

Therapy Chat Episode 260

Disclaimer: This is a verbatim transcript which may contain spelling errors.

[00:00:00] **Laura Reagan:** [00:00:00] Therapy Chat podcast, episode 260.

[00:00:04] **Announcer:** [00:00:04] This is the therapy chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan, LCSW-C.

[00:00:34] **Laura Reagan:** [00:00:34] Hi, welcome back to therapy chat. I'm your host, Laura Reagan. And it's the beginning of January 2021 last week on the sixth. A terrible thing happened at the Capitol in DC. I hope by the time you hear this. Things are much better and no matter whether things are better or not, I hope that you are doing well with all of the stress of everything that's going on in the [00:01:00] outside world.

[00:01:00] I'm doing the best I can. And I hope you are too. And reaching out for support. If you need it today, I'm bringing you the first part of an interview that I'm really excited to share with you. You might remember in episode 218, I talked with Dr. Craig Hickock, who is one of the therapists in the MAPS studies working with trauma survivors using psychedelic assisted work.

[00:01:29] And I really learned a ton from the interview with Craig and he connected me with my guests today, so I thought this was a really fascinating conversation. We talked a lot, and so that's why we made part one and part two. So today you're going to hear part one. I'm so excited about what Sadara and Steve at Psychedelic Semantic Institute are doing that I'm [00:02:00] hoping to attend their training when it comes to DC in July 2021.

[00:02:04] And we have partnered so that I can help people find out about this training and learn more about their method. So one of the ways that you can find out more about their work, if you are a therapist who may be interested in participating in one of their trainings, you can attend one of their monthly webinars that gives all the information you need to know about the training.

[00:02:31] I'm going to put a link to registration for the webinar in the show notes for this episode. So, if you are interested in that and you do sign up for the webinar, be sure to let them know that you heard about it from Laura on Therapy Chat. So, we are going to jump right into part one of my conversation with Sadara Cosby.

[00:02:52] But before we do that, I just wanted to remind you that I offer Trauma [00:03:00] Consultation Groups. And the next, the next registration for groups is opening up February 1st, 2021. So, if you're interested in joining one of my monthly consultation groups for trauma therapists, I put a link in the show notes for this episode where you can sign up to be one of the first to know when registration opens.

[00:03:26] So there are very limited spaces in these groups. I'll have two groups starting and each one will have no more than six participants. So if you want to find out about it, you can get on the early registration list or just keep your eyes open because registration is going to

open on February 1st and I'm going to be letting everybody on the podcast know when the link is open.

[00:03:54] All right. So now we can dive into my interview with Saj and I hope you enjoy it. Love to hear [00:04:00] your questions. Contact me at therapychatdotpodcast@gmail.com, or you can go to SpeakPipe and leave a message. I love hearing your voices. You can find the SpeakPipe button on the therapy chat website, which is therapychatpodcast.com as always.

[00:04:18] Thanks for listening. Hope you enjoy this conversation.

[00:04:23] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan, and today I am so excited to be bringing you an interview with Saj Razvi of the Psychedelic Somatic Institute. Saj, thank you so much for being my guest today on Therapy Chat.

[00:04:39] **Saj Razvi:** [00:04:39] Hi, Laura. Happy to be here. Thank you.

[00:04:42] **Laura Reagan:** [00:04:42] Thank you! So excited you and I connected through Dr. Craig Heacock, who is a prior guest on Therapy Chat. And his interview was so fascinating, everyone, all, so many listeners have told me how curious they were to learn [00:05:00] more about psychedelics. So I was really excited to connect with you before we really dive into anything. Let's just start off by you telling your audience a little bit more about.

[00:05:11] Yourself and your work.

[00:05:12] **Saj Razvi:** [00:05:12] Okay. Sounds good. My background, I'm a psychotherapist. I was one of the clinical researchers in the maps phase two trial of MDMA Assisted psychotherapy for treatment resistant PTSD. And I've been involved in training clinicians for the last. Uh, 15 or so years. And, uh, the, the work that we focus on really is trauma simply because we found that most of the symptoms that cause people to enter into psychotherapy are based in, uh, what I would call complex early childhood traumatic experiences.

