

Ketamine: Catalyst for Paradigm Change in Mental Health

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Introduction

Everywhere we look we see signs of a failing mental health care system. Rates of suicide have risen by about 30% in the last twenty years in spite of escalating anti-depressant use. Depression is now epidemic worldwide. The pandemic increased rates of depression to over 20 % and now research from Boston University has found rates of depression have climbed to over 30% of US adults in a major study in 2021 (12 months into the pandemic). Treatment resistant major depression affects 30 to 40% of those prescribed anti-depressant medication. It is no better for teens: forty four percent of high schoolers report feelings of sadness or hopelessness and only one quarter of children find the care they need. Caregivers have been particularly affected with rates of severe burnout and depression for nurses and physicians that range between 40 and 60%. The pandemic has dramatically exposed the pre-existing flaws of a broken and ineffective model of mental healthcare. Clearly, we need a new model of care with new treatment options for treatment in mental health. This essay will explore the potential for ketamine to shift our understanding, practice and paradigm of mental health care.

Old and new models of care

To comprehend the value of ketamine we must understand where psychiatry and mental health has been for the last seventy years. Prior to 1950 psychiatry was predominated by various forms of talk therapy, such as psychoanalysis or forms of somatic (body oriented) therapies such as prefrontal lobotomies or shock therapies. While we shudder today at the concept of psychosurgery so horrifically presented in *One Flew Over the Cuckoo's Nest*, consider how recently these tools were mainstream: In 1949, the Portuguese neurologist António Egas Moniz received the Nobel Prize in medicine for his development of the prefrontal lobotomy. This surgical treatment is widely considered today to be wildly harmful to both our functional

capacity and our basic humanity. Our professional heritage from this period leaves us with both embarrassment and shame.

The discovery of chlorpromazine in 1950 and its widespread use a few years later initiated a new era in mental health: the era of psychopharmacology. Antidepressant drugs (1951) and benzodiazepines (1955) followed soon after chlorpromazine. The essence of this approach involves quieting the expression of the psyche. People are not cured by these agents. We merely dull the inner turmoil and make individuals care less about it. In some ways we just manage misery. The deeper reaches of the psyche have been seen as frightening. This fear, in turn, cultivated calls for dramatic medical management to keep these contents hidden safely away.

The use of psychiatric medications came on empirically without a true foundation in real science. The chemical imbalance theory of mental illness was created as a marketing rationale for SSRIs in the late 1980s. There was never much science to support it. We are now in the twilight of this simplistic and unrealistic theory founded on the relationship between specific neurotransmitters and mental illness. The promise of this model peaked in the decade after the introduction of Prozac in 1988 and it now erodes with each passing year. No credible neuroscientist now embraces the serotonergic theory of depression. As the evidence for the grave limitations of this model grows, so do the number of dissatisfied psychiatrists and suffering individuals, all in search of a new path. They all share a sense of impotence with our current options and an increasing impatience for something more effective.

Likewise, the frustrating limits of psychotherapy fail many of those with significant symptomatology. Those with mild, self-limited problems may find solace and relief; this relief may be mainly founded on a caring, safe, confiding relationship. These so-called non-specific factors of psychotherapy may form the core elements of successful psychotherapy (with or without psychedelics). However, millions and millions go through this process with intent and integrity only to remain stuck and frustrated. The central premise of psychotherapy is that exploration of the psyche and the resultant insights carry relief and healing. The therapist labors to reveal more and understand more. The specific techniques and the specific goals vary, but clarity, insight and awareness stand as pillars for much of this work.

The suppressive approach of modern psychopharmacology stands in stark contrast to the goals and process of psychotherapy. For much of the last seventy years psychotherapists and psychiatrists often labored in conflict as one group worked to explore and understand the psyche, while the other group sedated and chemically obscured the deeper reaches of the psyche. Psychotherapy and psychopharmacology have not been aligned for many decades, but the hierarchy inherent in the medical model has left psychotherapy as a second tier options in intensive treatment settings. These two treatments are often linked in current conventional care, but frequently stand in direct opposition clinically.

