

Fear Me Out Podcast

Episode 50

Hosted by Clinical Psychologist - Dana P. Saperstein PhD.

Guest Speakers

John Smith & Timo Caspian – Using Nature to Heal

Kim Fauskee 00:00

So we're continuing our series on the discussion on the use of psychedelics and this is an important welcome in two guests, John Smith and Timo Caspian. So what happens when you go through your life dealing with depression and current medications only have a minimal effect on you. Luckily, there are some plant based and earth based medicines that that are being researched have been researched over years that are coming more into the mainstream right now. So our discussion today is going to be in the use of of micro dosing psilocybin, as well as some other psychedelic drugs in the treatment of PTSD and depression. And not only is Timo, an expert in terms of spirituality and some certain tribal organizations, but also an expert in the use of these plant and earth based medicines. And John is a user of these and next successful user if the so I think it's an important episode for people that have are at least interested in the use of psychedelics, or have not had great success with Western medication out there and the treatment of depression and other psychological ills.

Dr. Dana 01:16

You know, Kim, I want to reiterate as we have in the last couple episodes that you got to be really mindful of what it is that you are ingesting. Make sure that if you decide you want to do this, that you become very well educated on dosed properly and the different types of especially psilocybin from what we learned from Timo was that there's many different varieties and then they have many different effects. So make sure you're very well educated. If you decide you want to do this. I will say as a psychologist watching somebody struggle with Western medicine and all the side effects that go along with some of the antidepressants and then seeing how well micro dosing worked. To me it was nothing short of a miracle.

Kim Fauskee 01:56

John and Timo are very well spoken about their journeys, and we hope you enjoy this conversation.

Fear Me Out 02:14

There are two basic motivating forces fear and love. When we're afraid, we pull back from life. When we're in love, we open up to all that life has to offer with passion, excitement, and acceptance. Coming to you from our studio in Santa Barbara, California. This is the fear me out podcast. We're not your typical Self Help Program. Our show takes a deep dive into those psychological issues that affect us on a daily basis. We hope to shift your perspective and have you experiencing emotions differently. Now here are your hosts Kim foskey and Dr. Dana Saperstein.

Kim Fauskee 02:55

It's interesting that the conversation that we're gonna have today with John and Timo has been in the media the last couple days. So I guess our timing is completely appropriate. And we're going to continue talking about the use of psychedelics and treating of mental disorders, especially in depression and in PTSD. So we welcome into the studio today, John Smith and Timo Caspian. Both of them have some significant experience and in dealing with psychedelics in the treatment of these issues. So, gentlemen, welcome in. John, I'm gonna start with you and kind of give us a little bit of a background about you and how you ended up sitting in front of us today.

John Smith 03:45

Well, I was fortunate enough to walk into Dana's office a few years ago, and that began pretty significant exploration of post traumatic stress syndrome from my childhood a bit and significant depression because of that, and because of other inherited and environmental issues. I had done big pharma antidepressants for a long period between my late 20s and late 30s, I think, and then I was off them for a period of time. And then somehow when I hit my 50s, the other shoe dropped again. And I remember being in therapy and Dana stopping me and saying, Well, I think I think you got something that all the talking in the world is not going to cure. So I believe there was a chemical depression issue going on there. So I went back on Zoloft. And it's sort of it, it raised the floor. You go from being as aamby, who wants to kill themselves to just just an impotent zombie after that? So it was like that, that that wasn't really the answer. And I went to see a psychiatrist as well and took a genetic test for certain antidepressants and went on to another one. And that didn't seem to the name of that one escapes me that once didn't seem to help at all. So with his blessing and Danis blessing, I went completely clean, with the intention of trying to microdose psilocybin because I didn't feel I could get any pulse on what was effective if I didn't start from a clean slate. So then I started micro dosing the psilocybin, and have had very positive effects, and that it's been about a year now.

Kim Fauskee 05:50

So we're gonna roll back a little bit on what you said there. So you had suffered from PTSD as a child, do you feel like talking about what happened to you? And

John Smith 06:02

yeah, it's, you know, me being a child was a long time ago. So it's all a bit foggy, but I did. My mom was borderline personality disorder. And so she was a bit of a rageful person and also an alcoholic. So I suffered from some fairly significant abuse and neglect at her hands. And that's the, you know, the main issue that I was dealing with, there's so many other factors like that, if you look into a few generations back, the depression was sort of a through line. So it wasn't like it just began and ended with her.

Kim Fauskee 06:42

And so when in your life, did you notice that? Wait a minute, I'm not feeling the way I'm supposed to feel. Did that happen in your teenage years? Or when you were talking about in your early 20s? When you were first medicated

John Smith 06:54

that happened? That's ever since I can always remember.

Kim Fauskee 06:59

Yeah. And so what caused you finally cuz somebody had to prescribe your first round of medication to you? It was at through a primary care physician, or were you going to therapy at that time?

John Smith 07:10

Yeah, I was going to therapy. I was living in Los Angeles. I was in my 20s. I was seeing a therapist, and she sent me to a psychiatrist who, you know, just did the basic questionnaire and put me on Zoloft then,

Kim Fauskee 07:24

and so that created this, this and I don't want to misrepresent the, the amount of time but a few decades of going through the traditional continue with talk therapy and through multiple medications before you got to the point where you decided none of this is really working for me.

John Smith 07:45

Yeah, it's also I was overusing alcohol for most of my adult life as well. And I quit that when I was about 50 years old. So

Kim Fauskee 07:59

in you in I'm assuming that you were using alcohol to mask some of the how you were feeling and not that you were doing it for any other reason.

John Smith 08:09

In hindsight, yeah.

Kim Fauskee 08:11

And did you know that you, did you consider yourself an alcoholic?

John Smith 08:17

No, I'm from the Midwest you got across a pretty high bar to be an alcoholic

Kim Fauskee 08:28

that

John Smith 08:29

point well taken there. I didn't get a sitter myself an alcoholic until I quit for nine months. And like most people, you assume I'm going to quit. I'm going to get over the physical addiction then I'll just be a normal person who has a sip of wine at the Christmas party. But then I went immediately back to where I had started from so I knew like okay, this isn't for you.