[00:05:49] And so that's where we've really focused. And our work has really been a sematic training, because we found that bottom-up processes for trauma seemed a lot more [00:06:00] effective than top-down insight. You know, having more understanding typically doesn't shift, uh, the reactivity that we find with PTSD. And so, um, we sort of. I think there's a movement in the field to come at it from a different direction. And then in 20. So that was, you know, in the mid two thousands and then in 2014 or so I got involved, uh, with the map study and we put our trainings on hold simply because in good conscience, I felt we could not train people to work with trauma without really talking about psychedelics because they added so much to the process. They, they boosted the, um, the, the depth and speed of healing in such a significant way that, that we, we said we need to reevaluate everything here. So that was in 2014. And then more recently we relaunched our training programs, but now, you know, much more specific to [00:07:00] incorporating psychedelics.

[00:07:01] And, um, so yeah, that's what we're doing now at psychedelic somatic Institute.

[00:07:06] **Laura Reagan:** [00:07:06] So interesting. And I loved when you said that you couldn't in good conscience, teach trauma training without talking about psychedelics,

because you know, so many of us in the trauma world are hearing kind of in the background that this is going on and wanting to learn more and understand more about it, but you know, the information is kind of, it's kind of limited to like a certain area of the map studies and that kind of stuff. So can you give our audience a little bit more sort of background on these psychedelic research studies and where we are with them now.

[00:07:41] **Saj Razvi:** [00:07:41] Yeah, I think the two main studies are the two main medicines that are being looked at at this point are MDMA, uh, which maps a nonprofit pharmaceutical company out of California is sort of pushing through the FDA approval process. And that is in, uh, just about to [00:08:00] start the second part of phase three, uh, which is, you know, nearly the end point of, um, of approval. And so there's, I think there's very little doubt that, um, MDMA will be a legal, uh, medicine in the not so distant future, probably 2022. Um, I think that's probably the timeframe at this point. And then of course psilocybin is the other one that's moving through.

[00:08:28] And there's some controversy with psilocybin because it's being moved through by a for-profit pharmaceutical company, compass pathways, it's it's mushrooms and, um, and they'd have a patented model for it. And so there's some concern in the psychedelic community, as well as the therapy community that you know, something that is available to all of us is going to be owned by a particular for-profit and corporation.

[00:08:53] And, um, but there's also a lot of discussion with, uh, in Oregon, California, Washington state, and [00:09:00] uh, Nevada, even, and Colorado around starting to legalize psilocybin, just like cannabis was legalized. So that's sort of where things are right now. And I think both of the both MDMA and psilocybin have gotten breakthrough therapy status by the FDA.

[00:09:15] So they're really kind of, you know, ushering these through the process because there are significant improvements to psychiatric and psychotherapeutic options that we have available.

[00:09:27] **Laura Reagan:** [00:09:27] Okay. And just for my understanding with the psilocybin being moved through by this one for-profit company. How so if it's legalized in different States, does that mean that it will only be still available through that company or those sort of two different tracks of ways that psilocybin may be available for people.

[00:09:48] **Saj Razvi:** [00:09:48] I think there are going to be two different tracks and certainly there's going to be States where that will not legalize psilocybin. And so I think the only way for people to get that type of treatment for, uh, [00:10:00] uh, for TRD treatment resistant depression will be through the compass pathways model for it. Whereas. You know, if you're having to be in a state where there is going to be legalization and this isn't at this point, they're still sort of going through the, the initial phases of, you know, putting it on, um, ballots. So yeah, there, I think there will be two pathways for it.

[00:10:22] **Laura Reagan:** [00:10:22] Okay. Thank you for explaining that. And so there's MDMA, psilocybin, and then what other psychedelics are being used for trauma therapy purposes or being studied perhaps?

[00:10:37] **Saj Razvi:** [00:10:37] Well, we are particularly working with cannabis and ketamine. And so let me, let me give a little bit of a background on this. Right? So, you know, like I said, there's a couple of these companies that are sort of really working with the FDA to move these, these medicines through their approval process, using randomized control trials.

