

A Guided Tour Through Psychedelic Psychotherapy – Dr. Phil Wolfson with Dave Asprey – #770

Announcer:

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Dave Asprey:

You're listening to Bulletproof Radio with Dave Asprey. Today is going to be a really, really good interview because we're going to get into psychedelics today. And our guest is Dr. Phil Wolfson, the creator of a new approach to psychotherapy based on ketamine of Ketamine Assisted Psychotherapy. And if you're a longtime listener about 100 episodes ago, I went and I did Ketamine Assisted Psychotherapy down in San Diego and talked about it. And Phil though, is the guy who made it happen. He's the CEO of the non-profit Ketamine Research Foundation. He spent many decades doing clinical psychiatry and psychotherapy. We're going to talk about what he's done, how he got there, and he's also a journalist and author of a lot of articles on transformation, politics, psychedelics, consciousness and spirit. So we'll get a little bit out there today. But remember, ketamine is a legal widely available substance not subject to the same regulatory problems as some of the other things like LSD or mushrooms or even MDMA, all of which are making progress as chemicals that can be used for healing even though they could also be used for other things.

Dr. Wolfson or Phil as I call you. Welcome to the show.

Dr. Phil Wolfson:

My pleasure, indeed Dave. Thanks for having me.

Dave:

Why ketamine?

Phil:

Well, ketamine is originally an anesthetic and analgesic put together off of PCP analog research in the late 1960s. And when it first was being used, Edward Domino was the inventor of it. I saw that people coming out of high dosages of ketamine were having what he calls Emergent effects. And they were having psychedelic experiences. And unfortunately because he didn't know what to do with that and people weren't being supported in it, there were people who really had trouble with the substance. Ketamine got very widespread use throughout the world as an anesthetic for veterinarian work. It's called a horse tranquilizer, all of that and it's a very, very safe substance. So it doesn't cause respiratory suppression, for example. So that people on the battlefield, who are wounded or injured in the Army, the Marine Corps uses it for sedation and for a quick anesthesia doesn't suppress respiration. So its safety became renowned.

It's still in widespread use in anesthesia, analgesia. But of course, people in the psychedelic realm are always searching as you probably know and they're always wondering, "What's around the corner? What have we found?" And so, some notice came to the emergent syndrome. And a certain person Salvador Roquet who is no longer with us, and was a very renowned Mexican psychiatrist but renowned for doing very difficult things and got in trouble at the end of his life. I had the pleasure of meeting him. He did special kinds of experiences. In which he produced effects of; spiritual, emotional,

deep and difficult nature using bones come across with skeletons while people on LSD across the lake watch Bosque de Chapultepec.

Dave:

Wow!

Phil:

And he became renowned for using ketamine as one tool in his toolbox. Remember this is illegal period. Ketamine is of course still legal but it was a period when you could do other kinds of substances. He brought that medicine to the Maryland Psychiatric Institute, where Stan Grof was in leadership and several other people renowned Bill Richards, who we have and he tricked them. And they said as a chapter in my book, on his journeys, which were quite remarkable. When they came to know ketamine both uniquely and in combination with other substances as a profound experience, different than other psychedelics.

Dave:

Longtime listeners probably remember the interviews with Stan Grof on Bulletproof Radio and actually hosted an event with the human potential Institute, the coaching program that I started where Stan led several days of holotropic breathwork. So he's the creator of transpersonal psychology and the fact that he's written a chapter in your book, The ketamine papers, by the way, thank you for the sign copy. Is just a sign of how deep you go into the history of psychedelics, but you're kind of the ketamine guy. Do you object to that branding?

Phil:

No. I mean, I really am the MDMA guy. I know I'm really the psychedelic psychotherapy guy. What I really do is work with people, human beings in psychotherapy. Substances are adapted to the individual, couple or a group to enable them to reach new places of connecting, loving, caring place to work out PTSD, depression. And during the 80s, along with Sasha Shogun I was doing in a large group of the people were talking about psychedelic psychotherapy. Primarily using MDMA before it became illegal in '86. I wrote about it. And we did a lot of things with couples, with depression, with PTSD. So I'm labeled the Ketamine guy because I wrote the book, the third book. And I'm exposing it because it's legal as an assistant psychotherapy. So as we grow put tools in the toolbox. For example, as MDMA becomes hopefully available for prescription 2022, 2021 in the end, Psilocybin which is mushrooms becomes available 2021, 2022. We will have a group and an expanded group of individual practitioners. A group of practitioners who know how to use psychedelic medicine for psychotherapy. That's what I'm all about more about. I'm all about psychotherapy is the tools in the toolbox that we embrace and each has particular properties. And we try and create psychotherapy around those properties. And they're broad.

Dave:

I've been pretty public about the fact that I had PTSDs that I didn't know about. There was actually birth related very close to Stan Grof's description, things like that. And I did Ayahuasca, I did EMDR, I did neurofeedback, variety of medicines. But having known so many people with PTSD, how do you know which of these psychedelics is the right one to use for a specific patient?

