

A Conversation on Compassion With Charles Raison

Transcript of Charles Raison on Psilocybin's Potential in Psychiatry and Research on Compassion

Leslie: Hello, welcome to Conversations on Compassion. I'm Leslie Lambert. I am having a conversation with Chuck Raison, Charles Raison who is a psychiatrist and a Professor of Psychiatry at the University of Wisconsin Madison School of Medicine and Public Health. And he's also the Mary Sue and Mike Shannon Chair for Healthy Minds, children and families, and a professor within the School of Human Ecology in Madison, Wisconsin. You may also remember that Chuck is the founding director of the Center for Compassion Studies, and he and I co-founded the Center for Compassion Studies here at the University of Arizona in 2014. So, this is a really exciting kind of homecoming. For Chuck and I, today to come back in the conversation. We are talking today about the psychedelic Renaissance. Chuck is involved in FDA clinical trials with psilocybin right now, which is a real field of research. One that's not new by any means, but we've entered into a new era, exploring the power of psilocybin of mushrooms as a therapeutic tool. And Chuck's talking with us about that. We talked about the role and potential of psychedelics in supporting the expansion of compassion and our accelerating kind of our own capacities to deepen compassion toward ourselves and others and stick around till the end. We have a really interesting piece in our conversation where we talk about the time that he was able to go and visit Ram Dass, who was an original researcher of psilocybin in the 1960s at Harvard when he was known as Richard Alpert. Enjoy.

Welcome back. We're going to see around here. So yeah, today I just feel like this can be organic. I am interested in catching up with you around the work that you're doing and the psychedelic Renaissance. I think as it's being termed, now, and the research that you're doing in the area of psilocybin and also kind of connecting how working with these, psychoactive plants can really be a support for expanding and sustaining compassion. You know, kind of where the possible directions might be there.

Charles: Yes, it is a great area.

Leslie: Right and then anything else that kind of, you know, that feels like it's alive is great.

Charles: Definitely. Absolutely. Works for me.

Leslie: All right, well, let's, let's catch up. First, around current recent research, I took a mini dive into a couple of talks and articles that you've written recently around psilocybin research and kind of the challenge and also the opportunity. Being able to study the impact of psilocybin on major depressive disorder. Yeah. Tell me about what has drawn you to this what you're interested in investigating.

Charles: Yeah, yeah. I will tell you what I am not so interested in, which is, which is interesting, which is, you mentioned micro-dosing. You know, I don't have much interest in that and it's not because I don't think it might not work, although, you know, there was, there was a recent study by one of the great leaders in the field, a guy named Robin Carhart Harris, which is an unusual kind of methodology. And he's gotten some pushback for it, but he did something a bit like a randomized trial looking at micro-dosing versus placebo. And, you know, he didn't see a signal from micro-dosing. Right. So, I mean, the thing that's interesting about micro-dosing, right is you do it and you are not supposed to have a cognitive, emotional behavioral effect that you know, you're not supposed to trip. Of course, that makes it interesting. It makes it easy too much easier to blind with a placebo. But it also means that if people feel better people reports all the time. Yeah, maybe it's a specific effect of the drug, or maybe it's the fact placebo is a really good treatment for all sorts of things. Placebo, it's good for pain. It's good for Parkinson's. It's nice for depression. But you know, I don't know as much about data with placebo making you feel more creative, but I am sure it could do that too. Right. So, you know, even if that's not true, micro-dosing does have a direct biological effect. You know, to me that's more like taking a regular old antidepressant and, you know, we need better antidepressants. There's no doubt about that. But that's not a conceptual shift. It's not a game-changer. It's not a transformative sort of way to try to deal with the fact that you know, in psychiatry, mental health, I mean, we certainly helped a lot of people over the years, but we haven't made progress in the field. We haven't made progress for 30, 40, 50 years. So micro-dosing is not something I have studied. Now, macro dosing, you know, that, that taking a dose that almost anybody's going to have very

strange and powerful experiences with is a different kettle of fish that that's what interests me. And I think you've kind of already said it. I mean, that interest comes out of a long-term interest I've had in the idea that there are states of conscious experience that make it very, very difficult to be depressed and feel miserable about life. Those states are hard to get into naturally, right. I mean, many of us have had moments in states like that have profound gratitude of awe or have a wonder about life where you go yeah, that is messed up around here, but I'm so glad to be alive. You know, what an amazing thing it is right? Psychedelics, you know, the interesting thing about psychedelics is that, that they fairly often induce things like that. And so, I just that's what drew them to the eye. You know what, I'm not a psychonaut. I didn't come to the study of psychedelics, just like a lot of people that I had done psychedelics, or that I, you know, had been transformed by them. Before I started the work, I came to them because of the work I did and you know, you've been much involved with that, but in my years Tucson. I've, I've had this enduring interest in the idea that humans have repeatedly discovered a suite of things that you can do that produce, you know, changes mental state that are valuable, right? And, and, you know, traditionally sort of ancient practices that we usually use for healing or spiritual purposes. But, you know, I've kind of been going around trying to retrofit them as treatments for depression. Because I'm a depression researcher. Depression is hugely prevalent, you know, it's sort of it's classic that people suffer and lose their joy in life around the world. So it's a nice target that way, right? You know, so yeah, I that's how I got into psychedelics was this, you know, it was a combination of this interest I have in exploring these ancient practices and my conviction that certain mental states are the optimal antidepressants if one can deeply experience those states. So that's, that's how I came to it.

Leslie: It's fascinating to me that right now, the timing is such that in the United States and elsewhere, there is again, kind of this willingness to research and explore the power of plants potentially to heal. To heal this pervasive suffering that you're talking about, you know, this, this deep intractable depression that so many people are struggling with.

Charles: Yeah, it's, it's, it's very interesting. I have never lived through a phenomenon, like, what's happened in psychedelics in the last five years. I mean, and that is saying a lot because I've been at the head of a number of fads, which is partly how I built my career, right. I was sort of at the head of the there's a big fad about inflammation, right, causing all sorts of problems.



