



## Conscious Life presents

### Guide to Psychedelics For Women

Guest: Jennifer Chesak

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#### **[00:00:13] Dr Meagen Gibson**

Hello, everyone. Welcome to this interview. I'm Meagen Gibson, your conference co-host. Today, I'm speaking with Jennifer Chesak, the author of *The Psilocybin Handbook for Women*. She's the award-winning freelance science and medical journalist, editor, and fact checker, and her work has appeared in several national and international publications.

She currently teaches in the Journalism and Publishing programs at Belmont University, leads various workshops at the literary nonprofit The Porch, and serves as the managing editor for the literary magazine Shift. Jennifer Chesak, thank you so much for being with us today.

#### **Jennifer Chesak**

Thank you for having me.

#### **Dr Meagen Gibson**

I want to start with the first obvious question, why write a book specifically for women?

#### **Jennifer Chesak**

Yeah, that is a great question, and a common one that I get. It was actually the idea came from my publisher. And so I was a good fit for this because I have a really great history as a medical and science journalist writing about women's health.

And then I've been recently, I guess in recent years, writing about psychedelics as we've had this new emerging research, even though we've had historical research, now we've got this resurgence.

And so I started writing about that in the news as well as a journalist. So it made sense to merge the two. And I'm so thrilled that we did this because when I started to dig into the research, this made total sense to write a book for women. And the reason is that, so in many cases, more

women are using some psychedelics more frequently than men are. That came as a bit of a surprise to me when I started to dig in.

**[00:01:46]**

But when I dug further, this was no longer a surprise. And the reason for that is that, so it turns out through survey results, we've learned that while men tend to use psychedelics a little bit more recreationally - and there's nothing wrong with that - women are turning to psychedelics to self-treat, specifically for conditions like PTSD, trauma, other forms of trauma, depression, anxiety, chronic pain, issues with the menstrual cycle, menopause, all of these things.

And of course, these are all the same things that women typically get gaslit for at the doctor's office. And there's a lot of history of medical gaslighting and the gender disparity there where it happens more frequently to women, and of course, to people of color as well. It's really frustrating.

So when it comes to psychedelics, if women are turning to psychedelics to self-treat, we really need adequate good information out there on how psilocybin potentially affects the menstrual cycle, how it may be able to help with menopause, all the context related to that, what are the context for parenting, all of these things.

So I included that all in the book. And to further illustrate this concept talked about medical gaslighting - I just don't like to throw out information without presenting the straight facts with this.

So we just had this real gender gap in terms of health care for women. And so if we think about this, women were largely excluded from early stage clinical trials until about 1993. And that was not just related to psychedelics. It was with everything, so all medicine.

So this is my thought on why I think women's health is so far behind. I mean, along with misogyny, of course, there's that. But women's health is really far behind because of that lack of research on the female body. And so if we look at this further - this timeline always gets people really fired up - but in 1998, men got a drug for male sexual dysfunction. Everyone knows what that is. It's Viagra, household name.

At that point in time, believe it or not, the mainstream medical community, let alone anyone that a woman would have been sleeping with, didn't have an adequate picture of what the clitoris looks like. There's all this internal structure to clitoris. And that wasn't discovered until 2005, when a female urologist did some research and then learned about this internal structure.

And then, so again, in 2005, we finally find the clitoris, right? And it wasn't until 2015 that then women got a drug for female sexual dysfunction. And so that's a 17-year gap from when men got a drug to when women got a drug.

And I find that really frustrating when you look at the statistics on the prevalence of female sexual dysfunction. So for people assigned female at birth in reproductive years, that female sexual dysfunction is 40-45 % the prevalence there.

If we are in perimenopause, menopause, that goes up to 80, 85 %. So it's just something that really affects the female body, yet it just was prioritized for the male body. So I just throw that timeline out there to further illustrate why are women turning to psychedelics?

**[00:05:01]**

Because they're not getting adequate care in the mainstream medical system. And I'm not against the mainstream medical system. As a science and medical journalist, I love science, I love medicine; I get frustrated when we have disparities in care.

**Dr Meagen Gibson**

Absolutely. And I'm so glad that you included all of that and all those details, because those were a ton of my follow-up questions, because I don't think most people, and especially women who are interested in women's healthcare, understand all of that history.

**Jennifer Chesak**

Yeah...

**Dr Meagen Gibson**

And even if we just talk about mental health, for instance, there's so many studies that point to the fact that mental health drugs were not tested on women and for women because they didn't want that pesky estrogen messing up their trial results. And it just horrifies me.

