in? So largely in medicine, largely 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 collection of events that gets stored as memory in our system. 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. We felt overwhelmed and could not digest the experience fully when it was happening, couldn't stay present.

So once we're not present to the experienced, 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.

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 breath.

So, it is a two-way street, that system. We have signals coming up, to tell it to calm down, and we have to speed up and 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 will never actually know the very, very fine details of what happened. And then our threat response system is activated sometimes and some people almost all the time.

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 body, you can only do that for so long.

The body can't always be in an activated survival state. So a lot of repercussion's happened from that. There's different things we could look at there, but people could be a chronic state of needing to fight.

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

They're flat. There's a whole dissociation spectrum along this. Now, it is theory because we're theorizing, we are 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 undigestible memories in them. That's okay. There's maybe a little trauma. The system is working pretty well overall, but you know, we're humans and everybody got a bit of trauma and that's that.

And so that on the one of these spectrums, there's these sort of little traumas. This 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 illnesses, but this is going to probably be in there. 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.

Psychedelics as a Therapeutic Tool

Not all of traumas, just a certainly presentation trauma. And you can read the list of the symptoms and there's identifiable events and it's very narrow.

It's helped. Came out of 70s, you know, Vietnam and war and it was helpful to just be like, oh, there's this thing called PTSD, right? But it 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 actually typically become more compassionate as human beings.

So there's a 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 I'm there, 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 is a pretty, the bottom line is that our nervous systems are fairly traumatized with each and we are 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 Soraya are conventionally trained physicians. And it's just, even now when I practice conventional medicine, I am really very intrigued by why is it that this awareness of, you know, even the gut-brain access, the systems connection, polyvagal theory, relationship of trauma to illness manifestation, this story around illness, context of how illness presents itself, through generational effects.

The use of ACEs and why is it ACE's, you know, adverse childhood experiences increase the risk of diabetes, cardiac disease, obesity. It's all there and yet we are, as physicians and providers and clinicians in this work, 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 interpretation is, like something uncapped. There was something you were holding that was so intense.

and it came in an intergenerationally and that has a memory in your DNA, you know, somewhere along the line. And it just, showed up in you in, in life lived experience and, and with the use of a medicine that's a psychedelic that just you know, catalyze that opening of awareness.

And so it's fascinating. What are your thoughts on why is this this element of denial or blockage of this understanding of the importance of integration in mental health or physical or even medical care?

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

In a sort of evolutionary way, it's not a good thing to slow down and figure it out. So I 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 gotta live longer than 35 years old.

We got a move all along here. And that was great, right? Like, here we are, talking, and we're older than thirty-five. It's great. That's a cool thing.

Things were hard 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's going to show up in medicine.

We're not going heavily focused on getting to the bottom of suffering. Like, we're going focus on what we can see in a microscope because it is more tangible and easier and we could make some headway quickly.

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

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

And this a main component that's gonna be hard, but we have to do. Or we're probably not going to last that much longer, I don't think.

Ethics, Training, and the Future of the Field

I mean, we'll last, but we won't thrive. Things could definitely take a downturn. So I think that's where we are now. And I that in times of chaos, and there's been many periods of chaotic on the globe, throughout all of 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.

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

And 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 were getting flooded, it just narrows it, just like when you were in that bedroom 19 stories 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 the systems and it's a fight for survival.

And we've created systems out of which the trauma has been amplified, made beautiful. Stories have been kind of, you know, aligned around it. Identity has kind usurped by the traumas story.

And once that happens, it is well nigh impossible. to do what you're stating here without these tools that you are talking about. And I think it just amplifies for me just what a crux we are at right now in humanity.

Because if we do this right, if can pivot and really recognize, and I love how the Psychedelic Sciences Conference in 2023 mentioned net zero trauma by 2017 or something.

This concept of net-zero trauma really appealed to me. Because then we're thinking of this idea that we are constantly making trauma too, even as we try to treat it.

And if our systems are creating trauma, no matter how much we tried to heal it, there's always going to be more. 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 each of our bodies, each person individually.

And I love how psychedelic medicine kind of brings these threads together. The focus is really inward, 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 understood that maybe depression and anxiety has become this label, right, that we label people with, and you're depressed, you are anxious, your bipolar, 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 how do we unwrap it? The good new is that knowledge is going to be completely free. It almost is already, but everyone will have any knowledge they want in their pocket.

And it's basically there, and within another few years it will be so good with AI. Once knowledge becomes free, that's how we unwrap it, you need to get informed.

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 are also going ask questions in objective resources in AI.

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

We've never really had this type of self education. You've always been very influenced by your teachers and Hopefully you 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 one of the better tools we have for a disruption, not a long-term treatment plan, a And it's still a crude tool. I mean, from my story, it is a cruel tool, but it 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 plants. And I do think what my hope is we will have really, really powerful tools in the next one to 200 years.

We won't get to see them probably, hopefully, we could evolve out of this. issue that 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 species. So either we're going to not get swallowed by technology and ourselves and we are going beat it or we aren't. That's where we 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 Aliyah, I'll let you continue. Thank you. In the last 10 years, I've done more psychedelic therapy experiences three times in 10, years the prior 10-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.

I think we don't use that in the research. It's not something like we're going to give you psychedelic therapy experiences 50 times in three years. That's generally not what we are researching at all.