Kim Fauskee 08:54

And so you were able to stop cold turkey. Did you go to an AAA program? Did

John Smith 09:00

I just sort of stopped cold turkey I went to see an addiction doctor who wanted to put me on anti abuse, which is that really nasty drug that soon as you drink you throw up? Yeah, even if you're on nail polish and stuff. Yeah, horrible physical reaction, but I'm like, do we have to start there?

09:21

That's pretty harsh beginning Yeah,

John Smith 09:23

he put me he wanted to put me on that. And he put me on Lexapro as well. And I didn't like either the drugs so I went off those and I I just read a ton of Quizlet you know, addiction literature stuff and a lot about AAA which I have a lot of respect for, but I never quite fully dove into the program, even though I was I think I've benefited from a lot of their their philosophy.

09:51

You know, John, I'm part of what sort of influenced me and wanting you to consider talking to a doctor. was the fact that you had a brain tumor? Where in all of this did that take place?

John Smith 10:05

The brain tumor happened when I was in my early 40s. Okay.

10:12

Because there was fairly significant brain injury that you suffered when you had surgery. At least that's my perspective about

John Smith 10:19

it. It's interesting, I never looked at the brain tumors in the context of the alcoholism, but that's sort of when it kind of took root was after that. So maybe, maybe there was a self medication on that level as well.

10:33

Because I found that when people suffer brain injury, oftentimes a message there neurotransmitter pathways and really creates an imbalance and rarely gets addressed.

John Smith 10:45

Yeah, because the brain injury is something it's not like, ouch, I hurt my elbow. Yeah, you know, it's, it's something too hard to point a finger at. Yeah.

10:56

So um, and again, the other thing I noticed is when you started micro dosing, after a certain period of time, when you walked in the door, I thought, Oh, my God, this guy looks so different. It took 10 years off your life in terms of the way your your facial musculature eloped, and you just seem so much lighter and more peaceful.

John Smith 11:17

Yeah, that's the most impressive testimonial of all, when you hear it from outside.

11:24

Yeah, remarkable difference. The same thing that my wife said, actually, when Kim did his journey, and my wife saw him for the first time after she said, Oh, my God, Kim looks so amazingly well. Oh, wow. It was just such a dramatic transfer apparently

Kim Fauskee 11:38

had an aura around me. Yeah. At that time, surprising. Either that, or you looked

11:43

really terrible.

Kim Fauskee 11:44

Maybe I looked really terrible before.

John Smith 11:47

It's like when you first see Yoga people, and you're like, These people are nuts. They're in some kind of cult, and then you're like, wait a second, they all look beautiful. Faces clear.

Kim Fauskee 11:58

Healthy, right? Maybe?

John Smith 11:59

Maybe there's something going on there.

Kim Fauskee 12:03

So yeah, so eventually, you stopped alcohol. You were off the medications, the Lexapro the anti abuse. You were continuing in a depressive state? Or was your depression intermittent? Did it come and go? Or was it always a constant for you?

John Smith 12:26

Came in went a little bit, but kind of within a range of deviation.

Kim Fauskee 12:31

And in grading your scale of depression, if you can do that, also, there's

John Smith 12:37

nothing more depressing than turning 50. Yeah.

Kim Fauskee 12:41

You know what it is turning 60 actually has slipped? Didn't

John Smith 12:44

you say that your serotonin drops at 50 or something? Don't you like? Physically,

12:50

I think the worst thing that happens is that all the chemicals in your body start to diminish a bit. As we age, it's just a natural process. You know, that's why every commercial on TV is for low tea or some other kind of difficulty, because it's just kind of the natural phenomenon that

John Smith 13:09

because that depression at the at that mark hit me in a way that none other had in the past at at age 50. Yeah, roughly.

Kim Fauskee 13:18

It was I mean, it wasn't because we were turning 50 It just it may be at that life point. Yeah, that the body started to change and physiologically, you weren't the same as you were in your 20s 30s and 40s.

John Smith 13:34

Right. I wasn't I also got divorced and I wasn't hiding behind the alcohol and just a lot of other stuff.

Kim Fauskee 13:41

So so a new John started to appear at that point or a different John a little

John Smith 13:46

scared Baby John. Yeah.

Kim Fauskee 13:49

So what So when did you start the psychedelic part of your healing process and and then get into why psilocybin and then we should probably let Timo talk a little bit here.

John Smith 14:05

About actually looked this up before I came, it was about a year ago. I think that that I started micro dosing

Kim Fauskee 14:11

in were you on any prescription meds up before again before you microdose?

John Smith 14:17

No, no, I again, I wouldn't. I don't think you could do it that way. I think it would be sort of pointless because what? How would you know what's helping?

Kim Fauskee 14:28

Yeah, so how long I just want to make sure so people that are listening can understand the time difference between the last time that you had actually taken a prescription medicine till the time you

began micro dosing, I would say it was at least four months or so four months. Okay. So it wasn't it wasn't a year period or multiple year period that you kind of like okay, I have this depression, but it's manageable, and until you got to the psilocybin, I didn't

John Smith 14:53

go through this process thinking I could it needed to be addressed in some manner. I didn't think that just by quitting everything I could be fine.

Kim Fauskee 15:04

You were tired of going through the prescription Rolodex to figure it out that way? Well, it

John Smith 15:09

was just time to I hadn't tried like every antidepressant or every single medical approach, but it just seemed time to try something else.

Kim Fauskee 15:20

And so I'm gonna ask you before I switch over to Timo here, why, why psilocybin?

John Smith 15:28

I am super paranoid, you know, and there's so many horror stories about, you know, powdery drugs out there that I didn't want to go into that marketplace. So, I don't know, it just seemed like something natural was appealing. And it just called to me, you know, it's hard to explain these things, why you're drawn to one thing over another?

15:52

Are you comfortable talking about the purity of the psilocybin you use? And how will you know that? It's okay.