Psychedelic medicine (PM) offers a new vision for mental health care. In this model, medicines such as psilocybin or MDMA are given to augment psychotherapy delivered with preparation,

integration and focused attention to set and setting (the container). This psychedelic framework of inner exploration employs a range of medicines to act as catalysts for altering consciousness and opening new doorways of awareness, insight and experience. The new model emphasizes exploring the contents of the psyche and employs music, headphones and eyeshades to turn the gaze inward. Music is surprisingly important as a carrier wave to free the attention from our omnipresent self-referential processing. The mind can then move with much more self-directed freedom. The psyche becomes a terra incognita to be deeply explored with curiosity and respect. However, the creation of a sacred container to safely explore this terrain is critical for the power of the psychedelic agents to be fully realized.

These agents share little commonality in terms of mechanism as it the ability to alter consciousness that is the crucial end point. That shift can occur in many, many different ways. What is common is the perturbation of consciousness and the nature of awareness that participates in the novel flow of information. The agents that function within this crucible foster a final common pathway of alterations in consciousness that serves to shift both awareness and perspective. This new paradigm that prescribes medication to speed psychotherapy will begin to heal the split between therapists and prescribers in the mental health field and deepen our potential to heal. The synergy found in this combination moves us to an exciting new paradigm of mental health care where both arms of psychotherapy and medicine work in service of the healing power of the psyche. Ketamine can clearly work in this manner.

The use of classic psychedelics to explore the psyche fascinates a rapidly growing cadre of mental health care professionals. The powerful neurological effects of psychedelics have been increasingly documented by researchers with neuroimaging and connectivity studies over the last decade. It may be a bit simplistic, but one widely shared concept is that the classic psychedelics and ketamine quiet the default mode network (our closest expression of the ego, personal narrative and self-referential dialogue) without dimming our self-awareness. Thus, these chemicals allow us to experience our world and ourselves without the self-created filters that separate us from those realities. The same mechanism also allows a close encounter with our real self. This process carries us on a deep dive into the psyche and a fresh unfiltered world of self and other. People often leave this experience enlightened, humbled, inspired and much more deeply connected to the natural ecology that embraces us all. The agents applied in PM tend to remove artificial internal barriers and encourage a sense of unity that forms the core of all mystical experiences.

The research supporting the enduring value of PM has come on forcefully in the last five years. Three versions of PM have been awarded Breakthrough Therapy Status by the FDA. The published effect sizes humble those found in the suppressive tools of conventional psychopharmacology. While we wait for the definitive results from the large Phase III studies, a range of other results support the promise found in this research. Both MDMA and ketamine enhance fear extinction, so needed to truly heal PTSD. Those treated with MDMA continue to heal and improve one year after the final treatment session as this therapy addresses the root cause of PTSD by initiating digestion of the core trauma. Additionally, measures of post traumatic growth continue to unfold months and years later as the innate power to heal exerts

itself when freed of the barrier found in the overwhelming terror of PTSD. Many benefits arise from the skillful medication-supported exploration of the psyche. PM carries the power of a surgeon's knife to the psyche and not the blunt instruments that we have grown so frustrated with.

Ketamine effectively treats even the most severe and resistant forms of depression without the neurological baggage of ECT. However, the most critical evidence for value comes from the work on neuroplasticity. This is foundation to create change within the nervous system. Depression has been formulated as a difficulty forming new connections in the hippocampus: this is the opposite of neuroplasticity and the very definition of being stuck. Ketamine elicits a rather profound boost in neuroplasticity that opens the brain to new growth, new learning and thus new behavior. Whether we measure Brain Derived Neurotrophic Factor (BDNF) or mTOR levels ketamine unleashes a flurry of plasticity in the brain that classic psychedelics also do so well. In terms of chaos theory these PM tools flatten the energy landscape of the networks and hubs within the brain. The pathological attractors that have imprisoned so many individuals fade and unleash the flexibility required for change.