And so I think that they're 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 had a deeply healing ketamine therapy experience where it was very powerful for myself.

Really connected with my Jewish lineage. It was a time where 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. That was a very powerful healing experience for me. Prior to these experiences, as I said earlier, they were all very, very challenging and painful experiences.

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

It's the 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 agreed that, we will be challenged as clinicians, right? Because the growth factor of knowledge is just going to be I mean, we're going to be behind the curve as well, 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 training and as a clinician and a person who's been doing psychedelic treatments and therapy and the 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? Making those determinations, assisting with that guidance, I still see that that will be important. And the ethics of caring, what has been your experience to date on the who enter into 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 is not a heavy burden. It is something that is important even with AI.

I mean, first of all, in generative AI, this software matrix isn't going yet to be able to understand who is sitting in front of us in the way we can, at least in genitive AI so this is definitely still important that there is a human provider that is feeling and seeing and experiencing a person to make these decisions.

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

That's on the one hand of an ethical, sort of a medical ethics perspective. It's like nothing is a cure, nothing's the ultimate cure. A panassea works for everyone.

And so we need to always be very mindful of 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 fit fit a lot of people from what we're seeing in the research, but that is one side of it.

We can't 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 a right, way they may not be ready for some reason, something.

But then there's the ethics of the other side of 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 am going just to do what I was told and not look harder.

And 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 healing is evolving extremely quickly right now. So that means we have to evolve in our knowledge. We have the evolve ourselves. 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 it. I'm a big proponent of following the legal trajectory here. So let's say go out and become a renegade illegally.

But I am talking just more about like there's access to medicines right now. You could consider ketamine therapy. No, I don't want to do that. It's I believe in it, it's woo woo, psychedelics.

That's a side effect of ketamines. Any of that line of thinking, you could do 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. I'm going to ask how this has informed your kind of perspective on where this field is going. I love how you frame that.

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. Alia, thank you for stating that, then what are physicians there for, really?

You mentioned, yeah, lived experience, suffering, 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 are really entering into a more subjective realm too with psychedelics as every single person comes to the experience

like you said from a different Are they prepared?

Are there ready? Where are they at? Do they have the resources? It's so subjective. You can't just say, here's the Ibogaine and here is the psilocybin and off you go.

It is a process and it takes the time it take for each person in a different way.

Narrative Medicine and Closing Reflections

Your trauma is going to be treated differently. My trauma's going be treat differently and we're all carrying different things because we are all carry 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? Like, I am so curious because you've been doing this now, you have been training humans to this.

And what have you seen? I so am curious. Yeah, well, we'll start with psychedelic therapy. So, I mean, from a training perspective, We've chained 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 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. Most people have not been under a psychedelic. And so it sort of like, okay, now you're going to go work with someone that is under that, but you've never experienced that it is a new language.

It would like almost be like I speak English, you speak Spanish. we're going to try and do therapy right now. It's almost that strong of an analogy. 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. They've had that, so it's not necessary to do that again.

There are situations where you don't need to that and that is okay too. Yeah, and then I think there's just got to be a lot of great training around ethics of psychedelic therapy.

It's not talk therapy, it's no ordinary consciousness therapy so there is a lots that goes into that to consider about everything from the preparation to dosing to integration.

But I us and other training institutes that 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 medicine soon. I I would say that by 2030, we're going to have medicines and by 2040, your neighbor is probably going have done psychedelic therapy and it's going spread very quickly.

And I see it, I come from a very conventional, like I grew up in a conventional place in New Jersey And everyone around there is like, oh my gosh, you know about psychedelic therapy.

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 is something that's transcending party lines here, which is I think appropriate, that healing transcends party line, 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 be interested in this that's what i want to set ten years so there's this very interesting thing happening.

So i think we're gonna see you again it's not like that 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 are dealing with.

We need more though. This could be a stepping stone. And then when we have better technology, we need something pretty radical, I think, which could our lifetimes.

I want to express some gratitude for that intervening 10 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 good science and research and I really respect the people like yourself and others who have held this responsibility.

Yeah, 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 has 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 one of your IPA fellowship classes on narrative medicine and ethics of care.

And one the things that came up as I was preparing for that talk and 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 an openness to discovery.

to really explore however AI builds into that. It's such an important part of the healing process and the use of narrative arts really to me goes back to the way we used to heal, which is the art of medicine.

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 knew what the doctor did because go with my parents in a village in Pakistan and sat with the Hakim, which is another name with, my grandfather. And he had such a connection with his Hakin, his healer.

Because he knew him and he you all about him, and was able to wasn't giving him a prescription He was really giving them a connection a relationship and I think that was that's just an important element to this human dynamic and psychedelic medicine and the importance of social justice and where it brings psychedelics brings all the parties a hand to this leveling field of human, humanism, right?

We're all connected in some form or fashion. So if you had to tell your, and this would be our last question. Okay. Yeah. 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 find that path again?

What would be the direction, would it be 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 patient and that's the same for everyone around you and it will happen.

Beautiful. Thank you. That is a star. Thank for saying that. Absolutely. And that star is shining bright right now. So thank you so much. Thanks for joining us on the Too Curious Andy podcast.

We hope today's episode inspired you to ask new questions and explore fresh perspectives. We challenge you to

ask us those unasked questions that you're curious about in your medical practice, condition, health and wellness.

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