I was sort of fairly close to the headgate of the fad for Tibetan Buddhist meditation. And so, but those and I've watched the American tendency, at least to you know, this is going to be the answer to everything and it's the hottest thing going and then, and then, you know, there's a sort of revisionist history and sometimes the thing is totally dropped because it doesn't solve all problems. A lot of times, it just settles into some sort of more secondary effect, right, you know. 10 years ago, mindfulness was the hottest thing. Boom, right and now, but nothing compares to psychedelics. So when I came into this space in 2015, which is how I ended up leaving Tucson, which I missed being a mid-westerner and loving the desert and going to Wisconsin which had nice people but horrible weather. I paid a price for this decision. When I came into psychedelics in 2015, I came up here to the faculty position, but I also took on essentially the role of director of research for something called the USONA Institute, which is it is a medical research organization. So basically, it's a small nonprofit drug development company. It's like maps, the Multidisciplinary Association for Psychedelic Study, which is much more famous, right? Nonprofit, they structured it differently, but because of nonprofit. So, Maps was doing MDMA which you know, on the streets Molly or ecstasy, express store, right and there had been a group called Heffter. There is a group called Heffter, which was a small group of scientists who funded small pilot studies with psychedelics, mostly psilocybin. They focused on psilocybin, USONA was created to try to take that work and bring it so the FDA would approve. So there were two of us. It was seen as a mission of love. I mean, who would ever bother to put in all the money to get these things approved they've been around forever. You know, they were marketed in the 50s. So we thought that this, you know, sort of nonprofit we were doing the societal good, what we did not foresee is that within three years, four years, it's now considered to be \$100 billion a year market. In the last few years, there are now 40 for-profit companies at my last count, actively developing these things in every possible way imaginable. And so, you know, I've just been flummoxed by, you know, billions of dollars of have come in. So, you know, one of my best buddies in the field have just been named, the acting CEO of a company called Mind Bend. Really, really cool people looking at LSD for anxiety. But they're valued at more than \$100 billion. There's a commercial, famous commercial entity in psilocybin space called Compass Pathway. They've been valued at more than \$100 billion, right? And not \$100 billion, but a billion right. So, both of those are billion-dollar companies. This is like right. And so, you know, think about why should this be, you know, what I always tell



people is I think there are three things. One is that you know, in the United States, especially, I think the evidence is very powerful that we're getting more and more depressed and anxious. Right and that the new report out the middle-aged Americans are less healthy and more depressed than they were, you know, back people born in my time are feeling crappier, than people were born in my parents' time. And especially, but I just hit by, you know, depression, anxiety, and the Pandemic made it worse. So, there's a huge need. The pharmacologic approaches that we privilege in the United States for treating depression anxiety, do, and that is it. And they help people. But there's a lot of people they don't help, but when they do help people that you know, where you stand forever, there's all these and you know, there have been new drugs that have come along in the last 25,30 years, but they all work by the same mechanism, which sort of stuck, you know, there's that. Then there's the fact, that these early studies with psychedelics suggest that they had these really powerful effects. And then I think there's something else, which is I think the site the world in psychedelics is a lot like somebody has bad Post Traumatic Stress Disorder. For something that you know, I had an in-law back in the past who fought in World War Two conservative guy lived down in Louisiana, never said anything for like 30,40 years about the war, right. And he had a lot of nightmares. And then when the guys like pushing 80, he goes to some support group and has this breakthrough. And to his death, the only thing ever talked about was World War Two, right? He just you'd say he was over. Right, you know, things don't end, right. So, you know, psychedelics just got crushed, Boom in 71 by Nixon. Right. Next, they just got crushed. Right. And you just couldn't do it. And it was, so it all went away. It's like when I trained in the 90s. I had no idea that there had been a thousand studies of psychedelics in the 50s and 60s, thousands of people were, you know, treated with these things. And there were some you know that those studies were much cruder than what we do now. But they were you know, there were some really interesting signals there. I knew nothing about that. And I know that I'm not the outlier there because so many people said the same thing, right. So, there was pent-up passion about these drugs because people had transformative experiences, you know, you know, back in the hippy times, right. Very early on in this work, one of the things that struck me was that a lot of people with gray hair, come up to me and say, well, you know, I was transformed by a psychedelic. There's a very famous psychiatrist, who is a colleague of mine, told me that he was going to be he was, he was working as a lobbyist in DC wanted to be a politician, and he



had psilocybin psychedelic experience and he realized he needed to be a doctor changed entire life, right? He became a huge, famous psychiatrist. That story is repeated a lot of times and you know, it's just people keep kept their Yap shut, right. You know, you just, you know, don't go to a party and say, hey, you know, by the way, my life was transformed by psychedelics. And when I first came into this space, Oh, you know, you didn't talk about whether you'd ever have experienced yourself. And we're still, we're still cautious about it. But I've seen the transformation, right? I mean, it's becoming normative, right? I mean, it's just so I've never seen anything like this is what I'm telling you my entire life. I've never seen anything explode at this level of speed and passion. And it's going to be so interesting to see where this all lands.

Leslie: Yeah, I want to come back to you touching into kind of your, your thoughts about what we saw in 1971 with you know, this massive kind of federal crackdown. You know, I, I then and on other substances and thinking about too. I mean, it so this is before my time. But looking back at the societal things that were happening at the time, you know, we were Vietnam was happening, the civil rights movement in the US was well underway. There was this sort of collective movement, I think being led by young people to kind of really, you know, kind of question and, and push back on a lot of the oppressive systems that have been in place in this country for from the beginning, right. Thinking about now the way that psilocybin research is gaining this momentum and talking about the ways that even our capitalist structures are sitting in the antenna are up and there's this valuing of this and seeing that this is going to be a significant piece of our society. And that happening in the context right now of, you know, some very similar, similar things, similar movements in terms of what we're seeing with what's been described as the dual pandemics rate of COVID-19 and structural racism and the Black Lives Matter movement gaining, gaining traction. What do you think, maybe different about how or is there anything that may that you're feeling or is there anything that you might be hopeful about that might be different this time around? For our society collectively with this versus yeah

Charles: Yes. So, where to start? The first time so you know, it's interesting. I remember the 60s. I remember I went to a rally that Nixon held in California when I was a kid, and you know, I remember the protesters and I remember all the folks with the, you know, keep America conservative, white. It was amazing to me that there were a lot of parallels you know, there is in the United States, this dialectic, this dichotomy.