And then there's only recently been...and you know, say you are put on a medication and you have outlier results to the norm, you're then told, "Well, that couldn't be possible because that's not...those aren't any of the cautionary tales that we've had from the trial", neglecting to inform you that you and your physiology were not included...

**Jennifer Chesak**

Were not considered...

**Dr Meagen Gibson**

Yeah, exactly. So it's incredibly frustrating. I'm glad that we're catching up. And also research and development take about 20 years to actually get into the mainstream medical practice as well. And so, yeah, it's all incredible, incredible context to bring into this conversation as we're talking about psychedelics for women.

**Jennifer Chesak**

Absolutely.

**Dr Meagen Gibson**

You focused on psilocybin. Tell me more about that. How does psilocybin work and why did you want to focus on that?

**[00:06:39] Jennifer Chesak**

Yeah. So psilocybin, I think a lot of people are interested in it because they know it's a natural, it's a plant medicine. And so I think people are gravitating to that psychedelic, specifically. Nothing wrong with the other psychedelics. I just find that when I talk to women, that's the one that they're really curious about and wanting to explore.

And so to dig into how does psilocybin potentially work for various things, I looked at some models that researchers have come up with. And I just love this because it really helps you explain why do we have benefits for things like major depression, anxiety, PTSD, leaning into behavior change, all of that. So just in a nutshell, explain that.

So this model is called the REBUS model, and that stands for Relaxed Beliefs Under Psychophilics. And the researchers that came up with this are Dr Robin Carhart-Harris and Dr Carl J Friston - I just like to give credit where credit is due.

But anyway, the REBUS model digs into how when we're young, our minds are super flexible because we haven't formulated our ideas about ourselves or identity or beliefs about how the world around us operates. So again, children have very flexible minds.

But by the time we're adults, we've solidified some of that stuff, and our brains become really rigid. And it's especially rigid when we have conditions that are present, so mental health conditions, again, eating disorders, depression, anxiety, that rigidity can really take shape. But they're rigid no matter what, our brains, in adulthood.

So in a normal state of consciousness, we can think of our brains as almost like this frozen pond. And if you were to take a new idea about yourself, let's say you're trying to change a negative belief, and we think about that as a rock that you're going to drop on this frozen pond, it's not going to gain entry. It's just going to go "thuck", right? And so, again, that's because of that rigidity that's in place.

But if we think of our mind on a psychedelic then this is where the relaxed beliefs under psychedelics comes in, our brains become like this beautiful thawed pond.

So now if you take that rock in the form of a new belief, drop it in, it gains entry, it causes this beautiful ripple effect. And so we're able to change our beliefs about ourselves, our identities, how the world around us operates, lean into some behavior changes that we've been trying to do, all of that. And I just think that that's such a beautiful analogy.

But to circle back to psilocybin, specifically, psilocybin is...when we ingest it in whatever form we do, we activate our serotonin receptors. And so this has lots of profound effects on mood, just lots of things happening in the brain there that are really important...increases in neuroplasticity.

It's important to understand that when we are activating those serotonin receptors, estrogen in the female body, (estrogen is present in the male body, too, just in higher amounts in the female body)...But estrogen affects the binding at the serotonin receptor sites.

**[00:09:38]**

We need more information on this and more research, specifically, but we're starting to learn a few things about the menstrual cycle which we can dig into if you would like.

But yeah, it's just really important to know that it's possible where you are in your menstrual cycle would matter for if your journey, doing a deeper journey on psilocybin.

**Dr Meagen Gibson**

Mmm, very juicy stuff. I can't wait to get into more of this because it's fascinating. For anybody that's joining us that's a novice, because our conference will attract people on a wide spectrum, what exactly is psilocybin?

**Jennifer Chesak**

Yeah. It's a tryptamine alkaloid. And so psilocybin is this compound in "magic mushrooms", right? And when it's in your body, it turns into what's called psilocin. So when you metabolize it, it turns into psilocin.

And so it's actually psilocin that has these beneficial effects on the body. But ultimately, it's a compound, specifically a tryptamine alkaloid, that works on those serotonin receptors, and it just happens to be present in magic mushrooms.

And there are many different types...So there's different strains of psilocybin mushrooms out there, like over 200 of them. And we're starting to learn now that some of them have specific effects.

Golden teacher tends to be - that's a strain - that tends to be very more of a mild trip, whereas other ones can have a more intense trip. We don't know all of that yet, we're digging more into it, but I'm excited to learn more about that and sample all the strains...Species and strains...

**Dr Meagen Gibson**

Yeah. And what was really interesting, too, that stood out for me in the book was about the parallels between fungi and women, and historically, and how they navigate the world and space. So I would love if you shared just a little bit of that with us.