16:00

No, okay, that's fine. And I, we, I think we spoke about this early on, and psilocybin is one of, or probably as the most gentle on the body. As far as having any impact on bodily functions. It's not it's not increasing the heart rate. You're not introducing any foreign chemicals into the body. So it's far as the harm scale, right? And the harm scale, very, very, very low. There's so you talked about purity. Specially when you're dealing with full fruit, mushrooms, everyone likes to call it psilocybin, but it's mushrooms. Hopefully, you know, that didn't come from a lab, it came from fact it's not even a plant medicine, it's an earth medicine, they're not plants. So you get the whole mushroom and it's either a mushroom or it's not, it's not adulterated with anything, and I personally don't believe in the, in the stacking pills that they have. And so, so it's either what's the whole mushroom or it's not some of the psilocybin microdoses or the mushroom microdoses that they have now are mixed with niacin and oh, the Stamets stack and other basically the statement stack where they're combining other things which, which can be helpful, but it's really ideal if you can have something that's a full fruit, mushroom.

Kim Fauskee 17:34

Alright, so Timo, you kind of took over perfectly segue there, but how did you get involved in into this area of medicine?

17:44

Sure. So I have been working with the medicine for personally, close to 30 years, and started in high school, not not having any education, and there's no books, there's no, there's no online to do any of that.

Kim Fauskee 18:07

So it's starting recreationally would you say at that point? Or were you more interested in from a medicinal standpoint?

18:15

Yeah. So actually avoid the recreational, medicinal, medicinal labels on these cars for myself? Personally, you know, you start out you don't have intentions, you know, I didn't have education on it. But you start stepping into the space early on your really, you realize that it's something that's that sacred, and saw early on the incredible power of these different medicines. And so yeah, during late high school, college, had some pretty profound experiences. And then took a number of years with no, no interaction with medicine at all. That I was, I was living in New York City, living in Manhattan, kind of at the apex of corporate, the corporate ladder. And I realized that I needed to go deeper with myself and how to connection back into the medicine and begin to start working with with medicine again, while I was in New York City. And this was around the time of the election. And everyone's questioning what's going on the world. What's going on with this country? What's going on? It was labor. Yes.

John Smith 19:47

Has there been another legend though, if you were a big racist, and that was the Obama

Kim Fauskee 19:54

I was gonna ask him the same thing because I didn't want to assume I thought he was mentioning Trump, but I didn't want to assume that Anyway, go ahead.

20:00

So this is a 2016. And a lot of questioning that's going on and questioning with myself and began working with medicine again, and began to connect back into nature and connecting with the divine connected with myself. And I had no resources at that time.

20:23

So you're working by yourself, if you don't mind me interrupting for a moment, great

20:27

question. I'm working by myself, during all this period of time, working by myself, with the medicine in New York City. Know a number of people who had experience with it, but you know, when we use the word work, the term work is it's like you're using the medicine with intention, and you're going in for a reason, and you're preparing yourself. So if you're gonna start putting labels, it's kind of the difference

between the recreational and, and the medicinal purposes. Although I think you're gonna get the message either way. So, I'm working with it, I'm working alone. But I'm doing multiple sessions, one to three months apart, and each time coming out with more learning, and more learning on a spiritual level, more learning on a personal level, then more learning on how to have experiences, how to prepare, how to carry yourself in the session, how to handle yourself afterwards.

21:35

And this is not micro dose. This is not micro dosing.

21:39

This is macro,

Kim Fauskee 21:40

which I think you make a very good point that we've talked about, with prior guests about this is that we don't want people to think that this there is a magic cure or magic pill out there. Right. So it's not do it once be completely cured. It's like, okay, now that I've done it, what's the back work that I need to do? So I just want to emphasize that you brought that up and wanted to read iterate that again?

22:09

Yes. Yes, and you bring up a great point about the back work. So I started having these incredibly powerful experiences. And I'm by myself, it's a few people in my office who had, who had experiences, but come in to come into the office on Monday, I'm trying to talk about them with the only people who I know who have any experience with these substances at all. It's just not landing. So I'm, I'm kind of stuck by myself and the medicines working in me and stuff starting to unfold. And I didn't really have a good, good support network to begin integrating these experiences. And

22:51

sounded frightening for you are mostly lonely.

22:54

It was very unsettling and lonely, as well,

23:01

you know, how

John Smith 23:02

much did the context of being in Manhattan, I mean, that just seems like a hard place to do that kind of work.

23:08

I'm working in corporate finance, working for a consultant for financial, financial investors are

John Smith 23:17

involved people.

Kim Fauskee 23:22

Were they're not working, they're not rolling out their yoga mats at lunch.

23:25

Yeah, working in biotech, also had biotech consultants and I'm living in Manhattan and, and, and doing that, and the, the medicine and these, these, these, these growth paths end up working themselves out one way or the other. Whether you have a support network or not. I think it just matters like how smoothly it is. And for me, it was not very smooth at all. I ended up getting a divorce, quit my job. Moved out of Manhattan, travelled for some time. As, as I have these, these messages and these big, big learnings that I'm trying to trying to figure out a lot of a lot of, I can't I'm not doing this I can't live in Manhattan, I can't I can't have this job. I can't be living this lifestyle. And in search of, of what the where I'm headed towards. And ultimately, that brought me to Santa Barbara,

24:27

which was the rest of your marriage if you don't mind my asking. I can see how I mess up all the other stuff, the way the love in your life.

24:36

It's a good question. I think there were pre existing issues that were there. And the medicine just shines like a big light on on your life and what's happening. And for me, I was on a pretty progressive growth path. And I needed to follow that At and the relationship that I was in at that time was not as I'm growing, I'm just kind of like a bull in a china shop. And my partner at that time was was not kind of on that path and, and wonderful human being. But I'm like, I need air I need, I can't be in the city, I need to quit my job. And for her, you know, she doesn't need to quit her job. She doesn't need to leave the city.

25:28

So there was definitely some painful aspects to the growth. Very, yeah. And then eventually after How long did you sort of wonder until you found your way here?