There's these two, there are two sides and you can see it you could see it in Hamilton and Jefferson, right between federal control, state control. You can see it in the Civil War. You can see it in the dichotomy of white and. It's, it's this it's always been going around and you know, it, it's just it's some sort of entrenched systemic, it's like a river flows in its channel and unfortunately, the channel is the US, and maybe this is human nature in general, you know, to see that you know, where the good ones were the right ones, that's the enemy, you know, and maybe countries do better when the enemy is not inside its own borders, right. But we've always had this thing that was certainly the case in the 60s, where, yeah, you know, there was this, this, this sort of potential upheaval in how America saw the power structure. I think of all the things that were done in the 60s, frankly, civil rights was the thing that was the most contentious, the most important. I've known people were civil rights workers and said that one of the tragedies of the 60s was that civil rights got sort of shunted into a kind of spirituality and that the social, you know, social change was in many ways lost. But setting that aside, you know, psychedelics, they were such a part, they were identified so thoroughly, not so much with the civil rights, but certainly with the anti-war, right and the change in cultural mores, right. It was. So now it was very much a Caucasian white kind of thing. But it was seen, you know, Nixon said that Timothy Leary was you know, public enemy number one. Was famously the most dangerous man in America, of course, you know, Leary was the guy to tune in turn on dropout, you know, that it thought that psychedelics were going to sort of transform society, would be the answer to everything. So in that light, you know, people decried it at the time there was research going on people felt like these agents that they could be medicalized that they could be contained within that blew up went outright. So this time is extremely different. And there are a lot of reasons to think that the same thing won't happen. Some of them are good, some bad depending on how you look at things. But if we think about so, how did this all get started again, what, what the heck happened? Right? And what started you can trace it very, very clearly too, frankly to a couple of people. There's a guy named Rick Strassman, who was a researcher in New Mexico. Finally, the FDA agreed, to let him give I think with DMT I think maybe did a psilocybin study too but to folks. And then a buddy of mine, a colleague, a guy Bob Jesse who is a very famous guy on psychedelics. He had been as vice president of at Oracle, you know, he was a US engineering guy, but he had this deep commitment to this belief that, that psychedelics might be one of the elements that could transform the world, you know, in all the ways



that many of us would like to see it transformed. And he did, you know, a lot of his detailed and Michael Pollan's book *How to Change Your Mind*. But, you know, he did all this due diligence to try to tee it up, and it led to a famous meeting at Eschelon back very late 90s where some stakeholders were in the room, and they said, Okay, you know if we want to try to be enlightened, the second goal is what can we do? We don't want the 1960s yet, right, that than us and so Bob, and the people in the room, said, you know, that there's a path the pathway is to look at these for medical disorders for psychiatric stuff, to medicalize them. Now Bob is pretty openly probably, you know, I'm the medicalizing guy, but he recognized us as a strategic and then you know, well, okay, that's great. But if we're going to do this, I risk a lot of stigmas we find to do the studies. We need somebody that has a really powerful reputation. So they hit upon this guy's a great colleague of mine and Roland Griffiths, who as you know, is a very well respected substance abuse researcher, at Johns Hopkins. But Roland had had his own experiences with meditation that had been transformative. So he was open to this idea that there are mental states that can be transformative. And Bob came on his team and that was the start of all this. There's, you know, that that was what launched the ship in the United States and other people that were doing it, Franz Vollenweider, especially, especially in Europe in Switzerland, but it just came from there, right? Firstly, that is very cautious studies and healthy normal. People could take it and they were okay. And it afterward they said, well, it's powerful ever happened to me. And then there came a time when they said okay, now the next step was to try it out on people that have suffered disorder that we can treat. And there were, you know, they the folks that were sort of Hefter that were doing this got together. They said, Well, why don't we look at, you know, end-of-life cancer, because, you know, if you're going to die anyway, and you're miserable and depressed. You know, it's like, not such a big risk. Right. And so they, and why psilocybin? You know, well, what they told me when I joined medicines, well, three letters is not LSD. When you started talking you said mushrooms because people don't know. Psilocybin. Yeah. If I say hey, man, Western LSD, you're like, Oh, you evil hippie, but you know, if you're studying psilocybin, like, what's that magic mushrooms? Oh, yeah, you know, it's what you sit in the forest with, you know, it doesn't have the same industrial strength. So they chose psilocybin, and three groups did studies Charlie Grove and UCLA did an early study the very smaller than even larger studies with a more standard design were done at Hopkins, and then just independently guys at NYU in New York, got the same idea. So

there were these two studies that were done. They were both small, but they were you know, they gave half people a very high dose of psilocybin so you know, they had it and the other half got placebo and they just look to see what happened to their anxiety, depression.

The short answer was that you know, one dose of psilocybin essentially cured the anxiety and depression of about 70%/80% of them for six months. And now we think some of them up to four years, well, you know, on Prozac pill, right and six months later. So this was the this was what launched right? And then and then people are like, Oh my god, I mean, Steve Ross and Roland Griffiths. They got more than a billion hits on their website. They crashed the website, you know. They were the front page of The New York Times and then simultaneously, this young genius named Robin Carhart Harris who was working at Imperial, one of the greatest communicators of all time, and doing studies also that were hugely impactful, small little bitty studies, but you know, showing these results and the world was ready for it. And so there was this explosion. So now, you know, you've kind of got these agents as the sort of worst like, you know, it's like a like, atomic energy manifests an atomic bomb. That's bad news, right? But if it's the actor, well, we used to think that wasn't bad news, but you know, you're using it for peaceful purposes. Medical use medical treatment relates the atomic reactor, you know, just like the reactors contained and all this stuff that you get to a therapist with you, you're in a clinical setting, it's right, you know, so it's, it's cleaned up safe, you know, that allowed this to then go forward, but then two things happen simultaneously that are at odds with each other, and they're very interesting. So the first thing that happened, was the growing realization that if you wanted to bring these to the FDA approval, it takes a lot of money. And so people begin to think initially what maybe we can't do it philanthropically. You know, if we can't figure out a way to make a profit, people aren't going to do it. And that's Compass Pathways, explicit stories. They became a for-profit company in the psilocybin space, and they were able very quickly to raise hundreds of millions of dollars. Right. But what that set in motion was this sort of thought of oh my god, this is a damn goldmine. And along with that, that the idea that that the way that you would think about the blessed latest plant medicines and his spiritual experience, that is, you know, you're doing this to experience some state of consciousness that may be valuable to you. You know, that there began to be this movement that would, you know, maybe just drugs, right? I mean,



we think a lot of things are important that don't turn out to be important, right? You know, yeah, maybe it's because you know, you felt one with the universe or maybe it's just your neurotransmitters change your hippocampus, and, you know, you don't need to feel what the universe right, you know. Because of course, if that's the case, then it can be medicalized. And so, it's an irony, it's my best buddies who are totally on this side of the fence. They believe these are drugs going to be you know, and they're, they're very ethical people in it. But that's what that is. All these folks now range from, from folks that from companies that want to do these as sort of, you know, synergistic treatments with a psychotherapeutic approach, right. We're looking to put, you know, we're going to give an IV in your arm, we're going to come in, we're going to give it to you, you know, it's just a drug. So, this is why I think, partly why I think that we're not going to get a repeat of the 60s this time because there's money to be made. And because there it's not being particularly framed up at this point in as, as something that's a threat to the dominant you know, social power structure. But at the same time, there are these movements that decriminalize, right. And Oregon, this really interesting thing where they've passed a law where you know, in about a year, you're going to be able to take mushrooms, go to a therapist, sit in her office, eat your mushrooms and you know, and work with these things. therapeutically. They're being decriminalized in certain states. So, there is a sort of movement towards more like the sort of 60s kind of thing that they should just be available. But you know that field has also been softened by pot by marijuana, right? I mean, cannabis is out there ahead of its kind of, you know, clearing the path that maybe that's not such a bad thing either. And to me, the ultimate proof of this is Rick Perry, who you may remember is the governor of Texas big supporter. Oh, arch-conservative. He has been the main player in Texas getting on board for PTSD treatment with ecstasy with MDMA so much. Oh, yeah, I understand.