If catalytic medicines such as ketamine form one half of PM, then psychotherapy represents the other half of psychedelic medicine. Psychotherapy is crucial to growth in psychedelic medicine as most people need some guidance to process after a look at themselves with less distortion exerted by the DMN. Psychedelic medicines peel back the barrier we ourselves create and allows the psyche to reconfigure using the tool of full awareness. With the support of an inward journey with psychedelics (and an appropriate set and setting) each individual has an enhanced ability to contact the greater self, to expand awareness and to build insight.

The use of ketamine as a medication to enhance this therapeutic process and build insight offers a glimpse of this emerging paradigm. People are often flooded with new insights, new perspectives and new motivations following a therapeutically framed encounter with ketamine. The central challenge then becomes how do you translate this flattened energy landscape of the brain into an enduring shift in perspective and behavior that addresses the root cause of depression, generalized anxiety or PTSD. This step defines the critical importance of integration. This, in turn, defines the true challenge of PM. Occasionally someone emerges from an inward journey with ketamine fully recalibrated, deeply inspired and completely transformed. However, this is not the norm. Most encounter a string of insights, openings, traumas, shifts, novelties and chaos that defies a simple narrative. Transforming this into an enduring new narrative is the true work of PM.

The growing use of these tools and techniques will shift how we think about both therapy and medication in mental health. In many ways this work is not new or novel. Rather, this is the ancient path of the shaman. This paradigm values deep exploration of the psyche and affirms our innate ability to heal. Ketamine recalls this ancient paradigm using a new tool that offers many benefits when compared to the current failing paradigm. We are moving from a suppressive model of the psyche colored with fear to an evocative model that honors our wholeness and embraces our potential to heal. Critically, it also opens up a dialogue with our

spiritual self. The jump to a new paradigm in mental health care follows the spiritually informed care of psychedelic medicines such as ketamine.

Spiritual Medicine

Conventional care has consistently avoided any recognition of our spiritual essence. However, other therapeutic approaches honor the interconnected elements of body-mind-spirit. Integrative medicine builds upon a foundation of body-mind-spirit unity. This is the very definition of holism. PM is built upon the same roots as holistic medicine in that both posit that all healing (and health itself) is built upon the innate ability of our being to move towards wholeness when barriers (such as excessive self-referential thinking) are removed. As we remove the excessive and culturally supported preoccupation with self via a psychedelic experience, new vistas open up. Much like the work of Roland Griffiths that demonstrated powerful spiritual experiences can be occasioned with a single dose of psilocybin in the landmark 2006 study. These psychological and behavioral changes were durable and echoed the shifts observed with near-death experiences (NDE) or a spontaneous mystical experience. These all share the dramatic removal of internal barriers to clearly see the unity that defines our true nature. Ketamine routinely opens up a similar spiritual terrain to explore. These explorations of meaning, value and purpose help us to step out of the self-imposed blinders that limit the awareness of our innate spiritual nature. PM is actually spiritual medicine.

Spiritual medicine embodies a different perspective and requires a different type of caregiver relationship. PM validates this new perspective of wholeness by moving the seat of expertise and power from the therapist to the person immersed in the psychedelic experience. The therapist takes on the role of sitter, container and guide while the individual immersed in the close encounter with the depths of the psyche plays the role of expert. Thus, the classic polarity of wise expert and suffering patient/client so central to the psychotherapeutic paradigm becomes reorganized to reflect this new perspective about the primacy of the psyche and its innate spiritual wisdom. The psychotherapist, while critical, becomes more of a midwife to help witness and support the growth process. However, this does not diminish the need for continuing spiritual work by the therapist to sit well in the face of the extraordinary challenges that may be faced together. This posture requires faith in the healing process and a sense that the healing power of wholeness will prevail in the face of the terror and horror that may be held within. The development of deep trust and a sense of confidence by the therapist is the secret sauce of PM. Personal work with these agents supports this learning edge with a bone deep comfort in the face of unspeakable inner struggle. This spiritual work is never complete.