25:40

Yeah, so I spent about a year in a van, traveling from Maine to Santa Barbara. So a lot of time by myself. Woke up in the mountains most days and

Kim Fauskee 25:56

it's not a bad place to wake up. It's not a bad place. No. I do want to circle back a little bit to what you said. And I think Danna had asked that question before you weren't micro dosing. Right. Were you? And I don't want to, again, put labels or context on something. But we talk about, it's commonly talked about now, especially in the psychedelic journeys about taking heroic doses. Yes. And I still don't know what that actually means. Even though I was told I took a heroic dose. Yes. In my journey. So were you talk about your psilocybin Yes. regimen. While you were getting out of New York and coming west.

26:42

Sure. So just to be clear, this was not this was not psilocybin. This was this is LSD,

Kim Fauskee 26:49

LSD. Okay. Yeah. And I'm glad you asked that, because I was going to ask if you have experience in other psychedelics, besides what we've been talking about with John here, and obviously.

27:03

And just for context, we may get to this, and then of course, the conversation, but I lead the psychedelic integration circle for our town here. Okay. And so, work with folks across a wide spectrum of medicines and, and doses as well. So, okay, my own personal path has led me to that. But yeah, at the time to answer your question at the time, was using so a heroic dose is, with any medicine is where you're losing complete, all connection with the body and the physical realm? Completely. So there's no you there's no body, there's no earth usually. And you, you go into, into that dimension. So we're not I was not I was not doing that

Kim Fauskee 27:56

you weren't doing that. Okay. So you were you were you were taking enough to, to maintain functionality? Yes. Okay. And so you have this journey, you have this journey out west, you end up here in Santa Barbara, at that point, and go back into what you had mentioned earlier about leading this community group in terms of psychedelic education and, and, and maybe use of psychedelics in their healing process.

28:27

Yes. Yeah. So I came to came to Santa Barbara, and I'm still looking for community, people who can help me integrate all the things that I've been learning over this time, and was fortunate enough to find this group that was being led by another person at that time. And the focus of the group then even more so now is to provide a safe space for people to be able to talk about these experiences. And the focus of the group is preparing people to have safe experiences, educating people on the different medicines and how to approach those and how to how to work with them. It's fun to

John Smith 29:15

see what people walk in from all walks of life to the groups just,

29:20

we've got everything from the occasional college kid up to people that are like in their late 70s.

John Smith 29:26

Wow, that's a pretty bad judges and lawyers and all kinds of stuff.

Kim Fauskee 29:32

And are these people that have done psychedelic journeys before and in the past, or people that are interested in it, have heard about it through the media have read about it? Or I'm sure all everything? Yes. Yeah. Okay.

29:44

So it's been very interesting. I've been with the group for about three years. And we see trends. And I'm, I'm I'm out of the news. I don't watch the news. I'm not on social I'm not on anything. So good for you. Yeah. So We're seeing trends. And we have, we have a large contingent, maybe a third of our group is in recovery. So we have a large group that's dealing with with recovery, which is fascinating. fascinating to see that in the Medicine Circle, we have people who are micro dosing, that's another large group people who are just micro dosing. They're not. They're just me kind of maintaining in that way, and they're not doing large medicine journeys. Then we have people who are active and have a have a regular medicine practice doing things above the microdose level. Then we have people who are doing research for themselves and for family and friends.

Kim Fauskee 30:47

Well, that's a pretty distinct, broad range. Yeah, it is. So John, I want to go back to a little bit here. How long have you been doing the microdosing? Now? About a year, about a year? And when did you notice a, the effect a positive effect from it? How early on and doing it?

John Smith 31:08

Well, it feels pretty immediate, pretty immediately. Yeah. It's not like an antidepressant that has that six to 12 week, maybe it will be effective sort of build up.

Kim Fauskee 31:19

So you know, something in a week or two weeks or two, you that was positive?

John Smith 31:24

I don't remember exactly. But right now sending him thinking it's pretty immediate. Yeah.

31:29

I'm hoping that you don't mind that I, in my knowing you. You did a lot of work on on the post traumatic stress that you suffer prior to them. microdose

John Smith 31:40

Yeah, exactly. I wanted to I Yeah, before I came in here, I wanted to make a strong point of that, that, it seems like when you're faced facing a beast, like depression, it's, it's all hands on deck, you know, the microdosing is, is part of the equation, but you have to, you have to be clean, which is kind of awful and lonely. And you have to go through all that stuff. And then you need to do the work in therapy. But you also need to be, you know, physically fit and keep your diet straight to I mean, it's just all part of the same.

Kim Fauskee 32:13

Yeah, it's not one modality.

John Smith 32:15

I don't I don't believe it is no,

32:17

yeah. Because my experience with you is that your approach method fish was fairly profound, you had some really horrific things to deal with. And it took a lot of courage for you to face those things. And so I think that this was like, sort of icing on the cake in a certain

John Smith 32:33

way. Very much. So yeah, yeah, the big moment was was like laying that stuff out on the table. And maybe that segues into the work, you're talking about Timo, you know, I don't know with you, if it was just like, you're working on something specific, like a depression or there was just a nagging feeling that something's not right. That you're working on? Or?

32:54

Yes, yes. Depression at that time would come in for me. So depression for me was was a signal from my body like, something's not right. Like what's not right. Okay, the medicine, you know, larger medicine journeys, helping me to see, okay, this is, you know, this is not right. And that's not right. And then and then actually also, like, many things are right, and very affirming. So, and then the work coming after that, coming out of that, and then making changes over time in my life that that moved me to, to better places.

33:38

The other thing I want to say is that it is really reassuring to me that you are helping people do this in a in very much of an educated way. Because when I was 14 years old of 1969, I think it was I went to a party and somebody gave me a tiny little pink doubledown pill. We had no idea what it was, I was there for my friends. And there's the you know, the person that gave it to several maybe she'd break it in half. You know, it's like the size of a tiny little aspirin. So we thought, Oh, no big deal, right? The dose that we took of LSD was so intense that it to me It lasted about three days. And as a 14 year old, I was just It was a scary more than a heroic dose. That's all I can say. One of the guys actually ended up at UCLA Medical Center. He pretty much lost his marbles from the you know, from the experience to me, it was kind of fun for the first maybe eight or nine hours. And after that I was just completely beside myself terrified. So It's so reassuring because none of us had any idea what we were getting into or what it was about. It was all brand new in our world.