Phil:

There's really no right or wrong with psychedelics. They have special properties. For instance, the property of ketamine that's most useful is it's a timeout. So here you are Dave talking to me. And you gain the proper setting, you get ready for it. And we've done a lot of work on who you are and how you suffer. And we administer the ketamine either by injection or we train people how to use it under the mouth, where it's absorbed through the lining of the mouth. People then go through either a low dose or moderate to high dose experience. That experience is separated from your life here. So if you're a very depressed person over here and you go through the ketamine experience where you have ego dissolution or you aren't in touch with your body in the same way, where you're involved with a visual stream and commentary on the visual stream. You're separated from ordinary mind. And then the real work is the integration as people come back. How am I different? What have I learned from this? Oh, I noticed I wasn't depressed in that. So the journey's generally remove the difficult mood.

Yesterday for example, we work with people of Lebanese background, who are extremely traumatized during the war. And they've held on to that trauma for 20 years. And then the ketamine experience, and we did it very gently, because the male in the couple has a long history of terrible OCD. He's really, really tight. And you don't want to loosen people up too fast and panic them. You want people to begin to flow into an experience. He flowed into the experience and what came into his mind as he went through it was events that occurred when he was seven or eight, of its horrific story. And he was able to cry, he was able to process those events and bring them back. So by doing that he released himself from trauma that was sitting in him and making him who he was. Making him think and feel in a protective hypervigilant way, living the trauma unconsciously, but living it. Living it so it colored all his ways of being in the world.

We have to follow up, we have to see how it resolves on an ongoing fashion. But the recovery of those memories, the reliving of those memories and being held in love and connection while that's occurring, opens the door to leaving the PTSD behind. You never leave PTSD all the way, you know that. It's in you like a stream. When I lost my oldest son to leukemia at nearly 17, I live with the stream of my grief. But it doesn't run my life, it's part of who I am. So PTSD doesn't go away entirely. It's part of you, it informs you, it makes you a better person if you're conscious of it. If you use it in a thoughtful way, if you really see how people suffer and you bond with that suffering. So that's the property of ketamine, a timeout and ego dissolution at lower doses and potentiality of, like with MDMA being able to come and to be in feeling and work on it with therapists who are doing a job of being there for people.

Dave:

When I did it, I found that it was effortless to forgive old stuff. And I've spent four months of my life with like neurofeedback doing structured forgiveness, I've kind of found all the big things and let all that go. But like, Oh, this girl I dated in high school, and it was so amazing because I think probably in an hour, there must have been 30 or 40 things I hadn't thought about in 30 years. That just immediate come up. Oh yeah, now I see, now I see, now I see. And I felt a lot lighter afterwards. Is that forgiveness aspect of ketamine a common experience or am I just weird?

Phil:

I don't think that's specific to ketamine and I'm glad you've had that.

Dave:

Okay.

Phil:

I think psychedelics in general if you do mushrooms-

Dave:

Yeah.

Phil:

Especially the first hour of mushrooms or psilocybin, you're going to go through a psychological scrape, where all the misdeeds, and things you owe to people, and how you've been hurt or hurt others, they're going to come right before you. And then you leave that because all of the psychedelics in their various ways, create a meditative state. The state I was talking about, with ketamine I work on it as a meditative state. It informs day to day meditation because it's unattached. You've broken all those attachments and moved into a place of liberated mind. The same happens when they trip on mushrooms, psilocybin and MDMA. It's heart opening, it's the ability to really feel one's being in the difficulties one has encountered inside oneself and outside of oneself and be able to process those we couldn't before.

We're about to publish our phase two study with MAPS where we work with 18 subjects with life threatening illnesses, and a year or less to live. It was a wonderful experience. We are creating a population of survivors of medical treatment but the medical treatment, the process from diagnosis, through treatment and recovery, leaves scars. It leaves people less than who they were, it leaves people in their families confused. And in the MDMA work, the similar thing happened. There was an ability to see oneself differently, to open doors, to open heart, to have compassion, and to be in a different kind of meditative state, a loving kind of meditative state. Ketamine does some of that. It's not as hurtful. You asked about different substances and how you would choose them. MDMA is the hard substance. Ketamine is the time out with feeling substance. Mushrooms is the trip with depth. Ayahuasca is the most amazing psychedelic in terms of visual and experiential formats that we have, I think.

Dave:

You didn't mention LSD.

Phil:

LSD is an extraordinary substance. It's not my favorite. I've always had difficulty with LSD. I don't downplay it but for me in the journeys I took they've always had a little close to paranoia or difficulty. First time I did it was 1964 in Med school. And eight of us did it on the roof of our dormitory at NYU. It's a funny story. I was actually not knowing what we were doing. We were close to the beach but we had no real awareness of the substance. So we dropped it and we went our separate ways. And I went into an Italian restaurant in Liliw Laguna with two friends who was are not knowing what was happening. And suddenly the floors started moving, and I'm laughing, I have a bite of food, it disappears I don't know where it goes. And I had to get back and I forced them despite not finishing their meal to take me back to the dorm to meet the people who I knew at least we're going to have similar experiences. And the hazard was we were on the ninth floor of the dormitory.