**Jennifer Chesak**

Yeah, I love that too. So there is...so fungi in general, they are really beneficial to the environment because we have this ecosystem, and it's called the - I just love this, a scientist, a female scientist, came up with this term - the wood-wide web, and I just love it because...

So what she's essentially saying is that fungi in general, they have this mycorrhizal network. So they have a mycelium network, it's a smaller network, and then that greater mycorrhizal network, just like underground threads and root systems, is the best way to probably explain it.

**[00:12:12]**

This helps the whole forest, or a whole garden or whatever you're looking at, just your yard or whatever. But if we're talking about a forest, it's this network of threads that connects all the fungias, connects it to all the other root systems of the trees and whatnot.

So if You've got a tree on the north end of the forest that's struggling, the mycelium network will take nutrients from a healthy tree and send it to this unhealthy tree. It's just the easiest way to explain it.

But I think about that in terms of women. We all tend to, we're nurturers, we nurture the family, we nurture each other. I feel like women are just running the world secretly because we are sending nutrients to the people in need the most. And so I just love that little analogy, too. And I just love the term wood wide web. But I think that's just how women operate.

### **Dr Meagen Gibson**

And of course, we're generalizing...And the reason I asked that then is because there's also this phenomenon of connectedness via many psychedelics and hallucinogenics, but psilocybin, specifically.

And so I would love if you could talk to us just a little bit about why we think this feeling of connectedness occurs, and then what the lasting effects of that are after we've ingested.

### **Jennifer Chesak**

Yeah, and I love this about psilocybin. So just to give you an idea of what we're talking about with that connectedness, there's a term called "oceanic boundlessness". And this was a Freudian term.

I guess it was like something that came up in correspondence with a French mystic with Freud. And so this is unrelated to psychedelics, but the term has now been used in the psychedelic industry to describe that increased connectedness.

But essentially, it's this feeling of being connected at a greater level to the universe at large, or it could be to everyone you know and love. It could be to nature, to just the flora and fauna around you or whatever. It just could be everything, this interconnectedness feeling.

And it's a really profound feeling. I experienced it on my first psilocybin journey, where I felt like as if I was connected by threads of light to everyone that I know and love and who I know loves me back. And it was almost like I was sending love out to them on this current, and I was feeling all of their love coming right back at me and really supporting me in my journey.

And it was one of the most profound experiences of my life for that reason, I believe. Because a lot of times we know we have a support system out there. We have our friends and family that we can lean on when we're in troubled times. But to really feel that support system in your body, to know it is true, has such a profound effect on your mental health, at least it did for me.

And the reason that this happens...We have what's called in our brains, it's called the default mode network. And it's a network of brain regions that work together to essentially... it forms our identity

and it carries all of our autobiographical information, so about ourselves. It's concerned with our ability to empathize with other people.

**[00:15:22]**

So it's a really important part of our brain. When we use psilocybin, part of the default mode network that normally connect will disconnect, and other parts that don't normally connect will connect. I always like to think of it as that outlet in your house. We all have the power strip or outlet in our house with everything plugged into it all at once. And if you were to take everything, unplug it, and plug it back in in a different way...This happens just temporarily, you're doing a deeper journey with psilocybin.

And this can have some really beneficial effects. Another common term in the psychedelic industry is something called ego death. And so what happens when you're on a deeper journey is you can experience this thing called ego death, and this happens because of what's going on with the default mode network.

And that can sound really scary, this term ego death or ego dissolution. But in some cases, if you're doing a really high dose, yes, you could have full on ego death where you temporarily kind of don't know who you are, kind of just like out there in space. It's a weird way to describe it, but that could just happen if you're doing a really deep dose.

But, you know, that classic macro dose, which would be maybe 2-3.5 grams, you're unlikely to have full-on ego death. You probably will just have some really good beneficial effects from it. And so that could be this increase of that oceanic boundlessness.

So one of the things that I describe to people when I talk about my journey and the change I experienced from having that feeling of oceanic boundlessness was an increased connection to my husband. So we've been married for 10 years, and he didn't go on my journey with me, I went off and did that on my own with a guide, an experienced guide who walked me through it.

But I wanted to have my own journey and not be worrying about other people on this experience. And so I did that, and then I came back home, and I was like, "You know, I really like this guy that I've been married to for 10 years". And it's not that we were having any marital problems or that I didn't love him. Of course, I love him. But it was like that love grew exponentially. And I'm like, "Yeah, I really, really like you", and a lot of my walls came down.

And so I describe it in the book as almost - if you're Gen X, you'll know this reference, but the Kool-Aid man coming in and breaking down all the walls and going, "Oh, yeah". It kind of seemed like that for me, where I was putting up walls to protect myself and so I could be a little bit more closed off sometimes. Not always, but just sometimes.