For many decades holistic and integrative medicine has given lip service to the importance of spirit in sustaining good health. The very core of holism is the interconnected nature of our body-mind-spirit being. However, holistic practitioners had no reliable tool to facilitate a spiritual process. PM is that missing element. With PM we open up our largest and broadest perspective about our existence. Encompassing insight in this frame of reference can alter our personal narrative and reconfigure many of our distorted or limiting bias. Spiritual medicine is our most powerful medicine and as such it is always personal: it is not scalable, can't be commodified as a protocol, does not embrace a postmark and always holds irreconcilable

mystery. PM addresses the spiritual self and brings power to a field that has struggled as the softer side of care. Ketamine offers one portal to effective mental health care that engages our spiritual self.

The need for a comprehensive model of care

Our healthcare professionals, our society, and the boundless suffering populace cry out for a spiritual grounded approach to care. It is not surprising that the excitement about psychedelic medicine has been palpable and is now reaching a crescendo. Unfortunately, in this rush to a new paradigm of care many have lost sight of the fact that PM is a not panacea. It is a powerful system of care that will shift our paradigm and open up a spiritual perspective. However, if we narrow our focus to include just psychedelic care we will be embracing every individual's presentation as a nail to our psychedelic hammer, much as Abraham Maslow warned. We must realize that psychedelics such as ketamine are merely a tool, a very powerful tool, but they do not eliminate the need for a comprehensive system of care that educates, directs and offers other avenues for support/care. If you only work with psychedelics you will be strongly and persistently tempted to treat most every presentation with psychedelics.

Many of the common reasons why individuals seek care are not be ideally suited to the use of a psychedelic tool such as ketamine. These tools are excellent for folks that are stuck, treatment resistant or chronically suffering. However, the mildly anxious, the very young, the confused, the psychotic, the manic, the psychedelically reluctant, and a host of other concerns might be better aligned with different options such as diet change, psychoeducation, family therapy, natural supplements, cognitive interventions or neurofeedback. Psychedelic medicine is not comprehensive mental health care.

Ketamine as catalyst for professional change

Ketamine is playing a pivotal role in the transition from the old models of mental health (daily mediated suppression of the psyche and the therapist as external expert) and in a range of other ways as well. First, ketamine typically works better for severe depression than any of our conventional medications. This has gathered the attention of modern conventional psychiatry and even Big Pharma (witness the release of Spravato by Janssen in 2019). Second, ketamine works when given in an episodic manner, not daily doses for suppression of symptoms. Third, ketamine is an agent that decreases the activity of the DMN just as classic psychedelics do. So, it has the ability to trigger profound psychedelic-like insights that can alter someone's life trajectory with a single dose. Fourth, many are finding that ketamine, like MDMA or the classic psychedelics, can enhance psychotherapy to speed and deepen the process. All of these facets become quite apparent when you work with ketamine in a clinical setting that fosters exploration and not merely an impersonal infusion routine. As more and more practitioners are drawn to ketamine by one of these angles, more and more begin to embrace the paradigm of PM. It is a slippery ride on an effective slope. Many professionals were drawn to mental health

by the promise of working with the human mind. Finally, there is a tool that opens up this realm for exploration. Psychiatrists and psychotherapists find ketamine to be an intriguing and flexible tool to explore this emerging paradigm of PM.

Ketamine can create psychedelic effects while being an accepted part of the conventional toolbox. The result of this bridging role is that ketamine can help introduce practitioners and travelers to PM. Ketamine is a gentle, safe and more accessible entry point for explorations of the psyche. It may be useful to highlight some of the ways in which ketamine may help the novice psychonaut (explorer of the psyche) or unseasoned practitioner become comfortable in this realm prior to full legalization of psychedelics. The first few items reflect its ease, comfort and safety:

Ketamine reduces anxiety. It quiets that part of our central nervous system that worries and frets. Many of the major psychedelic medicines (especially LSD) can have a significant element of anxiety as part of the journey. If you are new to psychedelics this tension can be intimidating and overwhelming. Research indicates that ketamine is euphoric and mood boosting for most people. Unpleasant or frightening trips are possible, but they are much less likely than with psilocybin or LSD.