Dave:

Yeah.

Phil:

And people on LSD often think they could fly. And we had to make sure we didn't fly off. But it was a good experience actually, even though it's complete ignorance.

Dave:

Yeah, that wasn't the best in setting I've ever heard of for a first experience.

Phil:

But we conquered that. You could conquer that. The conquest was connection. Was finding the people I could be comfortable with.

Dave:

Can you talk about psychedelics in general and addiction?

Phil:

Yeah, sure. It's a very controversial topic. Ketamine heads the list right now about causing addiction. Its dependent. So ketamine user overuse, they use large amounts of it. And what they're doing is getting out of here. So they get used to getting out of here. I had connection a little bit with John Lilly, who is the most famous of ketamine dependent people. He was shooting up all the time, he had weeping scars on his legs, we would see him an insulin. Terrible, he missed life so that's the point of ketamine dependents is missing life. But we have all kinds of dependency, we don't talk about it. We have MDMA dependency, we have people who use MDMA very, very frequently, though you can't use it to contiguously because the effect is loss. But we have overuse of that, we have almost any of the substances, though psychedelics are truly safe. Ketamine means truly safe unless you use very high dosages. We'll have people who get into it, and they get into it hard and deep.

So in the clinical practices that were evolving, like MAPS and Usona and Our Groups we're really careful about prescription. We have never had a ketamine dependent person yet. We've had one or two who want to become ketamine dependent to get out every day. But we don't allow that. The whole point is not getting out of here. It's getting out of here coming back and leading your life. So you were talking about Buddhism and spiritual practice. It's about how do we integrate our lives and relationship in this very difficult time with people and in our beings, and what practices we bring to this whole thing. So it's not just about substances.

Dave:

It's definitely not just about substances. And that's what I appreciate about your work is that you're looking at the psychiatry and the psychology of it and using it as a tool, which is so appropriate. When you get into the spiritual side of it though, when my first time I did Ayahuasca was down in Peru with a shaman from the jungle. Many, many years ago, before it was cool and you could find it at the airport. I had to go and you seek the guy out. And he put us a ring of stones around where we did it. And I actually recovered faster than most people. Probably because my livers nice and happy with what I do to it. And I said, "I'm going to go for a hike now, I'm done." Like I really was done. And he looked at me and he almost tackled me and he said, "No," he said, "You'll stay inside the stones." And I said, "Whoa, why?" And he said, "Because they're keeping stuff out. And if you go out there, it's going to stick to you." Now, this is a jungle shaman and they see things differently even you and I see things. Do you think there's any spiritual risk using psychedelics?

Phil:

I think there's a spiritual advantage. So we use our medicines in a sacred way. We're not doing traditional medicine, we're not doing intravenous anesthesiology practices. We bring people in, we do in vocation. We try and help people move into a state of contemplation before we do substances. We want to know people, the spiritual aspect, we do music of all kinds. It's essential to do ketamine with music. It is about spirit. It's about really letting go of the attachments that we have, that drive us crazy, right? And letting go and reforming. Once we leave our attachment. I'm really attached to doing well on your show. Okay, let me really leave that attachment and just be myself, right?

Dave:

Right.

Phil:

And being myself I'll probably do a better job, you'll be the judge. But it's that, so when I leave my attachments to prejudice, to intolerance, to sexism, to all the things that keep me from being in the world in a full way. I have a spiritual experience in psychedelics are aura striking. If the essential emotion of religion is aura, and that we develop from animals who experience aura as well and there's an evolutionary advantage to experiencing aura then ketamine, other psychedelics, the aura of a beautiful MDMA session, people got married on it. I still have people who got married on it 40 years ago. In that kind of aura you have to be...

Dave:

Wow!

Phil:

...careful decision making. It is a spiritual thing and you if you take that away, and you just make drugs, which I'm worried about with the commercialization-

Dave:

Yeah.

Phil:

That you make medicines of healing that revolutionize psychiatry psychotherapy. What this is a revolution it was, when it began. That take it away from psychiatry suppression of people and bring it into the opening of mind and heart. That's a whole different approach to human beings. And so I'm careful about segregating ketamine as a drug, or MDMA, when it comes out, could be a drug. We don't want it to be a drug. We don't want it to just be empty. This benefits. So ketamine just as a drug has benefits. But ketamine has an embedded assisted psychotherapy as spiritual, emotional connection, living benefits at a much higher level. That's why I do what I do. And it's not about ketamine.

Dave:

I really appreciate your approach. It's so nuanced and yeah, there's big concern when it things become commercial that it'll change. You haven't said one word about cannabis, though. Where does cannabis fit into the whole universe here?

Phil:

Okay, I'm 77, okay. I'm a survivor. At 77 the friendliest medicine to me is cannabis.

Dave:

You don't really know Wilson?