And it was like, that has now gone away completely. I don't put up walls anymore. At least I don't think I do. And so, yeah, just a really cool effect of that interconnectedness. I think that can have a lot of benefits for women who do put up walls for many different reasons.

**[00:18:13] Dr Meagen Gibson**

Yeah. And I'm thinking about connectedness also and creativity and how I think sometimes the more...again, we're going to over-generalize here, but I hear a lot of men talking about psilocybin and hallucinogenics around problem solving and creativity, and that's how they get their connection.

**Jennifer Chesak**

Yeah, right.

It's like we're connecting systems and theories and facts instead of people and feeling. Again, over generalizing. That happens to both sexes.

**Dr Meagen Gibson**

And I actually just saw, and in case this helps other people get a context for what an experience might be like, I just saw - and I think it was Paul Stamets - on social media, say that 1 gram of psilocybin is lift off, 5 grams is the hero's journey. And then there's different levels depending on your ingestion level of what your experience might be, right?

**Jennifer Chesak**

Right. Exactly. So I would not recommend anyone who's inexperienced with psilocybin, I would not recommend starting out with a heroic dose. You don't want to do that. It's better to start slow with a smaller amount.

And so in that, you could try one gram for your first time, or you could go higher up to even 3 grams and feel... I think you can still feel really grounded during that time where you're not fully...

When I did 3 grams, 3.5 grams, I felt like I knew who I was. I felt safe the whole time, except for a moment when the couch was breathing and I was like, "Well, I don't know if I like that part of it".

So it's all part of the process. If you can just sit and sit with anything that comes up that brings you a little anxiety, if you sit with it and don't resist it, you'll be okay.

**Dr Meagen Gibson**

And I think now I've got lots more questions for you, but I think this is a good point, too, to talk about just safety. Safety, especially as we're talking about women and psilocybin or any hallucinogenic for that matter, and creating safety, having boundaries, establishing consent, all of those things.

You do a beautiful job of talking about that in the book and describing your experience and how you vetted who you went with. So, I'd love if you could talk just a little bit about that.



**[00:20:26] Jennifer Chesak**

Yeah, thank you. So I think it's really...I'm glad you brought up the consent thing because... So as we were talking about with that relaxed beliefs under psychedelics model, you could see where you become very vulnerable in that space. And then also you're open to suggestibility. Again, it's easier to get new ideas into your brain then.

And so I do want to caution people on knowing that there are predatory people out there, and, you know, sexual assault happens in every industry, so it's really not a surprise it's happening in the psychedelic industry. It's certainly disappointing that it is, but it is happening.

And if you want more information on what has come up or what people have been reporting, a good place to go is a podcast called Cover Story: Power Trip. It's put out by New York magazine. And there's a woman, her name is Dr Lily Kay Ross, and she broke this story and began talking about it on this podcast where she had been sexually assaulted in a psychedelic setting.

She's interviewed other people that this has happened to. It is happening, even with therapists and guides and retreat facilitators. And I think that's really disappointing because they would hope that it wouldn't happen in the space, but it does.

So what can you do about that? I think it's really important to vet as much as possible anyone that you're planning to work with, whether that is a therapist, a guide, a retreat facilitator, whomever, and then have conversations about consent with that person.

And so the conversation should be really around any type of touch. So sexual touch should be completely off the table. No one should be touching you sexually or inappropriately during a psilocybin journey. I mean, obviously, if you consent with your romantic partner to have sex or whatever, that's fine. But what I'm talking about is when you're the client or the patient, and there's a facilitator of some sort with you, they are in a position of power.

So sexual touch should be completely off the table. But what might be on the table is something called therapeutic touch. And so some people...So it might be a situation where the guide says, "If you would like...I mean, if something difficult comes up for you during your journey, would you like me to pat your hand, pat your shoulder, just let you know that you're okay?".

And that may be something that you want. It may be something that you absolutely do not want. And that is okay, it's your prerogative to say, "Absolutely no touch whatsoever". If you do feel like, "Yeah, a pat on the hand would be good", and you're comfortable with that, you can consent to that.

But that consent needs to be given when you're sober and not on the psychedelic, because when you're on the psychedelic, you can no longer consent. But even when you're in that session then on the psychedelic, the person should still ask you again before touching you, even though you've given consent.

And they shouldn't ask you at all if you said, "No touch", or "Don't do this specific thing", they shouldn't ask you to do that specific thing. And you can't ask for handholding if you said, "Don't

touch me", that would not be a way that you could give consent. So you can revoke consent at any time, but you can't consent to things you didn't consent to while sober.

