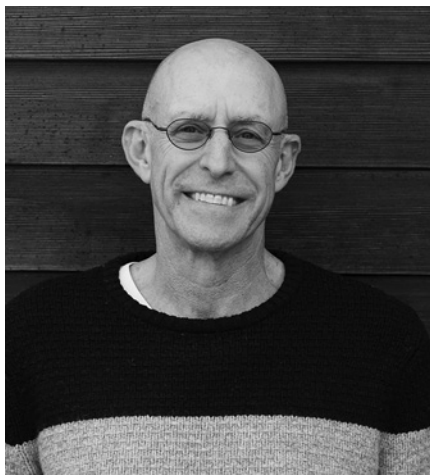


How to Change Your Mind: An interview with author Michael Pollan

BRAD BURGE, MAPS DIRECTOR OF STRATEGIC COMMUNICATIONS



Michael Pollan

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MICHAEL POLLAN IS THE AUTHOR of seven previous books, including *Cooked*, *Food Rules*, *In Defense of Food*, *The Omnivore's Dilemma* and *The Botany of Desire*, all of which were *New York Times* bestsellers. A longtime contributor to the *New York Times Magazine*, he also teaches writing at Harvard and the University of California, Berkeley. In 2010, *TIME* magazine named him one of the 100 most influential people in the world. *How to Change Your Mind: What the New Science of Psychedelics Teaches Us about Consciousness, Dying, Addiction, Depression, and Transcendence* was published on May 15, 2018, and is now available at maps.org/store.

Brad Burge (BB): *How to Change Your Mind* has been described as your “most personal book,” a kind of “participatory journalism.” What are the two greatest insights you’ve gleaned from your research, which was at the same time both intimate and academic?

Michael Pollan (MP): I didn’t start out planning to write a first-person book about psychedelics, but after interviewing participants in the “cancer anxiety” studies at Hopkins and NYU, and hearing about their literally life-changing experiences in the course of a single psilocybin session, I became intensely curious to have such an experience myself. Volunteers were returning from their journeys with a new understanding of their mortality; many of them had completely lost their fear of death. The dissolution of ego that often occurs on a high-dose experience had allowed them to “rehearse” their death and come to terms with it. I also talked to people who had stopped smoking after a single psilocybin trip for reasons that seemed ridiculously banal: “Smoking suddenly seemed stupid” or “I realized there was nothing more precious than my breath.” It’s hard to credit these abrupt shifts in perspective, so I decided I had to interrogate the experience in the first person. This made all the difference, a case when participatory journalism proved essential to fully grasping the story.

BB: In the book you write that realizing that there had been a recent explosion of research into psychedelics was what prompted you to open your mind to them after many years. In your hundreds (thousands?) of conversations with people over the course of your research, how do you think the culture is shifting with respect to psychedelic science, medicine, and spirituality?

MP: I started reporting on psychedelic therapy in 2013 and in the five years since the public, and the mental health community, have moved much faster than I ever would have thought possible. What was a pretty fringe approach toward mental illness in 2014 is now being taken seriously by the mental health establishment, by regulators, by philanthropists (as MAPS well knows), by investors, and by the press. When I published my piece in *The New Yorker* in 2015, “The Trip Treatment,” I guessed FDA approval was 15 or 20 years away. Now I’d say it’s probably less than five, which is in-

credible. So far, at least, the work has encountered much less resistance than I expected. That has a lot to do with the striking success of the Phase 2 trials, which is hard to argue with.

BB: Based on both your research and personal experiences, do you think that using MDMA, psilocybin, or LSD to assist psychotherapy in mental health treatment could replace or transform how psychiatry works as a field of a medicine? How do you think these substances differ from each other, and how to they compare?

MP: A great many of the researchers I interviewed for the book, both inside and outside the community of psychedelic science, are convinced these medicines have the potential to transform mental health care. They represent not just a new drug, but a radical new paradigm for psychiatry. In the past, psychiatry has either concerned itself primarily with the mind, in talking therapy, or with the brain, with psychiatric drugs. Some have said psychiatry went from being “brainless” to being “mindless.” Psychedelic therapy promises to marry the mind and the brain in a new kind of therapy—“psychedelic assisted psychotherapy”—that holds enormous promise in the treatment of several serious illnesses. But it is also a challenge to a field that sees therapy and meds as mutually exclusive, and a field that is committed to interminable therapies, whether with drugs or weekly sessions. It’s going to be fascinating to watch how this shakes out.

BB: How did your personal experiences, which you include in the book as your aptly-named “travelogue,” influence the direction of your research, and what you were able to include in the book?