Oh, I know. Texas, House of Representatives has almost unanimously passed a bill in support of really providing funding so that psychedelics can become treatment modalities. So there you go, right. I mean, this is so that, you know, things have changed. You know, they're these big, sort of big survey studies now looking to huge populations, suggesting that, that the use of psychedelics does not seem to correlate with bad outcomes in people, right. There's that to an effect. Me and my buddies have just done this, this 2500 person survey, really suggesting that even if you just take them on

their own, which I do not officially recommend in my position with you Usona, but if you take my URL, people self-report, wow, we're a lot less depressed afterward and refining that too. Right. So you know, they're being decoupled from heroin and crystal meth and things like this, that kind of ruined people's lives. There aren't that many people in my opinion, whose lives have been ruined by psychedelics, you know?

Leslie: And that's, I think, a really powerful and important distinction, particularly before so many people. I mean, you know, I was a child of the 70s and 80s, with Nancy Reagan and Just Say No, and DARE. Pretty much anything unregulated, but can you think that was not alcohol was like, you know, there is a lot, a lot of fear. instilled around that distinction made between substances that were utilized to kind of achieve a sense of oblivion and like, disconnection from one's experience and, and my understanding is, you know, psychedelics are really kind of the opposite of that. Like it's not about sort of avoidance but really about money too, to be drawn more into and be able to see or understand or gain some awareness of the fullness of one's experience. This is fascinating to me that the things that you're outlining about the landscape and in the country now and why there's much more receptivity to not only research but potentially making available psilocybin to our population at large for healing. I'm interested in and like the pieces around seeing, seeing psilocybin as a drug, and then seeing it as that there's something else which brings me to another question, and it may be too early for these answers. So even if it's not from you know, we haven't been able to tease this out and research I'm interested in just kind of what your intuitive sense about psilocybin is. When you and I worked with cognitively based compassion training. And, you know, there's kind of like the three maybe three kinds of core pieces that we point to you as being so integral, right? And so one is that ability to kind of stabilize one's attention. Another is recognizing our deep interconnectedness, our interdependence with one another and, you know, being able to develop this skill was to kind of hold the fullness of our own experience. So the things that are difficult for us and the emotions that go along with that, to be able to create room to create space for those rather than to turn away from them or disconnect from them which opens the gate for us to be able to be with others and they're suffering, right. So we spend a lot of time right like kind of and I know there's so much happening and compassion science to want to try to kind of get into the black box of compassion training and all of these different protocols to see like what is it you know? Is there something

particularly salient that's rewiring our neurons are shifting the way that we're able to see ourselves and others? I'm curious as to what you are seeing or what you're intuiting about, about mushrooms, about psilocybin being able to create this kind of long-term sustainable change. To shift someone from this intractability of depression and the feelings of hopelessness, sort of all of the heavy pieces of that. To reflect your power to shift to see the world in a different way and to move through their life and perhaps even you know, the brain chemistry being so different, what's happening there?

Charles: Well, so this is interesting. So this is my particular obsessive interest. In fact, I am going to tell you about a study we're gearing up to do to try to directly test the question of how important it is the psychedelic experience. If you look at the data, almost, almost always there are qualities to the acute psychedelic experience, to predict the later outcome. Whatever you're interested in. So whether it's quitting smoking, quitting drinking, anxiety, depression. I'm thinking of one study, we didn't find it, there are probably reasons for it. Studies show that if you have certain types of acute experiences while you're tripping on the psilocybin, then you're gonna do much better down the road. And so, what are the experiences people have identified as predicting good outcomes? The best characterized is something called mystical experience or mystical-type experience. And it's a construct that goes back, and sort of formalized first in the 60s by a guy named Walker Pahnke. It has these various elements of it. Let's see if I can remember all of them, but basically, so people have this sense of a unitary, unitary experience. They feel that they are connected to things in ways that are much more intimate, powerful, and widespread than they realize and that could be God. It could be other people. It could be the universe and with that, that comes to this sort of sense that their lives have some deeper purpose that they didn't understand. Right? So you know, like, if you're suffering and you just feel like a loser and I'm so horrible and also you have a change of vision that you go, yeah, I'm suffering but, you know, I've contributed something larger than myself. I'm part of a larger life and that has meaning and it is pretty hard to be as depressed before that way. Right, you know, mystical experiences, often that were called noetic quality, which is that they're hard to describe. They're often blissful, but basically, just a deep sense of, you know, interconnection and purpose and joy. A sense, a sense that you've experienced something in a way that transcends words. So for instance, people haven't experienced like, I realized Love is the driver



of the universe only thing in the universe right now. I said, you know, the universe. Yeah, that's a bad making 60 song you wouldn't expect, right? But then the person says, no, no, no, you don't understand. Yeah, I know. It sounds hokey and stupid, but not yet. I felt. So that's one type of experience that in study after study is predicted, being less depressed, less anxious, not drinking as much there's something that I'm at least as interested in, if not more, though, is that psychedelics, psilocybin also tends to bring people face to face with their demons. Right? So the abstract called experiential avoidance, which I'm good at, so I'm interested in it where you, you know, essentially, you know, on some level there's been stuff you don't want to face like they would just sit around and cry for a couple of days and grieve and sob and I don't want to go there. Right. So, I have to check it to go there. So I just get depressed instead, right. So psychedelics have a bizarrely effective for many people especially people with depression. So you know, you know people that are more mystically inclined and you and I've talked about this, plants have a consciousness maybe they know what they're doing. It kind of hard-boiled reductions like me, what I'd say is that we know your brain is almost definite that other parts of your brain are pushing down you want to talk about the power structure, your brain has got the same power structure dynamics and the psychedelics they take that overbearing, rigid boss and knock them out, put him to sleep or, or get him drunk or something where you know, he falls offline. These other parts of the brain start talking right, but it doesn't feel like it's your brain talking. It feels like you're being confronted with stuff from the outside. You know, and this is why it's so powerful. Because what I tell people, you know if you say to yourself, you know, I'm a beautiful woman, that's not that is powerful as if I say, Leslie, you are a beautiful woman, right? We tend to privilege things that we hear from the outside being led, right. So let's have that property. It's like you know, all of a sudden, you know, the person is like, I'm thinking of one subject that we work with, who have gone through a divorce and, you know, a bad marriage and all this but she cried the entire time over the grief of losing the marriage right. Afterward, she's like, dang, I wow, I didn't realize I felt that way. But then, you know, she went around thought about it for a long time. She's like, Yeah, well, yes, I do. You know, I feel better grieved it right. So that, that and this has been called by Robin Carhart Harris called Emotional Breakthrough Phenomenon. Where you that you confront something painful, challenging, and you either make peace with it, you feel like you transcend it, you deal with it, you look at it, you know, the more you can do that, The more undepressed you get, the more un-anxious