[00:10:57] Um, my team on the other hand, what [00:11:00] we've been focused on is the psychotherapy side of it. Uh, we, we know that psychedelics are incredibly dependent upon context, their sentence setting for outcomes. So unlike something like a Prozac or an SSRI where you can take it in any context, and the outcome is relatively, the biochemical response is relatively the same.

[00:11:23] Unlike that, psychedelics change drastically in terms of their outcomes. So, you know, take MDMA which is the street drug ecstasy, right? And it's a recreational drug. Thousands of people take it every weekend and go, go party with it. And there's very little therapeutic benefit to that. Now you take that same exact substance, and you move it into a psychotherapeutic context that's appropriate for it and it becomes an incredible, uh, medicine for working with complex, deeply, ingrained trauma. And so my group has basically said, okay, if that's the case, what else can [00:12:00] we find tune? So we're looking at developing a psychotherapy that is specific for the non- rational, the non-verbal, non-linear, and, and definitely the non-ordinary state of consciousness that gets induced by psychedelic medicine. And so our sense is that as, as we develop these interventions, we can take things that are not traditionally seen as a psychedelic, something like cannabis, and something like a ketamine, and put it in a, uh, and then draw out the psychedelic components of it.

[00:12:36] And so we we've been working with that for the past few years. And so if maybe I should just go in a little bit and talk about the, sort of the research foundations and the sort of different components of what we're putting together, is that, is that a good?

[00:12:51] **Laura Reagan:** [00:12:51] Okay.

[00:12:52] **Saj Razvi:** [00:12:52] Okay, perfect. So, so a lot of this work is coming from Robin Carhart Harris, who is a neuroscientist. He studied at [00:13:00] Imperial college in London, and he sort of one of the most recent proponents of a model called the Entropic Brain Theory. And basically here, these are the components of it, right?

[00:13:11] So, according to Carhart Harris, the human mind has two distinct modes of cognition that it is capable of operating inside of, right? Two different distinct consciousnesses. The first is, uh, what's known as primary consciousness, and it is a evolutionarily early or a phylogenetically early form of consciousness that we share with other animals. There's it doesn't have, uh, abstract reasoning, it doesn't have metacognitive cognitive functions. Uh, it's not it doesn't, it's not capable of symbolic thinking. So basically, it's not verbal. This is a more primitive, animalistic form of cognition that we are capable of. That again, we share it with other animals, and it's based in sensation. It's [00:14:00] based in emotions, it's based in imagery, and it holds a lot of what we would call non-declarative memory processes.

[00:14:08] So, you know, something like, um, what's known as procedural memory, you know, the how to tie your shoelaces, how to speak a certain language. You know, you, you can train your dog how to do certain things, and it's not because your dog is necessarily thinking about what to do- it's just following. It's following repetition and it's following a habit. And so those types of memories, that type of memory system, is part of primary consciousness. And there's also a self that comes along with it. And which is, I think this is a very interesting piece. There are a number of clinicians, or I'm sorry, a number of researchers that have independently come to this, understanding that there really is an implicit self that operates beneath the layer of your conscious rational mind. Right? So if you think about the, um, that, uh, that iceberg analogy that Freud uses to [00:15:00] describe the human psyche, you know, you get 10% of it, which is conscious and awake and visible, and then you get 90% of the iceberg that's underneath the surface of the water.

[00:15:11] And so that is what I think Carhart Harris, and these neuroscientists are pointing to and saying that there is a, a very significant implicit self that's running the show here. Right? And so that's all-primary consciousness

[00:15:24] Secondary consciousness is also something that we're capable of and it comes about through, well, let me, sorry. Let me describe it. So secondary consciousness is basically the way that your ordinary adult mind operates in the world. Right? So it's, it's capable of cognitive thought. It's capable of recognizing the passing of time, which primary consciousness is not. It's capable of meaning making and you know, abstract language, right?