Phil:

I don't know Willie, personally. Cannabis is a wonderful hallucinogenic. For 60% of people it works, for 40% they don't do well. We even use cannabis and ketamine together. They're both legal, and they support each other. And they change the journey in a wonderful way. So for me personally, kind of this has been a great change agent. It took me out of being a very awkward, self-conscious human early in my life, to being able to dance and feel freer. I think cannabis is a very special substance.

Dave:

And you, do you count it as a psychedelic?

Phil:

I do. I just said I don't know why. To me it's highly psychedelic.

Dave:

Depends on how much you take.

Phil:

I know I could take a drop. If I walk carefully. It's a great thing to do. About two, three inches behind your forehead. You can do it eyes open, but eyes closed is better. You'll see your visual stream.

Dave:

Wow!

Phil:

And you're training with psychedelic medicines to be in that visual stream. So it becomes more available to you. And sometime maybe off the shelf, we won't teach you about this now, there are very special kind of sensory experiences that people have with medicines.

Dave:

I'd like to learn about that.

Phil:

I'll give you one right now, okay?

Dave:

Okay.

Phil:

People on your show might like it. You like demonstrations. If you close your eyes and touch your face with your hand. Notice you see your hand. If you put your hand on your leg, notice you see your leg and your hand moving over. You don't see it as a perfect vision. But you see it. And this tactile relationship between vision and touch is a very profound thing. And we don't often pay attention to it. There are many things like that.

Dave:

There's the sense of proprioception. That sense of where your body is in space and your visual cortex is mapping that out somehow, and it's drawing something. First time I came across that I was in a cave down by Carlsbad Caverns. When I was a young teen, one of my hobbies was exploring old Spanish mines in New Mexico. I had an unusual upbringing and we'd go into these very, very dark places where there was zero light, but you hold your hand up, you can still see your hand in front of you even though you can't see your hand. That still stands out when you describe that. So you're saying with a plant medicine like a psychedelic, you're tightening your connection to your sense of your body and where it is, even though you can't see it?

Phil:

Yeah, well you're leaving some of your form. I mean, ketamine really is about leaving form all together and being an energy. So one of the great experiences why is it ego dissolving? Because you're formless so in the Buddhist sense, you're in the formless realms and you're experiencing yourself as an energy format. And we are energy formats. I mean, you're professional about energy formatting, right? That's what you do you help people with all kinds of ways of approaching their energy nature, and their spiritual energy nature. The energy experience of ketamine is particularly like this, of all of them. That sense of dissolving and just being, knowing that you're you really are the E in MC2 and that, that is what you are. Without that energy, you're dust, well form energy. So it leads to very special kinds of understandings of self, when you know that your energy and feel it, and can return to the feeling that I am an energy format. It helps with health, to see oneself in an energy format. Not just as getting skin and bones.

Dave:

It also seems like it helps with fear of death. And ultimately all fear when you boil it down is fear of death. That's a Buddhist teaching and I think as a therapist, you'd probably agree with me there?

Phil:

I'm a Buddhist guy.

Dave:

You're a Buddhist guy, all right. So then you'll definitely be there when I'm there as well where, okay if ultimately, if I'm afraid of being embarrassed or something that's because I get kicked out of the tribe, no one will love me, a lion will eat me and then I'll die. You know this not rational loops but that's kind of how biology is wired, right? So I'm doing this kind of work with ketamine or the other medicines we're talking about. It seems like, Okay, if I'm the E in MC2, then the visceral fear of death diminishes. Which lets you make better decisions, you're still not going to do stuff that kills you. You don't want to waste your life, but you can walk around without the weight of that fear.

And when you're dealing with PTSD like I did, that fear it's wired in it's not a rational fear. It's an irrational fear because fear doesn't have to be rational. And I found that it was very helpful on that

front, just because like, "Okay. Yeah, like, I'm more than this." It's very hard to put words to it. Is that a common experience that when you work with people were their fear just drops, fear of everything? [crosstalk 00:28:04] Not drops away but the fears-

Phil:

You've done very well. So experientially, people will do significant ketamine dosages. I did it. when I did my first one, I said to myself, "I'm dead, I went too far. I'm dead now. I went too far."

Dave:

I've had that expression multiple times.

Phil:

I killed myself, right? And many people have it because you're in reality states. In the ketamine internal experience, you're in reality states that you have no real control over. And you're in an energy format. And those states are complete. So the hardest part, the most anxious part of ketamine journey is moving into a reality state where it seems to be total and you'll never come back. And people have varying responses, I've killed myself as one, I'll never see my family again, I love this side I don't ever want to leave it, this is too good to be true. But that sense of death which isn't real, I mean, the real experience of death as you probably know, is anesthesia. You have a complete blank space, you're not conscious. I've had many surgeries. You don't the way you were, you have no memory. That's as close to death. But the fear of death seems to exactly what you said, dissolve in psychedelic worlds. Ketamine in particular seems to lessen that fear. So people often say I'm dead, but it's not so bad. But that's because they're not really dead. So they're watching and experiencing.