you get, the more you fight it, the more you know, just goes on and you're lost. You can't deal with it. In the psychedelic experience. The wish you did, right. So there's that and then, and then people get a sense of insight. Like I realized, oh, man, I always wouldn't like my mom. Right? You say, Well, yeah, that that's another sort of cliché. You don't understand that I thought of the presence of my dead mom and she said you know, set them up in heaven, and please don't keep you know, I tortured you and I'm so sorry. So please don't keep you know, like that. Right? People go oh, my god, yeah, Mom here. So those phenomena, those sort of nonprofits seem to have effects. So I am personally suspect it's not that it's not my physical I mean, I, you know, you're thinking because your brain's got physical activity. But I think there is something about that narrative about the experience that then kind of changes how people think and feel. You see the thing with post-traumatic stress disorder, you know, something overwhelming, surprising, horrible happens, and then the person's not the same for years after that. It was surprising, something overwhelmingly powerful, unexpected, positive, or cleansing, like a psychedelic experience might have the same effect, right. So I think there's a lot of evidence that the character of the acute experience, really does. It's not that it's not biological, but it's that that that the experience does something that changes, how people look at the world, but there's a wrinkle and the wrinkle is it comes from folks that have done studies talking about which is that, you know, there were a number of people, mostly patients been depressed for a long time they failed on anti-depressants, and some of them had these profound experiences felt remarkably better. And then about three months later and they crash, and there's a very haunting movie that they made about this study you can watch online is called Magic Medicine. I think. Where they follow the waves of three men. None of them had a particularly good outcome but one of them had just basic security. The guy in bed was just completely cut off from his family. It's tragic. For years. And he's back in New Jersey. Oh, we got our father back. And then we lost him. And he's back in bed and but he said I'm worse off now because I'd never let it used to feel like I got a taste of freedom. I saw the pearly gates. I got yanked back. You know, I remember the experience, but I didn't feel it anymore. I have lost that embodied conviction. So, there may be even if the narrative is important, I worry that there may be a more core physical effect, you know, that like some sort of period like a regular antidepressant right? And that when that fades, you lose the immediacy of the experience, and not everybody, not everybody has that happen. The folks that tend not to have



that happen are people that have not been depressed for 1000 years or people that are confronting their specific problems. So you know, in those cancer studies people you know, they had their ups and downs in life after that, but, you know, most of them they said no, I saw cancer differently. I, I had a feeling that I accepted my mortality. This is a year later, I still feel that way you happen to die, and I kind of down. That there was that point back to and say no, it's still vivid. So I am not the only person who has this sort of concern. I've realized it's not being articulated much but one of my concerns about using these agents as medicines is that they might be especially useful for people that are confronting specific problems. So the benefits of a post-traumatic stress disorder than for someone with generalized depression, and I'd be willing to wager is better for people that are just starting out with something like depression. Where you know, your something bad has happened, you're down for the first time your life your brains can go into this pattern, you disrupt it, right? And you get you sort of get a different view. And instead of having this way over the next 30 years, you kind of just skew off a little bit but the longer you go, right you know, whereas now people have been depressed for 20, 30 years like we're coming into our studies too. There is a lot of evidence that you know, your brain, it just it gets ossified into this state, where you're just you're I am bad. And so these agents seem able to perhaps disrupt that for a period of time. That disruption seems to have to do with the experience, but that it may be that their brains are sort of hell-bent and, you know if I can say it that way on regressing to the state they are stuck in. So that can be overcome by repeated psychedelic treatments? We don't know. Whether there are ways to try to keep the experience alive. Personally, that's the folks in London. Rosalind Watts, that's what she's doing. She's putting her life to figuring out you know, are we going to you know, yeah, we're probably susceptible balance, but can we keep it down to a dull roar and do things like maybe compassion meditation, you know, there's any number of things right. So that's what I think the data show. Now we're, we're getting ready to do this really interesting study at UW where we're going to take folks we're starting with just healthy normal folks to test it out. But the long-term idea is, if it's the case, that that the experience is really what helps people reorganize and overcome their depression, you know, you got to kind of remember the experience probably, right? And so it turns out you give people a drug like it's called Versed, which is just like kind of going on an alcoholic bender, you know. If you blackout, you know, your deaths are on the table. You don't remember anything. So this does that. And so we're going to do a study



where we give people psilocybin, but at the same time, give them Midazolam/Versed. You know, we don't know what is it shift change, whether we're just starting this, but, you know, can we cause people can we have people have a psychedelic experience, right? So you're laying on the couch and like, Oh, my God, I get it now. Right. The next day you go like, I don't remember. So, you do that, and if a month later, people say that I don't remember anything about that day, but I'm a different person. Well, that would suggest that you don't need to have a memory of that experience, at least before I get to do the transition. Right? It may be that just having that acute effect. That that it's the biology that is causing the experience right in some way. If you see that the next step would be just to knock people out with like anesthesia and see if they wake up and say the same thing. On the other hand, if we do this study, and it turns out people go, I feel just depressed I did before Damn, I have a couple of vague memories but it's not bodied. Well, then you have shown you've provided data that would support the idea that wow, yeah, maybe it is something about how we work with the experience. The key factor. But you know, what I liked about it is that it is like good scientific studies. You know, we'll see. We'll see we don't have right, so we'll see. So, but if I'm a betting person, I think that you have to have I think we'll find that what we block the memory that people don't feel the experience did much for you know, they have to go for a week or whatever.