34:49

So and currently much of the medicine most of it is is on right on regulated. So right talk about LSD there's it's it's very difficult to manage As the dosage on that, and the difference between between a little and a lot is like one drop

35:05

well, and luckily, there was no fentanyl or anything like that in the world back then. So what it seemed like to me was that it was fairly pure, but man, it was intense. And for, you know, 14 year olds, it was so out of control. So I just have to give you props for helping people be safe.

Kim Fauskee 35:26

So So John, for those of us who don't know, the term micro dosing, what does that mean?

John Smith 35:32

I believe it's 1/10 of the effective dose is that?

35:38

Yeah, so that's the measurement. So so the measurement is usually somewhere in the range of 1/10 of your standard dose.

John Smith 35:46

So if you say that was one and a half grams of mushrooms, I tend to take point one five 2.18 grams, okay, which is in the window of non effective to me, like, it doesn't change how I noticeably feel sometimes you'll feel a little bit to be honest, feels like, oh, that three is extra green?

Kim Fauskee 36:10

And is your regimen a daily dose?

John Smith 36:15

Typically, you want to do a few days on and few days off from the literature I've read. You know, being someone who can get addicted to anything, Mike, I'm currently working through a Halloween candy issue. I was pretty concerned about, you know,

Kim Fauskee 36:33

they should make an abuse for that. Yeah,

John Smith 36:35

I was it, it feels at least so far very non addictive. You know, it doesn't feel like, oh, a little bit as good. I need more. You know, sometimes if you do take more, you feel kind of awful. And you regret having done that. And regulating? Yeah, it's really interesting. So so I'll do I'm not great at keeping records. But typically, I'll do like a three day on two day off, kind of thing. It's to avoid building up a tolerance to it, from what I understand.

Kim Fauskee 37:06

And I know that you didn't really want to go in depth into this about the purity of the medication. But we understood, at least in some priority cast is that depending on where you're sourcing the plant, or the earth medicine from, it can vary in its potency. So I'll ask that broad question, if that's actually true to both of your knowledges.

37:37

And this is something that I have a specialty in, and I've spoken on this a number a number of times, so yes, is the short answer to that. But I want to give a more nuanced answer about specifically psilocybin. Because this is not talked about I think enough right now. So the potency potency is a kind of one dimensional word, it's either like really strong or not. Psilocybin. Like, as you say, the mushroom, the mushroom has a wide spectrum of characteristics. And strong is probably not the right way to describe it. There's many different characteristics based on the strain. So there's dozens and dozens and dozens of different strains of mushrooms that are available. So the strength of it is not as important as

do the characteristics of the particular mushroom that you're working with. resonate with you. And for folks who are well, let me back up and then I want to talk about some of the folks in our group. As the legal status of the mushroom becomes more established a Canada, in Canada, you can order microdoses through the mail, and you have choices and you have a menu and they've got all these different strains that you can that you can select from and

John Smith 39:04

Canadians get everything figured

39:05

out. And I

Kim Fauskee 39:07

want to make sure we emphasize this is live fungi and not synthetic. Yes, being developed now. Okay,

39:15

right. Very similar to cannabis to cannabis market, which they have now that you walk in into the cannabis store and they've got all sorts of different varietals, varietals, so so just saying cannabis one cannabis is strong and the other one is not is not really nuanced. So for example, folks who are dealing with anxiety, typically do not do well with a very stimulating mushroom. It's only going to it's like taking a cup of coffee. Opposite for depression. If you're depressed, maybe a stimulating mushroom may give you a bit of energy that you need to be able to, you know, see the sunrise every day. So much matching, matching the energy energetic pattern of the mushroom with what's happening is really important. And today that's not really. I've had conversations with microdose. Manufacturers and folks who are beginning to get into that business and no one's really talking about that right now. They're just thinking about, like, how do we get it out there. But I think in the next five or 10 years, you're going to start to see more matching of the characteristics of the mushroom. So I don't like to call it psilocybin. It's not just a compound, it's the matching of the characteristics of the mushroom with what the what the user needs,

40:37

which is really important. Actually think about it. Because the same thing with antidepressant medication, there are some that are absolutely not advisable for people that have anxiety and others, you know, the same drug will really help somebody who's depressed and needs to be uplifted in that way. So so how do you get the how do you garner the information about the different strains and which ones do? Because there's not a ton? Is there a ton of research or or not?

41:03

There's not enough, okay. So see, describe this. Work with a large number of people who are using psilocybin and help people to navigate this, this experience, both from micro doses to full on experiences and providing all this information for free. And the one thing that I do ask for from folks is feedback. How to go. Okay, Annika what's going on? So I have anecdotal? I, I have a lot of anecdotal information, yeah. Quite a bit. And across repeated experiences across the same strains across

different people across different set and setting on the same strain. So one strain across many people, many doses, many different settings setting,

John Smith 42:07

it's hard for me to tell the difference between strains on a micro dose

42:12

where I can tell the difference.

Kim Fauskee 42:14

So do you take just one strange on or I've

John Smith 42:18

tried different? I've tried two or three different strains. And

Kim Fauskee 42:22

so you figured out now kind of what works best for you?

John Smith 42:26

I wouldn't say I'm that far into it. No, it'll be a continual trial and error. I think I actually just tried brand new strain this week. And I think I did feel a little bit better, a little bit different on that one, which was kind of interesting.

Kim Fauskee 42:40

And so we're on the scale now your your multiple months into doing this versus where you were on prescription medication? Do you feel that that the mushroom is working better for you? Yes, definitely. And is it is it is it different in some way.

John Smith 43:01

It's completely different for me. I use this metaphor thing of the other day, but like, looking for God or connection with the spirit world, or however you want to describe that when you're on an antidepressant or alcohol or something is like looking up the sun from under a tarp.