**[00:23:33]**

So again, I incorporated all that information into the book, and I think it's really important that people are aware of it. The other thing to just be aware of is that in the psychedelic industry, we have a couple of terms called "set" and "setting".

And "set" is really your mindset going into using a psychedelic. And then the "setting" is, of course, whoever is around you, your actual location, are you inside? Are you outside? Is there a lot of stimuli happening? You're at a rave, and it's like, "inst inst inst", I wouldn't recommend that. I mean, some people do.

But anyway, I think you want to set yourself up for having the best trip possible. And you want to do that in a way that you're going to be comfortable.

So the setting is really important that you're in a safe space, that you're...whoever's around you, you feel safe around, and that you just feel generally comfortable and not over stimu...not too much stimuli, if possible.

And then in terms of the mindset, the set part, it's really important to go in with the mindset of not having a whole lot on your plate at that moment. If you have a deadline coming up the next day that you're freaking out...a work deadline, this is not a good time to be using the psychedelic. You're going to be too stressed out. You want to block out a lot of time.

And so that's part of the set as well, but also because then it eases that stress of going into it, knowing that you have a lot of time available. And then just the mindset in general, it's good to go in with just this open mind of letting the mushroom take you where it wants to take you.

And that sounds woo-woo, but it's really only working on what you need to work on in your mind. So it's working on your subconscious at a certain level. And so the mindset is to go in with just that open mind of not resisting where the mushroom is going to take you, because if you do resist, there can be this tendency to kind of panic in that moment.

And the reason for that... So there's another term in the psychedelic industry called the "helioscope effect". And this really great researcher out of Switzerland came up with this. And a helioscope is an instrument that scientists it's used to look at the sun. And what it does is protect your eyes so that you don't get burned.

In a normal state of consciousness, we tend to avoid looking at our triggers, almost like we avoid looking at the sun, right? Because our triggers are really triggering, they bring up anxiety, or we avoid looking at trauma because it's so triggering. And so it brings up anxiety and stress and fear and things like that.

So when you're on the psychedelic, it's almost like there's this helioscope effect in place, and you can view your trauma from a safe distance through a new lens, and you can almost reprocess things because you have a better filter for it.

**[00:26:25]**

Then when you're no longer on the psychedelic, those traumas aren't as triggering. So this is another reason why psychedelics tend to work, and I should have mentioned that earlier.

But getting back to this idea of not resisting. So if you're on the psychedelic, and then some of that trauma starts to come up for you, initially, your gut reaction is going to be like, "I don't want to think about this. Like, heck no".

But you have that helioscope effect in place, so it's good to remember that, that you're going to view your trauma in a safe way. Resisting can bring up what's a "bad trip" or a challenging experience. But if you can sit with it, that you'll get through it, you'll be okay, you just have to remember not to resist.

So I think that's an important safety component because we do need to be aware that challenging trips do happen, yet people report, even if they've had a challenging experience on a psychedelic, that it still ends up being one of the most profound experiences of their lives.

So in the top 5 or 10, which is a really cool thing, and I would agree with that. Something challenging did come up for me during my journey. I sat with it, and on the other side of that was such a beautiful reward of the most euphoria and peace I've ever felt in my life. And it stuck with me, that sense of peace over something that I was extremely anxious about.

**Dr Meagen Gibson**

Thank you. There's so much that you just said. I'm like, "I want to come back to several things".

**Jennifer Chesak**

Sure.

**Dr Meagen Gibson**

Everything that you said was important, and I'm just really glad that you shared all of the scope of all of that with us because maintaining your safety while also not having rigid control and having kind of a loose grip on your experience itself, as long as you've done your due diligence is really important so that you can then have the experience you need, not the experience you wanted, right?

**Jennifer Chesak**

Right, exactly.

**Dr Meagen Gibson**

Afterwards, talk to me about the integration process and what people might expect afterwards?

**[00:28:32] Jennifer Chesak**

Yeah. So integration is really important, and that is the process of learning from your experience. Like what came up for you during your trip, and then what do you want to do with that information.

And so you can do integration in many different ways. If you are working with a therapist, they likely do a process called integration therapy, where it's talk therapy, where you're talking through your experience and gleaning insight from that.

But you can also do integration with integration circles. There's a lot of different integration communities out there. Many of them are virtual, so online, where you can Zoom with people, and then others are in person. You can likely find one in your community.

But that integration with people can be really beneficial, too, because you've got people who have been on psychedelic journeys before, and they'll understand some of the concepts that you're saying, and they're not going to think you're crazy, right? When you start talking about ego death or things that, that sound very woo to people who've never tried a psychedelic. And so that part of integration can be important in that community of it.