Leslie: Yeah. Yeah, I'm finding that interesting, I mean, that's a brilliant way to study this. And I'm, I'm curious about that, too. Because as you're talking, I'm thinking wow, is it isn't that the power of it in the, what you've described so well is, you know, the insight and, and the sort of reappraisal of whatever it is that we're holding that we may not be conscious of, you know? When you're talking about the, you know, that part of your brain that kind of gets quiet so that the other piece that you're, you know, like so hardcore like defending yourself from, and you get that reappraisal that you can then you know, journal about it and then reflect on it and even if you don't have it as, as conscious in your memory, you can go back to if you, you know, captured that somewhere to be able to bring back. Yeah, I'm interested to see what your findings are when you come from that because that also, to me, kind of speaks to the question of, is this simply a drug or is there something is there more to this? I know we talked about this before you know, so many different questions and thoughts that I have particularly with is being in the pandemic and the incalculable grief collectively that it's

in the world and our tendencies, just as you know, as we were kind of joking about, but you know, obviously very, very real this sense that all of us have is human nature to avoid that, which is painful. The tendency is that we, you know, may or may wish to kind of fall back into familiar patterns. And I know during this time in Compassion studies, we've been really busy active, a lot of people reaching out to take part in compassion programs. You know, asking like, How can I expand compassion for my family members for myself during this time? And I'm wondering about the power of psychedelics to be almost an accelerator for some of the things that we are working through in compassion, meditation practice. Self-Compassion, to me, feels like this is a potentially alive piece. And so, you know, as you obviously know what we're talking about when we talk about self-compassion, but for those who are listening to that may not have been involved with the compassion training before. We're talking about ways to begin to develop the skill of being with difficulty and challenge and, and painful emotions and experiences without judging ourselves harshly without turning away from those experiences. Learning how to be with that because that's so critical to being able to be with the suffering of others and not feel that sense of empathy overwhelms a sense of empathic distress. You know, what you've been talking about in terms of some of the experiences that people have had, has me wondering if psychedelics are potentially a really powerful tool to kind of get us furthermore quickly, rather than you know that that continued commitment of ideally every day, we're on the cushion, but so many of us are not, and raising awareness of our deep interconnectedness, which I think is the critical place, or, or theme I think, that we need right now. To help ensure that we don't destroy ourselves and the planet.

Charles: Yeah, yeah. Yeah. So, I have a lot of thoughts about that. I do think psychedelics perhaps hold that potential. And so, you know, one of the difficult things we can talk about and say, sitting on a meditation cushion every day. So, I've gotten interested in this idea of called adaptive stressors. That there are that if you look at a lot of the ancient practices that people did to enhance wellbeing they were stress, they were stressors, right? There were certain types of stressors. You know, like, we study hyperthermia, but sweat lodges have been around forever. You know, it's, you know, it's a big stretch, but you come out and you have this sort of cleanse to get right, you know, fasting stressor, exercise is a stressor, meditation can be a stressor. Psychedelics are psychologically very stressful for many people, right? So it's



just that these de-stressors. Is there some type of stressor there? They go on for a certain amount of time. They're limited. And they occur to a certain degree, right. So and instead of making weaker, it's like lifting weights. They help you build up resilience, which that allows you to feel less depressed, less anxious, going forward without needing to take the drug every day. This is where I think that psychiatry needs to go in general to discover more of these. But one of the attractive things about psychedelics like some of the other stuff we study is that I say you know, the problem with these adaptive stressors democra world a lot of them require renunciation, right? So if we go back to experiential avoidance, and I do not want to think about you know, my deeper feelings upset but I can drink. I can be busy all the time, like watching TV all the time, I play video games all the time. So if I want to face that stuff, I have to renounce that right. If I want to lose weight, I have to renounce the refrigerator. If I want to exercise I have to renounce by evolved mandate to sit on the couch, right? So that's always hard if you're depressed it is extremely hard. Because depression robs you of some behavioral activation. I see you know, all these ancient practices are acts of renunciation, but some are active and some are passive. And, you know, active ones are the ones that are best day in day out. You know, they're the ones that should be sort of your life accompaniment. But man, if you can't get off the couch, just crying and laying there. I can either have you start running 30 minutes a day, or I put you in my hyperthermia machine, which does a lot of the same physical things that exercise does, right. You have to lay there and it gets hot. It is not like running every day. You can do it and it's passive. And psychedelics have a bit of that passive wild way. You know, if I say Leslie what I want you to meditate. I want you to have a powerful, transformative experience when your mind is blowing and you feel deeply connected with the world. Well, maybe I will give it a try. But you know, I wouldn't be surprised if you came back and said I was trying so hard that I couldn't do it. If I give you 25mg of psilocybin. It may not happen to you because the brain is complex in fascinating growth, but it's much more likely to be right. Just take the pill later and your odds of having the sorts of experience that might engender passion occur. It's a bit of passivity to it. That makes it very, very interesting because it is it's kind of the characteristics of an active stressor which we evolved to need but the doorway into it. It's not easier because the second dose is scarier but it's sorting, you know, because I get the second choice, right. It's like that So, there is a danger. I think, however, we just have to see this. And this is the



danger of all extracts. You know, you're one was God and then you begin to ask God, someone's God, right, you know, and there's this sort of narcissistic expansion and I have seen this happen, people with psychedelics, especially people with drugs began to make them feel, you know, like, special or like, you know, instead of, instead of humility that they, what gets created is a sort of more grandiosity. And that's a risk, you know, again, you know, people that have this material, mystical experiences can go off the rails that way, just gently that it's that's a common experience of people that are manning right would be catastrophic. So, you know, if there's a little bit of playing with fire there, but, but most people know, most people seem to go the other direction, the direction that you reference, which I think is very positive and feeling humbled by the immensity of the interconnectedness and things like that. So yeah, I do think that they hold that potential. Now. You know, I often tell people I'm really glad that I'm studying them as a treatment for depression rather than trying to help and save the world because not so easy to save the world. And when you look at things that go on in the psychedelic community, it's not the Garden of Eden, right? I don't believe that, you know, yeah. Is it useful things to help? But, you know, there is, as I, as I said, early toward the beginning of our talk, you know, district for the one thing that's going to solve all problems is it is a, it maybe it's a human thing. Certainly, it's an American thing. And I increasingly think it's pernicious because it ain't gonna be there. You know, I'm not a Buddhist, but I greatly admire many aspects of their way of looking at things and one of the pros is you know, if you're, if you're undisburged, looking around, you have a world responsibility to make it better, but you can never be perfect this is not a realm that can be perfected, you know, evolutionary processes, as they happen in this realm, don't they? They, you know, once you know, you know, once you speak of a perfect Buddha, yeah, you're kind of still around. But, you know, you're often I mean, they recognize that as long as you're creatures like us, you know, perfection. There's something about the universe about our universe. That is just perverse in that way. You know, perfection cannot be found and so I am glad that I'm not trying to save the world with these things. I'm just trying to treat depression which will make a difference but I bet I'm not belittling your point. Yes, yes. I think that this is something. So there are now two studies just one front from Vitor and there's one school at Hopkins, where they took either meditators or religious professionals, and they gave them psychedelics, most of them for the first time. So, you know, Franz in Switzerland is a hardcore meditator, you know, eight hours a day for years