Kim Fauskee 43:24

When you have a way with

John Smith 43:25

words, it's it's around the edges, but it's not, it's not coming through. And with mushrooms, it's it's like you feel an appropriate emotion to the situation. Whereas with depression and antidepressants, you might figure out what that emotion is, after weeks of therapy and hindsight and love attention, but, but it's not happening in the moment. Whereas with the mushrooms, you're actually dealing with, with with the emotions, I mean, they say, like, I think they've shown us in MRIs and stuff that there's different connections being made in the brain. And one of the theories on depression is that the grooves you form in your brain from a habitual thought and action and everything, actually separate parts of your

brain and enhance the depression, make it become more severe. And perhaps the psychedelics reestablished or make new connections to mix up that equation a bit.

44:24

And it also seems like even with a micro dose, it's helping open you up on a more spiritual level to

John Smith 44:30

Yeah, definitely.

44:32

And that's an incredibly huge benefit from my perspective.

John Smith 44:36

Yeah, I've had I've been opened up somewhat through meditation and other physical practices, but it's certainly, it certainly quiets the lily and helps that as well.

44:48

Is there any downside that you notice, because, you know, it's one thing to talk about all the positive benefits, but I'm just wondering if there's anything you've ever worried about or being concerned about? And I would ask the same question.

John Smith 44:59

I've had very little downside, myself, but I feel like I'd be somewhat hesitant to recommend it to everyone. Okay? Like someone thinks it I don't I don't know if it's the best thing for anxiety or no, because it does sort of open you up and make you raw. And

45:22

so we would have to be somebody who's interested in their own psychology, I guess for lack of a better way of putting it. Yeah. And somebody who's willing to do the work that's necessary to process whatever comes up. Because I guess if that's not your orientation toward life, not a good idea to mess around with, open yourself up?

John Smith 45:38

Well, and I, I'm fortunate enough to have you sort of another set of eyes on the case as well, like,

45:47

but I still think I mean, I'm Is that is that your experience, that is a good idea to be open to your to whatever comes up that that you're inviting through the process.

46:00

So I have not heard of too many negative side effects. I did have an individual who was working with a mushroom that is known for auditory hallucinations. And at a at a very low dose, it caused an ear issue for this individual when using it regularly. So that's the only one that I'm aware of right now.

John Smith 46:27

Soon as this thing,

46:28

excuse me, tinnitus is yes, similar. And it was related to that. But that's one of the only ones that I'm aware of. I'll go back to what I had said before with the anxieties, there are some strains of the mushroom that are very, very calming. So it's not so much and opening and inviting something in as it as it feels more of a leveling of the inner waves and, and the rhythms and and vibrations that are happening, which can be I can find it to be quite calming. I'm not a frequent microdose, sir. Okay. But I have and will, on occasion, but I personally use it for meditation, typically meditative experience. So I'll take it before going on like an extended meditation or some some yoga experience or something like that for myself,

John Smith 47:27

I'm curious about the people who go in with intention. So like you say, I want to think about why my mother didn't love me enough for something. And you you take mushrooms? Can you be that specific and actually get answers? Or, to me, it seems like you have to just let the medicine say what it wants to you without sort of trying to drive the ship.

47:50

And we're talking about larger doses than the micro. Yeah. So the larger dose, so I want to tie the micro and the and the and the macro in together here. One of the things that we see very frequently with our group is we have folks coming in in some state of crisis. And when folks are in crisis, the first thing that we're looking to do is stabilize. So let's get let's get things stabilized. And microdose is not the only answer in our group actually promotes a lot of non medicine practices. So we promote a lot of yoga and meditation and dance and other things that we're fortunate enough to have in this community. But stabilizing is the first issue. And with the AAA folks that we have, they've stabilized. They're not 30 days sober, they're like years sober. Okay. And then once this once the stabilization has happened, now you have an opportunity to go in and do more excavation. And see, why was I drinking like that? And why did I have these issues with my mother or like what's going on? And that's where you can go in with an intention with the larger doses and go in and especially with a therapist, or a guide, where you're going in specifically to to work on a topic. But to address your your question, that's a yes and yes, and you can go in with an intention.

John Smith 49:22

But something entirely different might come up

49:25

with certain medicines with MDMA, I think, especially with therapist assisted MDMA, MDMA is not actually a tryptamine. So it's not in the classical psychedelic category that has a much steadier path and the facilitator can kind of keep you on that path. Other most Earth medicines are not that way. So especially in the tryptamine family, so I asked the mushroom, LSD DMT, anything that's in the tryptamine those are gonna go in their own direction and you can try.

50:03

What about peyote buttons? When I was young, they were quite popular. I had friends who would go to Arizona and bring back giant burlap bags full of peyote buttons, but I never hear about it now in any way. Is it? Is it just not a, a substance that's used for these purposes?

50:21

The medicine community has been very protective of peyote. is endangered, endangered plant, really, and it's very sacred to friends.

50:32

Yeah, that's right.

Kim Fauskee 50:34

You pick the desert over,

50:36

I have a T shirt that has a big giant peyote button on it. And I was at the grocery store about a month ago, and someone was following me around saying you gotta give me some peyote. He would leave me alone. I said, Look, I don't I just wear the shirt because I like it. And it reminds me of fun times I had as a adolescent, but I don't know where to get it.

50:54

I've seen it growing in Santa Barbara. So it is it is possible.

50:59

But it's an endangered plant in some way? Or is it a religious sort of

51:02

both? Oh, yeah. So it's, I believe that, and I'm not I don't have any authority on whether or not it's actually in the endangered category by for the for the First Nations people here in the US. It's very sacred. And I'm, I'm sure there are some peyote ceremonies that are going on, and I've heard of people sitting in them, but I don't think they're happening with any sort of regularity.