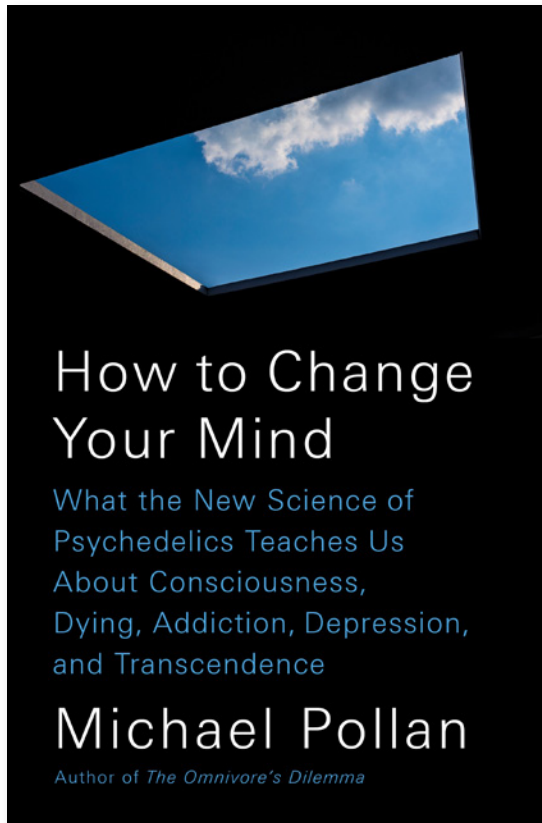
MP: My first-hand experiences helped me put flesh on an abstraction like “ego dissolution” or “mystical experience.” The whole idea of the default mode network—which is downregulated during the psychedelic experience, and probably accounts for the loss of ego—also became more concrete for me after having the experience. (I also got to do some neural feedback with my Default Mode Network that was fascinating.) And I think my trips allowed me to connect better with the dozens of patients and volunteers I interviewed. We could speak one another’s language, about

an experience often described as “ineffable.” The experiences presented a terrific literary challenge—how do you evoke a psilocybin or LSD trip on the page, without sounding like a lunatic? (You can decide if I succeeded.)

I also think the experiences changed me—changed my relationship to my ego (which I no longer think of as identical to my self, but more a “character” that needs to be managed and sometimes demoted); made me a better meditator; generally made me more open and less defended, etc., etc. My wife, who had trepidations when I embarked on this journey, eventually became quite supportive. Initially she worried that my involvement in psychedelics might somehow change me. (What she didn’t foresee is that it might change me for the better!)

BB: How do you think psychedelics’ apparent ability to promote mystical or spiritual experiences, and/or to expand our awareness to parts of our minds and bodies that were previously hidden, relate to their potential as healing tools for anxiety, trauma, and addiction?

MP: There seems little question that the mystical experience, so-called, is a key driver of a successful psychedelic treatment. The temporary loss of one’s ego, which I take to be the hallmark of the mystical experience, achieves several things: it allows subconscious material (including trauma) to surface; it brings down the walls that sepa-



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rate us from other people and nature; and it broadens one's conception of his or her "self-interest" to take in the interests of others, whether people close to you, your community, or humankind as a whole. The ego, and our attachment to it, is at the root of much suffering and mental illness; to realize it's not the only way to be in this world is to realize we can break out of all sorts of destructive patterns of thought, including the patterns and habits that underlie depression, addiction, and anxiety. Breaking mental habit seems to me the key, and psychedelics have the potential to do that.

BB: In your view, what is the biggest challenge facing the field of psychedelic research right now? Based on your extensive research and interviews, what hope do you think there is for overcoming these challenges, and how likely do you think it is that they'll be overcome?

MP: I think the community has to guard against overconfidence and, just in case, be prepared for a backlash. It also has to realize that the general public still associates these medicines more closely with mental illness rather than health. There's much work to be done educating the public as to the science and potential of these medicines. It seems unlikely the moral panic of the 1960s could be reignited, but a sloppy researcher, an adverse event, or some other negative story has the potential to blow things up. Tom Insel, the former head of the National Institute of Mental Health, is an example of an establishment figure who thinks there's great promise in this research. But the community would do well to remember his admonition from the stage at Psychedelic Science 2017 last year: "Don't screw it up!"

BB: What differences and similarities do you see between MDMA- and psilocybin-assisted psychotherapy? Do you think they are two completely different approaches, or do you think they complement one another in some way?

MP: I didn't dig as deeply into MDMA therapy as I did the classical psychedelics—psilocybin, LSD etc., but my sense is there are important differences and important similarities. The phenomenology of the experiences are quite different, obviously. But both give the patient/volunteer access to unconscious or suppressed material, bringing it into an observable space where, with the help of the therapist, it can be explored. I met several therapists who used MDMA at the beginning of the therapeutic relationship to establish bonds of trust before administering one of the classical psychedelics—this suggests that the two medicines are potentially complementary. Already we're seeing some sorting of the indications the two kinds of drugs are used for—MDMA for PTSD, for example, psilocybin for depression and addiction—suggesting some fundamental differences in their mode of action. I sometimes wonder if they weren't both Schedule 1 substances, would we put them in the same basket? I'm not sure.

BB: What's next for you?

MP: I've got many months traveling the country talking about *How to Change Your Mind*, so I'm not onto another project yet. For me a book tour is a valuable R&D laboratory—I hear the questions and reactions of my readers, and often come away with an idea of what they want to know and what I need to write next. My book tour might turn out to be a kind of Rorschach test for psychedelics, giving us a good fix on where exactly the American public stands on this revolutionary science and medicine. I can't wait to find out! ●