kind of stuff and to get psilocybin and a bunch of their minds were just completely blown, you know, and a number of them. That was what I've been trying to get to all these years. And into a religious professional study, Roland wrote some interesting is that, yeah, there was a synergistic effect between sort of spiritual practices and taking a psychedelic and that you know, I mean, plenty of religious professionals are just atheists or agnostics. You know, liberal, liberal Christianity, you know, if you stick to the fire, they don't necessarily really believe, you know, the manifest content, right. But he said, what's interesting is those folks begin to believe that maybe there is God. Well, the folks that were conservative evangelical went the other way, you know, where they were like, you know, the universe is much bigger than I thought maybe I should not have such rigid views, right. So that's another thing to do the tendency, they seem to have this, this tendency to push you toward a middle when they weren't, right. They just push you in the direction you need to go that way. You know, if you're overly like fundamentalist, you know, they will push you into a more open space, if you're just sort of lacking a sense of the spiritual they kind of push towards the middle. That's true. And if that, that could be very, very useful for our world, right?

Leslie: I love this. It's very I'm appreciating the way that you're grounding this. And it's clear about you know, again, we're this is an exciting time. These are powerful medicines, but you know, I remember having so many conversations with you about compassion training too that we're like you know, this is not a panacea. You know, mindfulness is not a panacea. It's simply this is one more tool that we have available to us to help support us to find, to find a balance to find the middle. She said, you know, that this, this realm is not to be perfected. Yeah, so that it feels as though there's, there's so much to learn so much, and there are so many exciting things that are happening. I wanted to ask you, and I don't think I ever did when you were here. If I remember correctly, there was a time that you had an opportunity to go sit with Ram Dass and talk with him about psilocybin research when he was still alive. I've been curious and I don't know if you're feeling comfortable if you want to touch on this at all. What, in your conversations with him like was there any particular guidance or wisdom that he offered that kind of help to inform the way that you are thinking now about the research questions in this area?

Charles: Yeah. So So yeah, nobody ever asked me about it. So this is a scoop right. So early on in the days if you Usona, one of our board members



had been going to visit Ram Dass for years. Ram Dass, which was Richard Alpert who was sort of partner in crime at Harvard, early, early part of psychedelics who went to India and had a profound experience with a Hindu teacher, Baba Neem Karoli, but that what Ram Dass always said was that, you know, psychedelics take you there, and then you would back and have you know, you're so it's a sort of a counter to this idea of how can they be a prod towards increase compassion? I think that's true. And yet, Ram Dass is right that you know, you enter states as the lucky ones that had these wonderful joyous psychedelic experiences you enter states and can't stay in them. Of course, it is probably not good to stay in that state in this realm, right. I mean, we'd have to put you in a psychiatric hospital but so he was looking for something more lasting, something that was more permanent, and he had this conversion experience and put being reached out for you can't Ram Dass and was you know, wrote his famous book be here now which is funny to look at now. It's choppy in the 60s and 70s, too, so hippie but it was successful as a spiritual teacher but was known for being kind of a bastard, but he was you know, he was irritable. He was hot-tempered, he was and then he had a massive stroke. A left side stroke. He lost his ability to speak. And so, when we went to visit Ram Dass, I think it's probably 2016 17 or 16. You know, he's an older man in a wheelchair, who's paralyzed on one side, who you say, you know, if you say, how are you? This is what happens, right? I mean, it's you know, you got to if you want to hang out talk Ram Dass in those days, you had to have plenty of time. You know, so we've spent but we had this amazing experience. You live in this beautiful house. He had been wealthy but his guru told him to give away all his money. So he's like, okay, gave away money. But lucky for him, he was so beloved that he had you know, followers and had money they just took care of him. He had like three people living with a gratis and they were just all thankful that they were able to care for this kind of holy object and the strange so that is what Ram Dass has to say about setting goals. He was like, yeah, they're okay, I guess but, you know, so so so, you know, for the psychedelic fans. Know, that was his, his take was, yeah, that could be you know, it could be some use to show you that your mind can go places to go. But, what you need, you know, sort of spiritual practice. The thing that was powerful about Ram Dass, and it's relevant to this thing when we were talking about how, you know, people that did psilocybin and got over their depression and then lost the benefit. What went away was this felt sense of is that what they called a noetic fund. Like, I felt it here, and now I don't feel it there. So, now I feel like crap. So. So the thing that was powerful about



Ram Dass is, you know, I've been in the presence of really, you know, spiritual leaders. You know, a number of them, in my big-timers, you know, Ram Dass moved me more than any of them flat out. Yeah, it was. It was a profound experience to be in this presence. And if you ask me why, I can't tell you. that I cannot tell you I just only tell you, and I'm not much of Buddhist, but you know, that was something about that guy that was just unbelievably moving to me. I have a, I think I saw I had never seen one human being so completely either subsumed within or subsume another human being. Ram Dass had a relationship with his guru. This guy was not dead. That dude was dead. He was in that room and there was a giant patient of the guy who had backlighted this, you know, kind of trying to get his leisure. And I have a picture of him and Ram Dass sort of sitting talking to make the logon and they were the same people this is one of the things I had I sent this to Ram Dass. And he said, Yeah, I have a much closer relationship with him now than I did while he was alive. I usually don't believe that stuff. And it's kind of BS, you know, but I believed him and I remember sitting and going, believe that they just said that and I believe that but it's Yeah, I don't know what I don't know. You know, if you do away with any kind of spiritual thing, I don't know what it means. But that was what felt like, right. And so I think that combined with his humor. You know, he also said that the stroke had been his greatest blessing and I never believe that stuff. You know, I always like, yeah, yeah, well, I'd say that too. You know, but I don't know. I believe that. I mean, I that there was something about that guy. That just, I believed.

So. Yes. So there's a little bit like psilocybin experience in that it was the sort of out-of-time experience that was a test time but that never left me. Yeah. So nobody ever asked me about it, you know, it shocked at that question. But it you know, so it had the qualities of a good psychedelic experience in that it was surprising, impossible to explain, profoundly moving and, you know, think about it as much as I should because, you know, thinking about it, to give one internal fortitude, and of course, that's what he'd done with his guru, right. So I was so fascinated by this idea of that, that as flawed as we are. There, there are possibilities of what you can and this is a Buddhist idea, tantric Buddhist idea, like one on one that you know, your guru is the Buddha for you. That is that you know, way more blessings to destroy the Buddha because this guy is right in front of you. Right You know, and you know, there's a text saying you know, hey, don't go investigating your guru. Don't go looking for his flaws. In a way don't get



to know him too well, because if you know, he's a human being right? As a sub acala of the Buddha and you know, if he's a good guru is far enough along that he can sustain that right, you know, well, I have never seen that, frankly, in practice. I saw that Ram Dass is doing that. That is what happened. And it's really interesting. I still don't, I gotta think I have not thought about this for a couple of years. But it is really powerful. When he died, he already died. That was the other weird thing right? I mean, he left me with this impression that if you live for a year or die tomorrow, and that's very rare. Most of us will wear that status because we're suffering so much. We just want to die with that, though. It's just like, it's like, whatever that was, he had given up because of this, this self-acknowledged loving relationship with his guru. Right? Hardcore. And Ram Dass was gay. Did they have a sexual relationship, we can't know about it, because I don't know what that says. But it says something really important that we should understand. I don't care how he had to think with this guy. It's just like, damn, this is the most intense love relationship I've ever seen. And that kind of stroke transformed this guy's life. So you know, what can we do with it? What does it mean? It is just fascination. That is Ram Dass.