[00:15:54] So this is, this is the self that we identify as being us is, is [00:16:00] a secondary consciousness, self, the brain networks that are engaged when, when secondary consciousness is turned on is very different than the brain networks of the primary consciousness. So, secondary consciousness comes about through something called the default mode network, which, you know, so very quickly that the brain has a hierarchical organization.

[00:16:22] And at the top of this, as this network called the Default Mode Network, that basically acts like a conductor to an orchestra. Right? And so if your brain is the orchestra, the default mode network is the conductor. And the music that this orchestra creates is your secondary consciousness. Right? It's your ordinary waking mind and how you think and perceive the world.

[00:16:43] Primary consciousness comes from more subcortical brain networks. And by that, I mean, the brainstem, uh, the midbrain, the limbic system, the motor centers of the brain, the autonomic nervous system, right? Your central nervous system. These are all [00:17:00] more sort of evolutionarily early, more primitive parts of the brain that we share with other animals.

[00:17:06] And the way this works, Laura is really super fascinating. Basically, the default mode network creates secondary consciousness by suppressing the activity of primary consciousness. Right.? So, so basically, primary consciousness is what Carhart Harris calls: it's a more chaotic, it's a more unconstrained, it's a less filtered form of consciousness that

allows you to experience the world in a more, a raw state as it words, it's a, it's a less processed state. You see things, you feel things in a less organized way. Versus secondary consciousness says, "okay, yeah, let's work on that, suppress all of that. And what you get is a very, uh, cleaned up signal, a cleaned-up signal of consciousness that the purpose of which is survival, right?

[00:17:57] So basically, secondary consciousness helps [00:18:00] us understand our reality. It helps us predict our reality and then ultimately it helps us, uh, manipulate our reality. So if you think about it, sort of all of the modern civilization, modern medicine engineering, landing a man on the moon, all of these things are possible because of this evolutionary move that the human mind made into secondary consciousness and the default mode network.

[00:18:26] Right. So it's Robin Carter actually, let me pull it up here real quick. If you don't mind.

[00:18:31] **Laura Reagan:** [00:18:31] Oh, while you're looking, I'm just going to say this is fascinating and the way you're explaining it is amazing.

[00:18:37] **Saj Razvi:** [00:18:37] Yeah, yeah. Yeah. It's making sense because this was a beast to put together all these different pieces.

[00:18:43] I felt like I felt like a. You know, at times clinically we were seeing different parts of the elephant and now it feels like we were seeing the entire elephant, at least this version of it, I'm sure there's going to be a lot more, but so, and we wrote a paper that is going to that [00:19:00] well, when people hear this interview, it will have been published in the Journal of Psychedelic Psychiatry, so they can find it there.

[00:19:06] **Laura Reagan:** [00:19:06] If we, can get a link from you when when it is published that I can include, I would love that because I know people often listen and they're like, where can I find that paper? You know, if you can, but if it's not possible, it's okay.

[00:19:18] **Saj Razvi:** [00:19:18] No, absolutely, absolutely. I'll get that to you. Um, okay.

[00:19:22] So this is directly from Robin Carhart Harris had, so it's referring to that process of suppressing the chaos suppressing the organism primary consciousness. It is argued that this entropy suppression or a chaos suppression of primary consciousness as we've been describing it, furnishes normal waking consciousness with a constrained quality.

[00:19:44] And associated metacognitive functions, including reality testing, and self-awareness. So basically, reality testing self-awareness and these are functions of the default mode network. This is, these are functions of secondary consciousness. Okay. [00:20:00] Um, moreover, this leads to the proposal that the brain of modern adult humans differs from that of its closest evolutionary and developmental antecedents because of an extended capacity for entropy suppression.

[00:20:14] Basically if Carhart Harris saying entropy suppression, this action of the default mode network on everything below it is the whole ball game in terms of what makes human

being separate and distinct from animal consciousness. All right. So it's a very key thing in human evolutionary terms. Now, you know, we look at this and we think like, wow, this is fantastic.