Ketamine opens the floodgates slowly. Both ketamine and the major psychedelics decrease activity of the default mode network, which may be our closest brain equivalent to the ego. The major psychedelics can and will release a tsunami of unconscious material that can be very powerful (and overwhelming) when these self-created filters are decreased. Ketamine does decrease the filter of the self, but it simultaneously decreases the power of cortical functioning and thus reduces the unpredictable wave of the unconscious material that is brought to awareness. Traumatic experiences may be accessed, but the weight of the new insights is typically more limited. Ketamine can work as a gentler introduction to these experiences.

It is short. The short half-life of ketamine is under 30 minutes. This means that the entire experience lasts less than one hour. Good or bad, the journey is short and manageable. The total time from check in at the office to walking out the front door is typically about two to three hours. People clear from the effects of ketamine fully in a few hours and the practitioner can treat multiple people in a work day.

It is safe. Over the last 50 years or so ketamine has become a well-known and well utilized medication in operating rooms, emergency departments and pain centers. The track record is one of safety and predictability at the doses being employed in psychiatry (0.5 to 1.5 mg/kg). A few years ago, at a Kriya conference Steve Levine, then of the Ketamine Treatment Centers, noted that they had delivered over 20,000 psychiatric doses of ketamine without one serious unexpected adverse event. With modest caution ketamine has proven itself to be a safe medication when used for psychiatric application.

Ketamine offers a range of non-ordinary states

Ketamine can also create powerful and psychedelic-like effects. Like the classic psychedelics, it diminishes the effects of the default mode network. But it also has a number of other effects that make it attractive to providers working in this space:

Ketamine is powerful. Never mind that ketamine is not a true psychedelic, this experience may be one of the most profound alterations of consciousness that anyone will ever experience with any agent. Full stop. As a dissociative agent, ketamine disconnects most of our cortical awareness and creates an experience that will astound. Do not underestimate the power of this experience. This dramatic and abrupt departure from our usual state of consciousness often triggers curiosity and a profound respect.

Ketamine alters our thinking. Ketamine modifies the default mode network, disrupts thalamocortical relays and it significantly enhances neuroplasticity. In plain English: it offers a new way of thinking, particularly about one's own life and the big picture of our existence. A different vantage point offers a new perspective. People come away with a refreshed look at their life journey and their options for change. After a ketamine experience our brain is more open to change. This enhanced plasticity lasts acutely for 36-72 hours or so, but with proper integration the changes can last a lifetime.

Ketamine has a clear and varied dose response curve. Individuals can dial in the intensity of experience they would like to have- low dose: verbal, yet quite altered (somewhat like peyote); moderate dose: some verbal capacity, but without most of personal narrative (more like psilocybin); high dose: non-verbal and totally disconnected from our body and earthly plane (similar to 5-MeO-DMT). This dose response curve reflects how our consciousness functions. We must learn well this terrain and enhance our ability to direct specific mental health/psychotherapeutic challenges in a specific direction. Different doses open up unique elements of consciousness and thus unique pathways for healing awareness. We have yet to map this needed cartography. Ketamine offers guidance on this needed task.

A tool for enhancing the study of consciousness

For those deeply interested in the power of psychedelics to alter and improve our mental health ketamine offers some very advanced capabilities that deserve consideration. The dissociative mechanisms of ketamine bring some unique characteristics not shared by classic psychedelics. Much of our cortical self-referential loops are taken offline by the interruptions of cortico-thalamic relays. This in turn, creates a much different type of consciousness. These relays are also progressively altered by the dose of ketamine involved. Classic psychedelics leave these relays less impacted, but rather they create massive shifts in the default mode network. Ketamine drives a less specific and more generic separation of awareness from cortex (and thus body). This dose dependent effect provides psychedelic explorers with useful options for experience and training.

Ketamine offers a sense of pure consciousness. This journey introduces the inner traveler to a non-cognitive open field of awareness that is unique and awe inspiring. In other words,

ketamine decreases our thinking brain enough for us to realize that our awareness exists even without thought. This profound experience often takes years of meditation practice to reliably encounter. This experience of being freed from the limits of severe anxiety or depression can help a client to find hope, let go of outmoded perspectives and open up to greater change and flexibility. More than that, ketamine often catalyzes profound spiritual insights that alter our world view.