Dave:

You started the Ketamine Research Foundation and I know some of what you're doing there is arounds End of Life work. Can you talk about why you started the Ketamine Research Foundation and I'd love to talk about some of those projects starting with, End of Life and Hospice work.

Phil:

Well, there's a virtue Academy being legal or semi legal. The virtue is we don't have to go through FDA. So all the machinations that MAPS has to go through and the amounts of money for Psilocybin and to become legal, we don't have to do. So we can do IRB and independent review board, supervision of our work. And we can create projects that demonstrate the benefits of ketamine as a psychedelic medicine was a medicine or as a medicine. And so that's what I saw. I saw that we could extend the range of understanding of how the medicine works into multiple realms. That we could do both treatment and understand better how to do treatment.

But we just finished a study on, the presence of ketamine in breast milk in our formal IRB study. So why is that interesting? Because women with postpartum depression or other forms of postpartum disorders, they have to stop breastfeeding or they have to make an onerous choice to continue breastfeeding and take Prozac or one of its relatives because they are depressed. And so, before we started a postpartum study, which we will do with ketamine, we wanted to know, is ketamine... What's its concentration in breast milk? What are infants, neonates exposed to? And we're just about to publish we're writing it up. And ketamine allows women and we will show that to be able to continue to breastfeed with a small lapse, and it's episodic use. So rather than baby bathing myself, as a woman, in a

substance, I have to take all the time, like an antidepressant. I can do episodic work with probably the best antidepressant that we have in the psychotherapeutic context, so that was one project.

Dave:

What a gift. Wow! That's fantastic. So they need to stop breastfeeding for a day or something and-

Phil:

Hours, it'll be hours.

Dave:

What a relief because if you can breastfeed, it's such a gift for the entire life of the baby. My first book was about fertility and pregnancy. And it's unacknowledged how important that is. And if you can take a depressed woman and the depression incidence is going up right now. And if you can work with ketamine, that's a gift to the world that's multi-generational.

Phil:

I thank you for that. I believe your endorsement is correct. I'm very excited about it because it is a gift. And so then we'll go on to use it in assisted psychotherapy into study with postpartum effects to demonstrate the potency of it. The conscious dying, conscious living project which we're embedding in the mindfulness context is for people who know they have a year or less left to live. There have been several such projects. Roland Griffiths at Hopkins did one with psilocybin, we did one coming out with MDMA. So what we're trying to do when we have a new scale for it, is to help people look at, I have six months to live or three months to live. But I'm very conscious. What do I do with that time? How do I feel about myself? Who am I? Am I harsh or am I gentle to myself? Am I screwing up and fighting with my family? And so we're doing a two session brief, like within a month or so. Work with two ketamine sessions embedded again, in assisted psychotherapy as a demonstration program. We have five sites across the country, we are just getting approval for it. And so that's one of our major projects.

We're also starting, I'm very excited about this veterans and PTSD project, but we're doing it differently. So we have an alliance, we build coalitions. I'm sure you do, too. Coalition building is the life of the party.

Dave:

Yeah.

Phil:

So we're building a coalition with neural correlates, which is a [inaudible 00:34:12] very interested in the effects of psychedelic medicine. And MAPS has done some great work with vets and psychedelics. So we're in a position to do some really fine group work with vets and to assist them with PTSD. But the problem is we didn't want to have vets encountering people that don't combat experience, no military experience. So we're going to begin with training a group of vets to be facilitators alongside an MD and another trained psychotherapist. So that vets encounter people who've been through the process, who they can say, "Oh, well, you're no dummy. You've been through Vietnam or you've been through Iraq, and so we have a level of camaraderie and trust psych what trauma is about?" That's what we're doing. So we're expanding along these lines opportunistically to fill out the potential of psychedelic medicine.

The other one you I hope you'll ask me about after we go to the next thing will be injuries not coalition, but I don't want to take up too much space.

Dave:

I do have a question about PTSD and combat vets. I interviewed Mark Gordon a while back who, really interesting guy and he has a theory that I don't know what to think about it. He says that you don't really get PTSD unless there's a traumatic brain injury. I don't know that I'm all the way there but there's a correlation because at the neuroscience company that I started that does advanced personal development with neurofeedback, has been like 90% of the high functioning people who come through. You can see that there's an old TBI. Maybe from they were two they fell over and there's electrical disturbances and Daniel Amiens a dear friend, he sees TBI is all over the place. What is the effect of psychedelics on people who have unknown brain injuries, they hit their head at some point or they had a chemical exposure, good or bad?

Phil:

Well, unknown means we don't know. There were been controversial of studies in the military around ketamine effectiveness for traumatic brain injury. I don't really have an answer for that. I see a lot of PTSD that is not related to an exposure. And most people we see haven't been in the military and they have PTSD, from rape, from family background, attachment stuff. So I tend to see that as exaggeration and the vets I've worked with, it's not just seeing a buddy die.