[00:20:38] We're getting all these things from, from, uh, the default mode network in secondary consciousness. Right? So more than flight, or speed, or venom, or protective armoring, or anything like that, we human beings are incredibly successful as a species on this planet. And. And even more than just sort of, you know, the 7 billion human beings that exist, because this is [00:21:00] a very successful strategy. There is, you know, we, we can change our environment to fit our needs and we've been doing that. And I think people would say that's problematic, of course, but you know, we can do that so much so that they're where they're starting to refer to this as, uh, as the Anthropocene, right? This is the human oriented system.

[00:21:20] So as powerful as this development is, there are real downsides to it, which is to say that the visceral embodied self, that the, the implicit self we get from primary consciousness, we lose access to that. Right? So think, think about it this way: I think about children because children in infancy do not have any default mode network activity. We can only begin to detect it when children start to hit the age of nine, then it starts to turn on. And so think about how children experience the world. There's a, there's an openness to the world. There's an awe there's, uh, you know, there's mystery [00:22:00] to the world. There's, uh, you know, there's a real joy in the newness of the world, which we lose as adults.

[00:22:08] Right? Because again, this default mode network cleans up that signal of reality so much so, and it filters reality so much so, that we're getting a very uh, limited version of reality. And we know from research that they're doing at Hopkins that people have, who have an overexpress default mode network also suffer from depression because you know, that it correlates with a, um, sort of, uh, a more rigid, a bounded, ego personality, ego structure. Right? And so there's, there's downsides to that. And I, and I would argue what we see clinically is one other major downside, which is that there are, there are homeostatic corrective mechanisms that are part of our mammalian biology that we lose access to. And so what I mean by that is if you [00:23:00] consider that you know, being under conditions of threat are, is completely common in the state of nature. Meaning, you know, if you're an animal, you'll have your life threatened and you're going to be, uh, attacked and chased and things like that on a somewhat regular basis. That's a, that's the state of nature. And. And so the capacity to, for, uh, other mammalian nervous system to become activated in terms of stress responses or fight or flight responses, or, you know, numbing dissociative responses to threat is, is essential and then the nervous system's ability to move that animal back to a state of neutrality, if in fact it survives, those threats is also essential, right? So there's this homeostatic way that the nervous system organically can process stress and trauma at, at the biological level.

[00:23:53] And what we see is that the default mode network, suppression of primary consciousness also [00:24:00] suppresses that that homeostatic mechanism of, of, of being able to process stress, trauma, active, highly activated states, things like that.

[00:24:10] Can I ask you a question please?

[00:24:11] Of course. It's your show! Yes, I'm sorry. I just there's a lot to go through, sorry!

[00:24:18] **Laura Reagan:** [00:24:18] You're perfect, but I just want to understand, when you were talking about the research at Hopkins people who have an overexpressed default mode network, and then you went into talking about, you know, nature and animals and threat responses, is it overexpressed because of our reaction to threat or maybe you're about to get to that, but I just want to. ..Sometimes it sounds like some people *just* have more XYZ. And I always think that there's usually like an explanation of why they have more. It's not just like the way their brain was when they came out of the womb.

[00:24:54] **Saj Razvi:** [00:24:54] Yeah. Yeah. No, and that's my bias as well. I think I, I. I see the world in that way that they're [00:25:00] actually, this isn't random, that there are reasons why people have certain structures the way they do.

[00:25:04] And I think it's, it's open for debate at this point. Um, I think that, uh, you know, I, I met with the psilocybin research team at Hopkins and talked about this with them and I think their approach to it is just to say, well, you know, it seems like it's a function of maturation, right? Over a period of time, the default mode network just keeps doing what it's doing and it, and it just sort of reifies itself.

[00:25:31] And so, you know, the older you get, the more that this is, uh, in place and calcified as it were up until a certain point. I think one of the things that happens in old age is that. You naturally begin to see default mode, network functioning, degrade, but that's what their approach to it. I think the, an interesting question for, for, in terms of what you're bringing up is, you know, if you have trauma and there is a need to be more in control of your [00:26:00] world and more predictive of what's going to happen around you because you know, very dangerous things can happen.