Dissociation is different. While many will say that ketamine is not a classic psychedelic medicine and thus should play no role in the training of professionals, the opposite is actually true: a fully dissociated experience is unique and not approximated by classic psychedelics. Ketamine provides a very unique experience that teaches us about the underlying nature of consciousness. Psychedelics provide deep disruption of our cortical functions while ketamine disconnects us from these limitations. Both are useful. There is no priority in these two different road maps. It is merely terrain to be explored and appreciated. Likewise, they also have unique strengths for working with a stuck psyche.

Ketamine can mimic the near-death experience. Near-death experiences (NDE) have been studied for decades. We now know that these close encounters with death provide some individuals with an amazing refresh of their world view and a spiritual perspective that creates a durable shift in the survivor's perspective on life itself. This shift results in a movement towards more openness, enhanced love for others and greater personal optimism among other positives. While a small percentage (10 to 20%) of people who are revived share this specific experience, the essence of it is remarkably consistent and powerful. Recently published research compared the central themes of 15,000 psychedelic journey narratives with 625 NDE reports. The researchers found that the ketamine experience most consistently aligned with the NDE journey as compared to other psychedelic agents. Unfortunately, a significant percentage of those facing an NDE do indeed perish, the same is not true of ketamine. As mentioned, ketamine is quite safe and the death of the physical body is unheard of when employing psychiatric doses. However, death of the ego and self can be quite common. This may be part of the huge transformation that is possible with a ketamine experience. Ironically, death of the ego may be life giving.

Tool for Psychotherapy and psychotherapeutic training

The dissociative mechanism inherent with ketamine reduces the intensity of all emotions including fear, anxiety and trauma. This also makes it a useful tool for psychotherapy. It helps to limit the excessive emotional pain linked to trauma and interpersonal conflict. Once partially dissociated, someone with a trauma history can access distressing emotions without disorganizing terror or panic. MDMA does this as well, but it maintains full cognitive clarity. Given this difference, MDMA is a superior tool for processing trauma, but it is not yet available for therapists legally. Ketamine offers therapists a pathway to process trauma. It also can be applied to the therapeutic encounter in a number of other ways as well.

Ketamine enhances immediate psychotherapy. Low dose lozenges provide a twilight type of experience that enhances access to painful material and speeds psychotherapy (called the psycholytic model). We tolerate the difficult insights better and can process our wounding at a much deeper level. Ego controls are reduced, but not gone. This catalyzes psychotherapeutic change. Ketamine is an anesthetic agent, but when used in this manner it opens our access to trauma. The options for ketamine assisted psychotherapy are twofold: immediate and delayed: The immediate psychotherapeutic benefits are part of the low dose lozenge method in which the practitioner sits with someone under the influence of low dose sublingual lozenges (most common) or a slowed IV drip or subcutaneous injection (less common). Some direct processing is possible after the traveler emerges from an IV or IM session. The challenge here is that, especially with the IM injection, this time frame between first alertness and full sobriety can be quite brief. It does, however, allow for some existential processing and anchoring of the major experiential qualities.

Ketamine enhances delayed psychotherapy. The alterations found with dissociation these brain regions and in these specific brain locations (default mode network, amygdala and hippocampus), while maximal for the hour's journey, do linger for up to 36-72 hours or so. This offers a practical window for enhancing conventional psychotherapy. In our experience if conventional psychotherapy occurs within 36 hours of the infusion the results are enhanced and synergistic. Psychotherapists, not familiar with KAP, will comment that the gains made in one of these penumbral sessions will often surpass all of the conventional therapy done in the prior year in terms of insight, cognitive flexibility and insight gained.