The other thing that you can do is integrate on your own. So something that I did as a writer was I just journaled a lot about my experience. And because I was writing the book, obviously, I wrote my first chapter on my journey.

And so I wrote that and revised it, revised it. And that was a really cool form of integration for me. Not that you have to write a book, but journaling about your experience can really help.

I think the thing to know about integration is that it doesn't just happen once. It's not like, "Oh, I journaled and I'm done with integration". Integration continues to happen. So I am still learning things that came up. I'm still learning about my experience from my first psychedelic journey and still integrating that in various ways throughout my life.

And the more that I do that in work of integration, the more I get out of the experience because it reties me back to my journey itself. And I'm still learning from that process and still tapping back into that sense of calmness that I experienced, that sense of euphoria, that sense of interconnectedness. I can keep going back to that through integration.

You don't have to continue to do psychedelics constantly. Not that you would want to do psychedelics constantly anyways, but it's something that people tend to do, a deeper journey once a year, twice a year, maybe once a quarter. It's not something you do every day or we'd just be tripping all the time, which would not be conducive to getting anything done.

But yeah, you can tap back into it without even having to do a psychedelic again, because you can continue to do integration about your journey.

### **[00:31:10] Dr Meagen Gibson**

Absolutely. And there's a lot of other tools to facilitate state experiences that are similar to psychedelic experiences that can also, I'm sure, help you tap into the felt awareness of that as you're trying to integrate and things like that, right?

### **Jennifer Chesak**

Right. Meditation, getting out in nature, all of that can sort of tap you back into the psychedelic. And the other thing I wanted to just mention about integration, too, is that while using a psychedelic, and then immediately after, you have this increased level of neuroplasticity where your brain is growing new synapses and dendrites and all of these beautiful things. It's just flowering, right?

And this is a time where it's really important. If you're trying to change something about your life, you can lean into that process. So for example, let's say you've been drinking too much wine, or doing too much online shopping or too much wine and online shopping, it happens.

Let's say you're trying to cut back on those types of things, now is the time because that increased level of neuroplasticity helps you see, why am I leaning on this behavior? What void am I trying to fill with the wine or whatever it is? And what can I do instead? Your brain is ready for change at that point, so it's a great time to lean into that practice, whatever it may be.

### **Dr Meagen Gibson**

It's a fantastic invitation and reminder of what's possible afterwards. So thank you. All right. So we mentioned it earlier about the menstrual cycle. So I would love it if you could tell me how psilocybin affects the menstrual cycle, because this was really surprising for me.

### **Jennifer Chesak**

I know, me too. So I'm so excited that researchers are starting to dig into this. We do need more research, hint, hint. But at least it's in process. So I wasn't sure what I would find when I was digging into this. How does it potentially affect the menstrual cycle? And it doesn't matter where you are in your cycle.

So researchers out of Johns Hopkins, they have a psychedelic research center there. There's two scientists that did some case studies. Their names are Dr Natalie Gukasyan and Dr Sasha K Narayan. And I just, again, like to give credit where credit is due, especially for something like that.

But they did some case studies where they were interviewing women who'd use psychedelics. And so these are not clinical trials and not studies, just case studies in general, gleaning that information.

But they studied three women. Two of the women used psilocybin. I believe one of those women had polycystic ovary syndrome, and the other one had a premenstrual dysphoric disorder.

But anyway, they learned that there's this potential for psilocybin to affect the menstrual cycle in three ways. One is that it may make your period come a little early, depending on, you know, if you

have a menstrual cycle and you do a deep journey, it may make your period come a little early. And I'm actually getting a lot of direct messages from people on Instagram who are saying that that's happened to them.

**[00:34:00]**

And the other thing that may happen is that if you've had an absence of a period for whatever reason - I'm not referring to menopause - but in our reproductive years, we can have an absence of a period temporarily due to stress or a condition like PCOS, things like that. It may bring back your menstrual cycle after a time of an absence.

And then it also may re-regulate a menstrual cycle that has been erratic or irregular. So I'm really excited about that potential because it may have a lot of applications for different conditions, like endometriosis, (which is something that I have), PCOS, and PMDD, and several other things, which is what this could be. It may even have ramifications for fertility, we just don't know yet.

But if people are wondering the mechanisms of that...So why would psilocybin even potentially affect the menstrual cycle? How does that even happen?

Well, our menstrual cycles occur along what's called the hypothalamic-pituitary-gonadal axis. And what that means essentially is that our brains are talking to our ovaries and then telling...when one hormone kicks off, it tells another hormone what to do and so on and so forth.