51:26

So it's not a recreational drug, like it was in my day back is definitely not

51:30

recreational and it's not happening broadly in ceremony in ceremony circles, either

51:37

is that mostly because of the sacred part of it to that particular? You know, to the people that is sacred to or is it just not something that brings as much clarity as

51:50

I think I've heard, I have not experienced it myself. I've heard I've heard. I have spoken to people I've been in ceremony with it. But some of the other medicines, what Juma the San Pedro cactus mushrooms, all the Ayahuasca blends, you know, those are being used pretty frequently right now. And we got I WASC is endangered right now as well, though. But it's it's being used pretty frequently. But

52:25

because peyote was made surfing really fun. Back in the day, everything was kind of sparkly, no, like it is another wise, but it was really, really fun.

Kim Fauskee 52:37

So one of the things that was concerning to me, when I had three major bouts of depression, and was medicated was that I was going to have to be on this medicine forever. And that was a think very concerning for a multitude of reasons for me because I, I'm very conscious about what I put in my body. And you can believe what you want to believe in reading studies, and so on and so forth. And, and obviously, these medications did help me but it was something that I didn't want to stay on permanently and didn't want to have to use as a crutch. I didn't think that I was that my physiology was that bad? Or I was gonna have to do that. The question that I have for both of you is in terms of John, maybe you've not thought about this? Is this something that you're going to do? Tell you consistently feel better? Or is it something that you think you're going to need to do for the rest of your life and know if you thought about that or not,

John Smith 53:37

the thing was, is that it doesn't matter. And that's kind of one of the cool things about it, I was actually just thinking about that this morning, there's going to be a time when I just stop. And I might stop for months. And it's not like when you go off an antidepressant and there's that massive withdrawal period, you don't feel much different at all. And it might just you might just and I've, other people have said the same thing that they just don't need it anymore. And maybe they'll need it again in the future. That's not really a concern of mine, partly because I'm not suffering from any side effects that are detrimental in any way, and all esteem.

Kim Fauskee 54:17

So this question based on exactly what I just asked John, is that I think the second time that I was medicated, I went off the medication and within six months, I had a rebound depression that was actually worse than the initial one. Have you have you heard that from people that had been micro dosing for some period of time that went off it that had something come back equally the same or even worse?

54:42

Haven't seen that as much with micro dosing. So I agree with what John said it's, it's very, very subtle. But we do see this with other medicines. Ketamine, for example, so Academy's legal state of California. We have counted I mean therapists here in Santa Barbara, and members of our, of our integration circle will have these big breakthroughs that happen. And all of a sudden, they're you know, they do three sessions, whether with a facilitator here in town, and the depressions gone for like three months or six months. And then they have to go back, and they're going back. But I think the example they're

there, they do three sessions of ketamine there be like a week apart. Or sometimes they even do it in one week, and they do a ketamine session, and then they come out, and they have this new perspective on life for an extended time period, and they're not taking any medication, and ketamine, especially in those doses, you know, if you're not using it regularly, very minimal impact on the body. But I'd like to also speak about ayahuasca, and some of the main more major medicines. So this is another story that we hear pretty regularly, I went to an Ayahuasca retreat in Peru, or in Costa Rica came back my life, just everything changed. My relationships have changed. I've got a new outlook on life.

John Smith 56:22

My husband again, what's that? I love my husband again. Yeah, I love all people

56:27

that I'm with amazing breakthroughs. And then six months later, there's a lag. And they go through some period of feeling like they're kind of withdrawing back, or they're, they're going back into into what happened. And my personal perspective on this is that this work with the with the medicine, specifically, that it's a practice. It's a practice, like, like anything else. And even if you saw God, in your experience, you know, Moses saw God, he came down, he started throwing tablets around. And, you know, even if you see God, you still are going to need to go back and see him again and have these experiences again, and it doesn't mean that you're dependent on them. It means that I don't think there's any experience that in life that is going to cure you in one shot.

Kim Fauskee 57:25

And I'm glad you brought that up, because I was actually going to ask you both that question, because when I had my psychedelic journey, people asked me how it went, what I experienced, so on and so forth. But a lot everybody asked me at the end, would you do it again? The short answer to that was yes. Because I had a very positive experience again, but to me, I thought the question was, why would I do it again, because we have taught throughout this hour about intent and actually doing it for a reason and not thinking that it's the magic cure to everything. But I think I asked that question of Rachel Aiden, as well. About in, we all know people that have done multiple journeys before. And so you're, you're of the impression that that it is probably something you should continually follow up on it, whatever. Length of time is comfortable for you.

58:24

Yes. Okay. And there's really no prescribed time people say how, how soon should I go back or what's too much, or, you know, it's really up to you. And I think that the medicine in your own combined with your own intuition, should self regulate, if you're doing it too often, the medicines going to tell you that, if it's been too long, you're going to start feeling calling of like, you need to come back to it.

Kim Fauskee 58:49

So my, my journey happened at the end of July, I've had three dreams, where I went back into that part of that sequence again, on it. So I knew that the medicine over the period of time was still working for me. And I remember my facilitators, you know, I was conscious enough to be able to hear them and understand their voices, but like we were talking about, there's no way I was going to function in life and

get up and walk away from from what was happening. But I remember them constantly telling me remember the feeling remember what you're feeling right now on that. So is that in again, my experience has only been with LSD. Is that pretty common with other psychedelic medicines of people reliving even not being on the medicine for some period of time, kind of reliving that experience through meditation or through dream sequences or any other modality because that's that's kind of stopped me from thinking that I need to do it anytime in the future right It

1:00:01

reminds me of the warnings I got in high school about acid flashbacks add on I keep waiting for a flashback danger Will Robinson Have

John Smith 1:00:09

you been tempted to microwave your cat? Yeah, or

Kim Fauskee 1:00:13

not? So you mentioned it.