Dave:

Yeah. He doesn't mean it's just that. He says, "If you see a buddy dying, you don't get PTSD it's because you had a healthy brain. If you had a brain injury and you see a buddy die, you're going to get PTSD."

Phil:

Yeah.

Dave:

Yeah, I feel like there's some correlation, but it's not causative. It might be a higher percentage or something.

Phil:

Bingo you earned a mark.

Dave:

Okay. There's stuff we don't know there. And some of the plant compounds are neurogenic. They raise brain derived neurotrophic factor. I know ayahuasca does it, I know psilocybin does it, I don't think cannabis does it. What about MDMA and ketamine? Do they increase growth of neurons in the brain?

Phil:

Okay, this is another good neuroplasticity. If you make love and you have a great experience, don't your dendrites move about an experience of awe. If you climb a high mountain, you climb Everest, you get to the top and you survive, do you not have neuroplasticity change?

Dave:

Absolutely.

Phil:

If you have a high level of spiritual experience, you've done a seven day retreat, and you come out of that isn't that neuroplasticity? Everything is rearranging the brain where we wouldn't be adaptive, right?

Dave:

Fair point.

Phil:

So every study we do about a psychedelic, there is a new one about MDMA shows neuroplasticity, but what is really rearranging it? Is drugs? Is that the experience? I've always been curious about the speed in which dendrites rearrange. I've had various estimates of it. It's not like two seconds later. Okay, I did my ketamine, two seconds later I'm neuroplastically higher achiever, right? It takes time and the experience, isn't the experience part of the neuroplasticity? Or maybe the major part of neuroplasticity? The negative neuroplasticity is the same Post Traumatic Stress Disorder. It's a negative neuroplastic happening that continues, right? There's been a rearrangement, whether it's in the amygdala or wherever the hell it is, or it's a change to the DMN. It doesn't really matter. This are very reductionist kinds of concepts. And our experience is so wide. And the neuro neuroscience is so reductive, so we're not quite there, yet.

Dave:

That's a fair point. I build practices into my life to raise my levels of BDNF in my quest to live way longer than Mother Nature wants.

Phil:

Take more Ketamine. BDNF and Ketamine go together.

Dave:

They go together. All right, I will keep that in my notes. Let's put it that way. I don't even know the status of ketamine in Canada. I live on an island but I'm sure I'm sure it's available.

Phil:

It's varying difficulties in Canada, I'm very involved in them.

Dave:

Okay, like I can always go over the board... Actually I can't go over the border we're dealing with a pandemic. How about that other form of PTSD, Pandemic Traumatic Post Disorder, whatever I can't remember what the exact acronym would be there. But people are actually getting PTSD, especially younger people from the pandemic, according to some of the people I've talked with. Is there a role for psychedelics to help people feel safe in a world that suddenly doesn't feel safe?

Phil:

I think there's a role. But that brings me to the injuries neck coalition. The problem is that it's not available, right? So people are suffering with COVID in myriad ways. They're losing people. We've in the states and 228,000 deaths, people are not recovering quickly, people are isolated, people are losing jobs, the trauma of the COVID epidemic coupled with the trauma of global climate change, the trauma of bad leadership, all of this is coming together ahead in such a way that people are suffering in myriad ways.

So I looked at that, and being a '60s guy as you said earlier and wanting to see change in the world. What's the real change in the world? what makes a real difference, connection, sharing, love and kindness, tolerance, creativity, that kind of thing. And we don't have enough people power to create a psychedelic format that can work. We only have ketamine and marijuana, right? And we don't have the others yet. And we don't have enough trained practitioners. So what I and my colleagues in our foundation particularly Sony Strasbourg and I have done is to create a thing we call the sharing group. And we're in the process of disseminating, we're building a coalition with Deepak Chopra. What we think we can do is create six session facilitated groups not psychotherapy, that bring people together within a format of non-violence connection. We're setting it up. So we're doing our first demonstration series of six sessions. And our intention is to make this available worldwide. To have it translated into Spanish. We're talking with our brothers and sisters in Barcelona. Can they take it and adapt it?

So we have a module and I think the module is really solid. And we have lots and lots of people want to help people who are suffering and the suffering is growing. The COVID suffering is monstrous, but the suffering of global climate change and immigration, and displacement and drought and all the rest, when you look worldwide it's beyond the scope of our capacity to even realize it so far. So we tried to enter the fray by saying people like yourself may want to be a facilitator.

Others who aren't necessarily psychotherapists can be coming into the program and be facilitators of small groups with supporting it. They're free to participants, we'll give a stipend to the group leader whether they're in Kenya or they're in Buffalo, New York, everyone gets 100 bucks per session and we're raising money for it. Because we really think that the coalition building and the generalization of a group formats that encouraged connection, love and sharing and healing through expression because people are so trapped in COVID. I mean, that's really the issue they're trapped. And so by, even on the zoom level, bringing people together weekly is a great way to help people share it to some extent, to begin to open the doors. That's our big new project, which I'm very proud of.

Dave:

And you have a structured format that works even over zoom for that.

Phil:

Yup.