This is why we end up with our follicular phase, then ovulation, then the luteal phase, and then we get our periods. Then it starts all over again, right? So that's the trajectory of the menstrual cycle.

But we also have another axis in our bodies called the hypothalamic-pituitary-adrenal axis. The other one was the gonadal axis. This one is the adrenal axis. And that axis, the HPA axis, is concerned with our stress response. So when we are using psilocybin and we're activating those serotonin receptors, that's occurring along that stress response axis, having beneficial effects there.

And so you can tell by their names that these axes overlap with the hypothalamus and the pituitary gland. So largely in the brain, they overlap. And we know from just general experiences of having a menstrual cycle that that one axis impacts the other.

Because if you're stressed out, you might skip a period or that can affect your period in some way. And then, likewise, if you are having your period, of course, you might be a little bit more stressed out, we've all been there, right?

And so we know these axes overlap. So researchers are theorizing that it's not a stretch to assume that when you use psilocybin, that may impact your menstrual cycle in some way, or likewise, where you are in your cycle may impact your journey.

So again, we do know that estrogen affects the binding at the serotonin receptor sites. We don't know all the applications or ramifications of that yet, but I'm hoping researchers continue to study that.

**[00:36:37]**

What I wanted to do, though, is find out, well, where in your cycle should you be using psilocybin? So I reached out to an Indigenous wisdom expert. So historically, Indigenous communities have some rules around the menstrual cycle and the use of psilocybin. And one of those rules is that they don't journey when they actually have their menstrual cycle.

So if you were to go on a retreat with an Indigenous community or do an Indigenous ceremony, they will not let women journey who are currently on their periods. So, I was curious about that. And so I talked to a woman, her name is Mikaela de la Myco. She goes by Mama de la Myco on Instagram, and she's fabulous.

She practices, and she helps people with their menstrual cycles using plant medicines, including psilocybin. So she's well-versed in this. What she said is that it's better to journey when you are closer to ovulation, so really in that middle of your cycle, rather than when you're in the late luteal phase, close to your period, or even on your period, it's better to do that more mid-cycle.

Her reasoning is that when we're closer to our periods or when we're in our periods, our bodies are very energy depleted. And a psilocybin journey can also be very energy depleting, whereas we have more energy available to us in our bodies during that mid-cycle, during ovulation.

And this makes sense from a scientific standpoint, too, because in that... - and by the way, it's always important to bring in indigenous wisdom when we're talking about psilocybin because it's a sacred substance - and so this is so important.

And even though we think of science as this process of doing something over and over again to reproduce the same results or learn something new, it's really important to know that indigenous communities essentially have done that for hundreds of years with psilocybin.

So this is why indigenous wisdom is so important when we're talking about any topic related as psilocybin.

But again, there's also that where you are in your menstrual cycle makes sense from a scientific standpoint, too, because when you're in your luteal phase, we actually become a little bit more insulin resistant.

So when I'm talking about energy, I'm talking about how we're managing glucose and how insulin is working with our glucose. And that changes in the luteal phase, especially the closer we are to our periods, because all of the energy in our bodies is essentially being shuttled to the womb to help with a potential baby, right?

So when we're closer to ovulation, that's not the case. We have our normal energy available to us in our bodies, but it just changes. And this is also why, it's also so fascinating, because it's why we end up with cravings and different things, or we just feel fatigued as we're getting closer to our period. It's because the energy in our body is really changing, and it's really helpful to know that, I think.

**[00:39:24]**

So there may be...We need more research on this, but I think it's better to try to aim for that mid-cycle time if you're doing a deeper journey. Now, other people are microdosing for their menstrual cycles as well.

And so microdosing is taking about a 10th of a gram as compared to a macrodose where you're taking 2-3 grams-ish. That 10th of a gram that you're using for microdosing, you're not tripping, you're not seeing all the visuals or anything like that. You barely know you're on it other than maybe the edge of your day has taken off and you feel a little bit more focused. So people report different things with microdosing.

There are different protocols that you can follow to microdose. I do write about a couple in the book, the Stamet Stack and the Fadiman Protocol are pretty popular ones.

So what Mikaela de la Myco said to me, so my Indigenous wisdom expert, what she said was, that if you plan to microdose, follow whatever protocol you're going to follow. Follow that for three months. Keep track of any symptoms that you may be having related to your menstrual cycle or otherwise. Track it in a diary or if you use a period app or whatever you want to do.

And that will tell you, is this working for me? Is it helping with my menstrual cycle in some way? Is it changing it in some way? Or do I want to look at a different protocol? Do I want to stop altogether? Do I want to continue? You'll gain some insight. But she essentially said, "You plant the seed, and then in three months it will grow". And I just love that analogy.