[00:26:05] I think there are ways that trauma can have a feed forward loop, such that it sends the signal that you need to be more in control, more aware of your environment. So there, I think there probably could be a, a correlation.

[00:26:20] **Laura Reagan:** [00:26:20] Yeah. Okay. Interesting too, because then, you know, some people with. Trauma the strategy is to, you know, become more and more rigid and try to be in control at all times in some people the strategy seems to be, to have no, you know, just kind of very unbounded, you know?

[00:26:39] Um, it's like, there's no organization. Well, there's less, so much less organization that it is very different, but okay. So I'm just curious about that. Thank you. And I didn't want to derail the the direction you were going, but I just felt sometimes it's like, if there's a question in my mind, I can't understand the rest until I know it wants to do that.

[00:26:58] So thank you. [00:27:00] So the answer on that is still still to be determined. Yeah.

[00:27:05] **Saj Razvi:** [00:27:05] Yeah, I think, uh, I think so, but I, and I, and I do agree with you that, you know, you typically see an under expression of boundaries or an

overexpression of boundaries with, with trauma. But, yeah, so, you know, uh, so again, two big prices to pay.

[00:27:20] One is the, the, uh, the novelty and the awe and the wonderment of the world, which is naturally there because it gets filtered out by the default mode network. And the other one is of course, you know, the inability to process things like stress and trauma, which I think organically, biologically we have.

[00:27:39] Right? So when, when we see animals in the wild do this, they obviously don't have a higher order capacity for language. They don't have the capacity for a meaning-making. Right? They, and they, they're not engaging in psychotherapy. They're they're just engaging an ancient biological pathway that's already well-developed in their system just [00:28:00] from, you know, evolution.

[00:28:02] And I say that that feature, it gets disabled because one of the things that we see with when people come to us and they engage with cannabis is exactly those features turning on and I say cannabis, but I also mean all of psychedelics. Right? We see that. So let me, let me just say that, uh, the way that psychedelics work and how they come into this picture is that they have an affinity for the serotonin 2A receptor in the brain.

[00:28:30] And, where that receptor is expressed is not the subcortical regions of the brain. Right? It's, it's expressed in the cortex and most densely expressed in the default mode network. Right? So there's this amazing thing that happens that the psychedelics essentially are working by taking the conductor of secondary consciousness offline.

[00:28:56] Right? So we, we tend to think about psychedelics as adding something to the [00:29:00] picture that causes this reaction. It's much more of what they're taking away from the picture. right? There their psychedelics work by disorganizing brain synchronicity. They disorganized brain communication. That is well-organized by the default mode network.

[00:29:15] And of course, where, what I just mentioned, where, where it's not expressed is the networks that give a rise to primary consciousness, right? So primary consciousness, your, your brainstem, your autonomic nervous system, all of these things are not affected by psychedelics. And so in the psychedelic state, what we see arise, what we see most clearly is the world through primary consciousness.

[00:29:43] Right? So I think it's pretty interesting. And, and then what we see as part of that is, all of these, uh, homeostatic biological mechanisms that are designed to help us process stress and trauma at a, at a body level at a [00:30:00] somatic level, those become far more accessible to us. They become much more active in the psychedelic state. But I would, the caveat here is that, you know, we have spent a lifetime suppressing, those functions. We've spent a lifetime in secondary consciousness. We've spent a lifetime, so we've spent a lifetime ignoring those features. And so it's almost like think of it like a muscle that's atrophied from lack of use.

[00:30:25] And so. What we find is that, you know, these nervous, autonomic nervous system features that help us process stress and trauma come online in primary consciousness, but they need support. And I think that's where the modality comes in. I

think we can, we've developed, uh, modality we can focus in on, you know, autonomic processing. We can focus on, on the, the memory systems that handle, you know, traumatic relationships and things like that, such that we further activate those systems in the psychedelic state [00:31:00] versus I, you know versus taking a psychedelic medicine, having the medicine drive the brain towards primary consciousness, as you know, uh, what it's doing biologically and yet our therapy modality are, you know, cognitive behavioral therapy, or talk therapy, or insight based therapy all of those features are designed to support secondary consciousness. Right? All of those features are designed to stabilize people by stabilizing them in secondary consciousness, which is fine, except for the direction that the brain is going with psychedelics is towards primary consciousness.