Dave:

That's a really big thing. I've been involved with lots of friends, people I used to see when I would travel and we'd get together on a Sunday morning or something and have a call and chat. But if there's an actual structure and a leader that makes it way more effective. That's a really big society changing kind of thing. So where can people donate to that? There's some very successful people listen to the show.

Phil:

We would like people to become not only donors but participants and facilitators. So it's indrasnetcoalition.org

Dave:

Indras... what?

Phil:

You don't know what indras is? It's a wonderful idea, let me tell you the idea.

Dave:

Just spell it right for people.

Phil:

I-n-d-r-a-snetcoalition.org. There's no apostrophe in the in the website. So indrasnet is a worldwide, it's a universal concept. It's like you and me and our listeners each of us as a point of light and we have internal reflection and we have external reflection. And we're all connected. And lights come in all kinds of capacities. Some lights are dim, some lights are out, some lights are vibrant and we want to light up lights in connection. So indra's net is about connection. It's about forming a network that is exists because we're all connected. We're kind of stupid about our connections kind of narrowly, narcissistic, right?

Dave:

Right.

Phil:

We don't see our origins, we forget about the guy who raised the cow that you eat. I'm a vegetarian, oh, the tofu away. We forget about our dependence. And so indra's net is about linking. You can find it on the Ketamine Research Foundation, website which is what it sounds like, what it is, or indra's.net coalition. And thank you for offering to help us with that.

Dave:

Of course, I'll put a link in the show notes for followers and your definition that's really beautiful. It reminds me a lot of that idea of building a global brand. And I've had a couple of guests on from the AI world talking about that. And when you look at the Brodmann areas in the brain, you're looking at neuroscience, some connections aren't working very well in those brands. And you can turn those up. And I've spent a lot of time on my brain tuning the things where I didn't have much of that there. And just tweaking it so that the interconnectivity is stronger. And the end result is that it's a lot less work to do things. You suffer less and there's less resistance in the world around you. And so doing that on a global basis for society is a very noble goal. And the structure there is also really unique. I've not come across something like that other than maybe what old churches used to do.

Phil:

Well, there was a several good programs. There is Gerald Jampolsky who ran a program out there called, The Center for Attitudinal Healing. And it started as a program for kids who had life threatening illnesses like my son. And then it advanced into a program for adults who an IRA, I was a facilitator, I ran a group for kids who was siblings or parents not as simple group. And it was a facilitator group, was a sharing group. And he had a, through the Course of miracles, he derived a set of principles. I never agreed with all of them when we recited them but it was a great concept, because it put together a framework. And

so what I did is create a framework of tenants, 10 tenets, and guidance and they're quite lovely, and they're quite acceptable. And then basic rules for how to proceed. We begin with a meditation, we everyone gets five minutes to share, the group is six to 10, and then we have interaction. And we have an ending meditation, as well. And so it's a spiritual emotional connection program.

Dave:

What a profound thing to do. I genuinely appreciate that you're working on so many fronts at the same time. What lets you do that? Is this the wisdom that comes with age, I mean, you're doing work with MAPS, you're leading the Ketamine Research Group, you're doing this global conductivity thing. I mean, you've got your irons in a lot of fires and you're 77 that's the time when a lot of people are maybe having less irons. What let you do that.

Phil:

I've always been energetic. But losing a child, and going through four years of an illness, and watching ferocious struggle for life as Noah struggled to live every minute. He wouldn't talk about dying, he could only talk about living, and the treatment was awful. He ended up dying after a bone marrow transplant in Sweden. His condition because he was diagnosed late, was much less statistically possible for survival. And this occurred in 1984 and died 1988. And I was around a lot of families and kids who were dying. And in those days in the bone marrow transplant unit at Swedish with who would take almost anyone under 25 because it was too difficult to take people older, they couldn't make it through the program. It was just too much. So it kind of sent me in motion which I haven't stopped. And it made me really aware of the value and preciousness of life. I was already pretty aware. But it was a very serious experience.

And we had great community support and great love, but it was a hell of a loss. Yeah, and it was a hell of an experience. So I think I went through a long PTSD period in which I worked but I was still struggling to recover, we got divorce, it was and then I had a surviving son who you've met, a world champion. And my effort was turned to make his life sweet. Talk him through the trauma. And so, I became more in touch personally with trauma, and how people suffer in my particular format. But I've always been sensitive to other people's suffering. And you have mirror neurons score and so, why not? What better do I have to do? I'm not going to play golf.

Dave:

So you, you walked the walk you learned some lessons, and you're able to share them more effectively, because of it.

Phil:

I try, I'm learning on a deeper learning curve. And one of the great things still, as I can still learn at 77, I have an infinite amount to learn.

Dave:

So much respect for being willing to learn throughout your life and staying young that way. And that's one of the biggest things when I study anti-aging is that being willing to constantly learn. And so you've done a lot of amazing work on yourself. And it's reflected in the world which is phenomenal. Well, let's talk a little bit about your son and about Burning Man your connection with that, and I should say, I should have said at the beginning of the show, that it was a Dr. David Robin, who suggested that, that we talk when I interviewed him about psychedelics. So let's talk Burning Man and your interaction with Burning Man, with MAPS and with your son. Walk us through it.