Ketamine enhances group psychotherapy. While inherently powerful, group psychotherapy can be challenging to orchestrate well. Participants may come from a wide range of perspectives and vary in the comfort in the process. Ketamine facilitates a profound experience that supports a more consistent shared foundation for group exploration. It also reduces the anxiety that may block open sharing and real honesty. By providing a normative experience of processing with peers, it also reduces stigma and shame. The powerful psychedelic experience drives a deeply enhanced sense of connection and bonding that often takes months of regular group session to nurture. Ketamine often provides a quality of heart opening and unconditional positive regard. While this is not as consistent or deep as that found with MDMA, ketamine can foster a sense of group caring and comradery that feels priceless. In toto, ketamine can unleash the power of group work and facilitate gains that may exceed those found in individual work as humans often feel a sense of safety in numbers. Group work may be the future of PM.

Ketamine enhances psychotherapeutic training. Ketamine provides psychotherapists with an invaluable tool for learning the basics of psychedelic assisted psychotherapy. Given these dosing and delivery options, a huge range of journey experiences can be arranged for the apprenticing therapist to witness and support. The short time frame of a ketamine journey makes it more practical for psychotherapeutic training. Ketamine is more predictable than the major psychedelics, this actually makes it a superior tool to deliver safe and effective training experiences that do not overwhelm the student seeking to learn from another's powerful inner

experience. The fact that these powerful inner and outer experiences can be linked in time also builds empathy and therapeutic wisdom. For therapists in training for work in PM it is very important to have a personal experience of a powerful state of non-ordinary consciousness. Ketamine provides this and more in a safe and manageable manner.

Access to treatment. One major roadblock slows the emergence of psychedelic medicine. Currently, these medicines are illegal and out of reach for many individuals and practitioners. While some explorers feel comfortable breaking the law to gain these valued experiences, many find that illegality and access issues represent a formidable barrier. For most practitioners, this legal barrier stands even more foreboding given the career and financial cornerstone their licensure represents. Granted the barrier on psychedelics does appear to be softening in some places (Oregon and Colorado have now legalized a regulatory pathway for treatment with psilocybin), but for most people around the world the emerging paradigm may take a decade or more to reach them. So, a central dilemma emerges: PM has escalating research validation, strong professional interest and an almost frenzied lay demand, yet it is unavailable and criminalized. Ketamine is legal right now. Ketamine can be a gateway medicine to the new paradigm by opening up both therapeutic access and clinical training.

Can ketamine support self-care? Another issue is raised by this discussion: Can ketamine support the average person to explore and improve their own mental health through enhanced self-awareness? Bob Jesse calls this application the betterment of well people. Should ketamine sessions and ketamine assisted psychotherapy be readily available to non-symptomatic individuals? Is this form of self-care and intrapersonal process any less important than the treatment of severe illness? Is there actually any clear dividing line between mental illness and mental health? Can we ethically exclude any individual seeking a path of psychospiritual development? This may be the entry point for mental health prevention that our world is crying out for. The chemical imbalance theory of mental health has paralyzed any systemic path towards prevention. This obviously needs to change. PM leads us down a new path.

Conclusion

Ketamine is a non-specific agent that supports many different functions. It can be a chameleon that is cognitively loosening or psychedelically inspiring, predominantly verbal or non-verbal and it can even simulate a near death experience. Ketamine can treat severe treatment resistant depression, provide deep access to consciousness, facilitate psychotherapy and train psychedelic psychotherapists. Ketamine can also be a path for enhanced self-care and prevention. Dissociation is a powerful tool for therapeutically manipulating consciousness that can be applied in a vast number of ways. Ketamine offers a wide and unique range of possible clinical interventions, which we are just beginning to comprehend.

Given the exploding research findings, surging professional interest and massive consumer demand, the access issues for the classic psychedelics stand as a stark reminder that this remains an emerging paradigm. Professionals and explorers interested in PM have few options.

The other reasonable options to reach these goals involves travel to another country or breaking the law. It is difficult to rationalize a scalable training track for therapists that involves committing a criminal act or mandates international travel. We can train psychedelic therapists with ketamine legally and in this country.

Years from now we will likely have MDMA, psilocybin and likely many other legal options to provide needed care in the new paradigm of psychedelic medicine. Unfortunately, these agents are years away from approval and ready access. Given the massive load of suffering that we face, we must speed the transition to psychedelic medicine and medication-assisted psychotherapy. We have ketamine right now to help us achieve that goal.