1:00:15

So I'm gonna answer in a different way I don't, I can't speak for everyone. And I don't know how people experience the feeling later on. But what I've experienced across a variety of medicines is that the, what happens to you during the session and there in the experience is that things are happening underneath the, the cognitive layer. So different patterns are being said, and different feelings are there. And sometimes happening in the cognitive layer as well. But there's things that are waves and patterns and vibrations that are being set in your body. And in your, in your spirit and in your mind. And those those patterns and those frequencies begin to play themselves out after the session, and you find them playing themselves out. days, weeks, months, years later, say, hmm, I'm acting differently. And it didn't come from a mental download that I got that the medicine said, and sometimes it does do this, like stop doing this, or start doing this or treat this person differently. And sometimes that does happen. But the real mystery to me and the things that I see playing out most profoundly over time are can be very subtle, in you know, or subtle to my cognitive recognition of things, just just patterns kind of emanating out from from the experience. So that's been my experience.

Kim Fauskee 1:01:59

John, you thinking about doing something else besides mushrooms ever? Or is is that's where you are right now. And that's where you're staying.

John Smith 1:02:07

That's kind of where I am right now. I am more curious about the macro journeys. But I just I a little bit of a ain't broke, broke. Don't fix it. Wait. Yeah, yes. All right. April Fool's Day, don't

1:02:25

mess with it.

John Smith 1:02:27

It's interesting what Tim was saying, because I just watched. Do you know, the comedian, Neal Brennan, he was, yeah, he speaks very openly about his mighty struggles with depression. And he's tried every thing, you know, from magnetic, all the pharmaceuticals, but he's found and he didn't like ketamine. But if he's found great relief from ayahuasca, and he was speaking about that on Joe Rogan, he talked about once he accidentally took a four times dose, what he probably should take. And he said, he's, he was convinced he was dead, that he was a drug casualty. And he just sat there, just like going tick, tick, tick, tick tick for six hours. But then when he finally emerged from it days later, whenever he felt like, the floor of his depression was completely solid, that he was never going to go back. Wow, under that again. So it did feel like it was like a sort of cellular, not a conscious in any way, sort of a cellular reset, he went through somehow. But I think he maintains it. I don't think he just did one Ayahuasca journey and thought he was fine. I think he does it every few months or something like that.

Kim Fauskee 1:03:44

So we're about to the end of the conversation, and I want to open it up to anybody that has some closing comments. And again, the listeners here that are intrigued by what was said today, in may have interest in doing this. Want to ask you guys to give them some advice and how they should go about investigating this and potentially finding somebody to do this with and how they should do it.

1:04:15

That's a big question.

Kim Fauskee 1:04:16

Yeah. We gotta you gotta you go bigger you go home. Okay.

1:04:22

Yeah. So research is one thing, but I think one of the most important things is having community and before you start venturing into something on your own, like I did, just finding medicine somewhere and then going and taking it on your own finding community. And to do that you're gonna have to step outside of your outside of your box. So and it also means you're going to probably have to start talking to people and fishing around for people. So I had a little conversations where the fans were have people in your office, your family, coworkers, other parents that you might have in your life, fishing around a little bit if you don't already have somebody who you know is like doing the work. Unless you live in Denver, or an Oakland or an Oregon, there's no phone book for this. So I would start with I would start with community and talking to other people who have done the work, talking to other people who have some experience. And and starting there, because until the laws change, and you've got clinics, and you've got vetted facilities, you don't have to support going into this that you're going to need. You don't have references, there's no, there's no Google reviews for for therapists and guides and medicine suppliers. None of that's out there. But in community, you can talk to someone else and say, How did it go? And what was your experience and what you think about the person? So I guess I would combine my two answers, doing a lot of research and doing that with with people that live where you're at? Or if you have people in other locations, if you can talk to them. Doing it that way.

Kim Fauskee 1:06:21

Yeah, I totally agree with that recommendation. Because after I had done the research, and decided this was something that I was going to do. It was amazing when I started talking to people about it. How many people actually knew either about this or knew somebody that had done it? You know, it's not something that people want to talk about? Because they they think you Oh, you want to talk about illicit drug trade or illicit drug taking? Right. So it's just not commonly out there. But if you mentioned it somebody, they go, oh, yeah, I know, somebody. You know, it's kind of it's funny, because it is becoming much more kind of mainstream, at least in the discussion pieces there. So Dr. Saperstein, any final words of wisdom from your corner?

1:07:09

Well, I think I mean, the good thing is that there are people like you who are doing their best to help and educate people and to make sure that it's safe, and I can't even praise you enough for your willingness to do what you're doing. Because, you know, it's it's a little scary in a certain way, from a legal perspective, is that a fair thing to say? It is, yeah, mentioning that, so it takes a lot of courage to, you know, to, to help and, you know, I mean, as a licensed therapist, I'm terrified of recommending certain things because I, you know, God forbid, something terrible would happen, I would be very much liable in a situation like that. And so I'm quite limited in my, you know, in my ability to, to be as helpful as I would like to be based on my education, and, you know, in talking with people like us, so I just want to let you know how much we appreciate you coming in here today. And you as well, do you want to share your your story, because I think that a lot of people are going to benefit usually by what you guys have had to say.

1:08:15

I'd like to mention one more thing, you reminded me talking about being a therapist, there are above board above ground, integration therapists throughout the country, and maps. The maps organization, I think it's maps.org has a list, I believe, of integration therapists that are there. And I will often refer people to integration therapists in here in Santa Barbara. And they're there. They're not serving medicine. But they can especially if you have if you're transitioning off of antidepressants, they can talk to you about the process. And if you're thinking about going into something, seeing an integration therapist can be can be very helpful. And I think they should be available. Actually, I'm going to rephrase that. I know they're available, because there you can also do them remote through zoom. So you can start by looking at maps, but Google like psychedelic integration therapists. And that's an excellent place to start, especially if you don't have all the resources and absolutely if you are on any medications, and transitioning off medications, because that is a very tricky process. And I 100% always recommend men integration therapists when anyone's transitioning off of off medication.

Kim Fauskee 1:09:37

Perfect, perfect way to end and we'll include that, that reference into the show notes and any information that you want to share. We'll also include in it, John, thanks for being here. Thanks for being vulnerable and having us and talking about your experience. That was a great conversation. Yeah. Thank you.

1:09:53

Thanks, guys.

Fear Me Out 1:09:56

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