Phil:

I went to Burning Man, I think the first time I was sort of a late comer 2009 I think. And I had a great time. I had amazing time. And what was so amazing was the absence of bunny you're giving this exchange, the welcoming that witness is constant from everyone, including ourselves. The spirit of a really a sharing. So we talked about sharing vitamins, a great sharing was far too much money and got to be far too expensive. Once you got there, the concept of sharing was one thing. Then the extraordinary beauty of Burning Man going out on the playa at night on a bicycle and riding up and seeing the kind of explosions going, and the sculptures in the air. The amazing amount of human capacity for creativity and cleaning up so you don't leave any stuff on the playa and kind of dedication to each other. There are a lot of fun things, antics, wild things, 3000 women riding bikes bear breasted. There's all kinds of stuff going on.

Dave:

There's a sense of awe that's there that I haven't really seen anywhere else except maybe somewhere in remote parts of the Himalayas are handy is where you look out and you realize how high up you are. They're pretty inaccessible. But there's something magic going on there for sure. And you go with your son with Felix.

Phil:

Well, I went with friends first. And then I told him about it. And then he went, he's never missed one. So he's become a burner of consequence. And when the burn was wiped out by COVID, because he's technically sophisticated, he has kind of avoided a billion approaches and my stroke with resources of all sorts. He began to look at how to model a Burning Man for people who are going to be on zoom. And he's taken that very far. He didn't quite make it fully into the Burning Man period. But it's evolving because it's such complex technology. But it'll be useful for lots of things. And so you go in as an avatar, you put on a costume, you can be any color you want, be any sex and then you experience it. So it was a noble attempt that's got a lot of future to it.

Dave:

I've been to the last six burns and one before that I skipped a couple years. And I tend to give away many thousands of cups of unbranded Bulletproof coffee either on an art car or at my camp because it's one of the things that I get to share something that I that means a lot to me. And it's interesting experience with or without psychedelics, which is something else that's important because a lot of listeners you just may not want to do something that's illegal. You may not want to do something that messes with your insurance or your security clearance or whatever. But I will tell you, if you're out at two in the morning, you're not used to it riding a bike around seeing awe inspiring things. You're going to have a psychedelic experience, whether you like it or not, and it's not going to be drug induced, it's just going to be reality induced which is, I think, a healing experience as well.

Phil:

Well, in fact, at Burning Man, I've always felt that if you're going to take up too much psychedelic medicine and put your ass on the grass, there's no grass. What's the point of being a Burning Man? Burning Man is an experience, right? You can do drugs at home? You want to come here and share, so alteration's part of Burning Man in various ways.

Dave:

Well, I think it's fantastic that you go and I know that many of the leaders of MAPS are there. I've been to dinners with him at Burning Man and all. And I would just stress for people were saying burning man's this weird thing. Sure, it's weird. But it's not to just go there and have and do drugs. A lot of people don't do it at all. But it's there to experience novelty. And for some people, including me, just being around people who are nice and kind and not greedy for just a week is also healing in a strange way. You start getting your faith in humanity reinvented. Did you say something?

Phil:

Is that what you mean by weird? All that goodness is weird? [crosstalk 00:56:24] we want that goodness. So Burning Man is an aberration in the sense that we don't do that ordinarily. And we don't take enough of it back into our daily life. But I think that in its essential elements, what we really want to do to live together in harmony.

Dave:

Very well said. Is there a question that you wanted me to ask that I didn't ask?

Phil:

You've done very well.

Dave:

Oh, well, thank you.

Phil:

I mean impressed. No, you have. I feel you've honored me with your questions. No, I think we've talked about our programs, so I hope people will take an interest in drasnetcoalition and Ketamine Research Foundation, and I'm grateful for this opportunity you've afforded me. Thank you.

Dave:

You are most welcome. And thank you, is philwolfsonmd.com the best place people can go to find out about your world?

Phil:

Go to the ketamine Research Foundation everything is linked, yeah.

Dave:

Okay. And that's a .com? ketamineresearchfoundation.com, I'll put the links in the show notes and on the blog and [crosstalk 00:57:32].

Phil:

And drasnetcoalition.org those two they're all linked, everything's linked.

Dave:

Everything's linked. Beautiful. Phil, keep learning. Have a wonderful next many, many more decades of changing awesome things. I appreciate you.

Phil:

You too. Thank you so much. Thank you.

Dave:

If you liked today's episode, I would suggest that you consider if it's within your means making a small donation to one of the non-profit's that feels working with because guys like Phil are doing good work in the world that can have a big ripple effect. And it's one thing if you help one person but when you train someone to help many people, it's so much more amplified. So if you're in the mood to donate \$10, \$20, something like that if you can, it's a good move and certainly I will be making a donation as well. Have a great day.