Leslie: Wow. Thanks, Chuck for sharing that. That's I mean, I can just I can feel how powerful that one is. And I've honestly been wanting to ask you about that for years. Just I don't know. We've not ever like had been in a space where, right that's gonna come out. But yeah, I remember when you made that trip. And I remember you know, like being so excited for you and wanting to ask you about it after and I guess it was like, the sacredness of it is just it wasn't pleasant. Yeah.

Charles: Yeah, that was interesting. That was a big part of it. Need to talk about it, which is so interesting. Yeah. That's also thinking about you know, like, I, you know, I have not been above you know, some of the stuff that I talked about in dialogue and stuff, you know, you know, I got some career benefits of that. Right. You know, this thing with Ram Dass, I never told anybody about it. You know, I, yeah, it's just really, it's really interesting, that way that it was such a private, powerful thing. I mean, I would have, you know, he had this great comment he was, somebody asked him something, and there was a sort of contradiction. I can't remember what the content was. It took him a while to say this, but it was, what do you expect when you wish to the monkey god? He very good sense of humor. If I wanted a spiritual teacher, I, you know, about Hindu much more Buddhism,

blah, blah, blah, but whatever, but I would have, he would have been my man, that...

Leslie: That is funny now is we're attacking every time we know, you know, talking about all the things for like a couple of like non-religious people I always put the disclaimer is still I'm like such a, such a gift to have so many incredible teachers on the path. You know, I mean, I'm just continually so grateful for you being on my path. I can talk about, you know, career, you know, career benefit from being able to be with brilliant teachers. I mean, I owe this extraordinary opportunity to be able to share compassion practices, to support people in a way that we do in the center because of you because of your vision. And I'm so grateful for that and that we both you know, have a relationship with Yeshua Lobsang. Emory, but what an incredibly powerful experience.

Chuck: Oh absolutely, yeah, that's been another person is obviously, you know, he's also been a real teacher to me. And he's also been a colleague but admired that guy. Yeah.

Leslie: Are the two of you were hitting on any projects or research

Charles: Yeah, it just looks so interesting sort of way. Yes. Politics, but yes. So when I left Tucson, I went to Wisconsin and I said mixed experiences divorce, but one of the outcomes of the divorce was an ex-wife, with my children and to Georgia. And all of a sudden, I love my little kids so much. I started going down there every other week, you know, so now hanging around Atlanta and word gets out that I'm kind of back. This is a bad time in my life so it's not like I'm you know, pounding my chest saying, hey, you know, I'm back lucky you. I'm just like, just sort of skulking around licking my wounds but I get it introduced to George Grant. And George Grant is the Head of Spiritual Health and spiritual health is among other things, chaplains. Right. So Emory's got the largest Chaplain training program. The United States and chaplains do about 170 180,000 visits a year. That I mean, that's, you know, between staff and patients. It's a huge thing. So George is a visionary, genius. And he knows and wants to incorporate CBCT (Cognitively Based Compassion Training) comprehensive passion training into the residency training for hospitals. That he knows about. I think, anyway, that was probably to get you. Right. And he already was talking about but so he took me on. I've been through now several years as a consultant, for the Director of Spiritual Health at Emory. And we've done a whole thing where we've been teaching hospital chaplaincy and out of that,

as developed something another acronym CCS H, Compassion Centered Spiritual Health, which is a sort of, it's a way of instantiating CBCT ideas at the bedside or a way of Chaplain's sort of you know, using CBCT principles in their ministerial work or their work as spiritual health conditions, as we now like to call ourselves. So yeah, we've been doing this the studies, you know, and we have some interesting findings. Tim Harrison, I see him more than I do. Gives you on those days. But yeah, so there's still this bit going on. And interestingly, you know, there there's, every now has emerged as a central place of something that's being called sectoral chaplaincy. Because George is an open-minded guy was approached by a sharp young palliative care researcher named Ali Johnson. Robbie had got permission to do his Uncle Simon study cancer survivors and had the vision to things in the SEC guide should be a chaplain, spiritual health condition. So now there's a sector chaplaincy is being spearheaded by the river Styx foundation and folks at Harvard. Harvard's also gearing them to do this. They've got a study that they're going to do, but every you know, is out you know, looking into this of can we incorporate the understandings of CBCT into the spec? So, we get up to the search, really, really interesting. Yeah, so, you know, get your hopes up. You know, I probably have dinner with him two or three times a year so I don't get to see him that much. But, but whenever anything comes up, I get the phone call, you know, and so yeah, and of course, they've started this amazing, you know, compassion center. They're doing all this stuff. So yeah, it's an odd thing that I just really quite involved with me, which is so cool. I like you, you know, it's been such a blessing in my life to work with those guys. Those folks.

Leslie: Yeah, that's great. I'm loving to hear about the, you know, the conversion. Yeah, and psychedelic chaplaincy, but CBCT is very exciting. Yeah, absolutely, man. Keep talking about that. In case there's, you know, any interest in doing that, either in Arizona or other places.

Charles: Yeah. Well, I mean, you know, you're at a university that's doing psychedelic work, you know, to join our church was interesting. You know, that, that there may be some interesting because CBCT is such an obvious that perspective is so obviously married to what psychedelics do when they do the right thing, that it's really interesting. I think that there's a real opportunity there.

Leslie: Thank you. So much for this conversation, and it's always so good to connect with you. I am appreciating being able to see you it's like taking me

back to when you were on campus and we would be able to chat about all of these all these deeper things and what's coming next.

Charles: Yeah, thank you. I was it was a great talk about stuff I don't always get to talk about so. Thanks for having me.

Leslie: This has been produced by Leslie Lambert and the Center for compassion studies in the College of Social and Behavioral Sciences, recorded by Gary Darnell, edited by Gary dharna Special thanks to the University of Arizona's office of instruction and assessment