[00:31:38] **Laura Reagan:** [00:31:38] This is so interesting because it seems like there's somewhat of a metaphor here in the disembodiment, disconnection and compartmentalization, where on one hand, people are using these medicines, but not having an opportunity to have therapy that is like aligned with it and that is in connection with it. So on one hand, [00:32:00] people are doing, you know, I know that people aren't using cannabis or ketamine therapeutically in a psychotherapeutic modality, most of the time people may have access to those treatments, but not to be used that way. Right?

[00:32:14] **Saj Razvi:** [00:32:14] Yeah. Ah, yeah. I think, um, you know, most people know cannabis as a recreational drug, or they might know it as a medicinal drug that calms down symptoms, calms down anxiety, that kind of thing. And I think cannabis so than I would say, even something like MDMA changes its nature drastically, depending on the context in which it's used. And so, when, when you bring cannabis into a psychotherapy setting, that's designed to focus on autonomic nervous system processes, it becomes a very solid psychedelic, it becomes a, um, a deeply excavating tool as opposed to a, a calming tool. Right? So, and we haven't touched on this, but I think one of the responses that [00:33:00] happens in stress and trauma is sort of a very strong defensive layer of dissociation. And I would say more so than any other psychedelic that I've seen, including MDMA, I think cannabis is kind of perfectly designed to crack dissociation.

[00:33:15] **Laura Reagan:** [00:33:15] So, I know that you shared some videos with me that helped me get a better picture of this. Can you talk a little bit about what is available from your organization for people to see what you're talking about, help them understand?

[00:33:30] **Saj Razvi:** [00:33:30] Yeah, absolutely. So, I think it is important to see what this actually looks like, because I think people have an idea of what psychedelic therapy would be or you know, sort of more insight-based ideas of what it looks like, but I think it's you kind of have to see it to get it. And so we have put out a lot of educational videos about this, a lot of session videos, looking at different people's nervous system under the effect of either cannabis or ketamine.

[00:33:57] And so if you go to [00:34:00] [psychedelicsomatic.org](https://www.psychedelicsomatic.org), then you'll be able to find it there. Yeah. Yeah. And we'll, we will also have a link there to the, um, the theory article that's being published at the journal of psychedelic psychiatry. So you can find it directly there, or you can go to the [psychedelicsomatic.org](https://www.psychedelicsomatic.org) to find that link.

[00:34:18] **Laura Reagan:** [00:34:18] Perfect. Thank you. And so for now, we'll wrap up and then we can talk about this more in part two. So for now, I just want to thank you for being my guest on therapy chat today.

[00:34:31] **Saj Razvi:** [00:34:31] Thank you, Laura.

[00:34:35] Hey, everyone just wanted to take a minute to tell you about my trauma therapist, consultation groups. These are small online groups for trauma therapists or therapists who are working with clients who have trauma and want to become more trauma informed in the way they practice. The groups are limited to six people per group, and we meet one hour or [00:35:00] one hour and a half.

[00:35:01] Per month, depending on which option you choose. And the group is for learning, improving your skills, connecting with additional resources, for helping trauma survivors. And it's also for support and community because being a therapist can be very isolating and trauma work can be very isolating. So we come together and share our common experiences to help each other.

[00:35:28] Remember that we're all human. And give and receive support. So if you're interested in learning more, you can sign up for the email list to find out when registration opens. It will be opening on February 1st. And if you want to be one of the first to find out about that, when it's goes live, join the email list.

[00:35:51] There is a link in the show notes for this episode to sign up for that. I'll also announce it here on the podcast when registration opens. Hope to see you [00:36:00] there.

[00:36:00] **Announcer:** [00:36:00] Thank you for listening to Therapy Chat with your host, Laura Reagan LCSW-C for more information, please visit therapychatpodcast.com