**Dr Meagen Gibson**

So, so fitting for plant medicine, right?

**Jennifer Chesak**

It is, right. Exactly. Yes.

**Dr Meagen Gibson**

It's fascinating because as I was reading about it in your book and hearing you talk about it now. I don't have a menstrual cycle anymore, which is something nobody needed to know, but I'm bringing it because I used to track it very, very carefully for mental health stuff because it was just all over the map. I was PMDD and stuff.

The way that you're talking about it as well, during ovulation, I would have surges of creativity as well. I not only just had more energy, but I had more creativity, and I could see that as being a good accelerant or a good mindset in which to be under the influence of having your mind expanded and your consciousness expanded and things like that.

**Jennifer Chesak**

Absolutely.



**[00:41:35] Dr Meagen Gibson**

Yeah, you definitely don't want to do it when you're depleted. The things that men don't have to worry about.

**Jennifer Chesak**

Right, exactly.

**Dr Meagen Gibson**

All right. So speaking of menopause, how does psilocybin help with or impact people going through menopause?

**Jennifer Chesak**

Absolutely. Also a great question. I'm currently in...I'm 45, so I'm in hairy menopause, and so I'm feeling all these symptoms come up right now. So if that's you, I'm right there with you, I feel you. I also don't, by the way, I also don't have a menstrual cycle because I ended up having a hysterectomy, but it's like I still have a secret menstrual cycle.

**Dr Meagen Gibson**

I'm in the exact same boat. We're describing the exact same thing. I still have ovaries...

**Jennifer Chesak**

I have one ovary...Okay. So it's like, "Am I getting my period? My breasts hurt". I'm in that phase right now of my life.

So for people, just to give you some context on the timeline of menopause. So menopause is really like a blip in time. It's when you've had an absence of a period for 12 months or a year.

But that period leading up to it, which can be a decade, is called perimenopause. And this is typically where symptoms of menopause crop up. So often well before you actually hit menopause. And then after that blip in time, you're in postmenopause, which is crazy. So perimenopause, again, this is when hot flashes crop up, depression is a common one.

And so I think where psilocybin can come into play is three different things. One is for helping with depression in perimenopause. Two would be female sexual dysfunction in perimenopause. And then three is perhaps lessening menopause symptoms in general, and I'll talk about that as well.

So the first thing I mentioned was depression. If you have depression in perimenopause and you go to your doctor, the first thing they're going to do is be like, "Hey, let's put you on an SSRI", which is a selective serotonin reuptake inhibitor, or just a classic antidepressant.

And those are great medications, I do not want to disparage those medications, they help a lot of people. I don't want to encourage anyone to go off their medication without working with their doctor, if that's even safe for them to do.

**[00:43:43]**

But if you are going off of that, you need to wean off in a very careful way under the supervision of your doctor, if that's okay for you to do. And so that's my disclaimer.

But I do have a concern about just giving everyone in perimenopause an SSRI because what we know about SSRIs is they do have side effects, and one of those side effects is exacerbating female sexual dysfunction...for anyone, really.

And so we could be trying to mitigate one symptom and exacerbating another, which could maybe add more depression, we don't know. Everyone's going to be very individual.

But what we know about SSRIs, too, if we're comparing SSRIs to psilocybin. SSRIs will actually blunt your mood. So not only do they blunt your lows, but they also blunt your highs. And I have a concern about that because that means we're not leaning into our joys as much. And I think that's so important when we're in middle age.

We've got a lot of things going on. You might be raising small children or growing children, and then you might also be taking care of elderly parents. It can be a lot. You're probably in the thick of your career, there's a lot going on.

So we need our joy. We need to be leaning into that. Again, I mentioned side effects. SSRIs, you have to take them every day. If you miss a day, if you've ever done that on an SSRI, which I have by accident, and you're like, "What's wrong with me?", you don't feel good if you miss a dose. You have to take them pretty regular, I mean, very regularly for them to work. And of course, that exacerbates side effects continually.

What I know about psilocybin is that, again, through research, we've learned how long psilocybin potentially have beneficial effects on major depression. And it's actually like, it depends on which study you look at, but we're seeing that it's a durable time frame, meaning six months to up to a year. We need more research on that, but it's a lasting effect.

So, again, you don't have to use psilocybin every day. I mean, certainly you could be microdosing pretty regularly if you wanted to. But a macrodose has lasting effects on major depression.

The other thing about psilocybin in comparison to SSRIs, I mentioned that psilocybin...I'm sorry, SSRIs blunt your mood. Psilocybin doesn't. It does not blunt your mood. Instead, what people report in survey results in medical studies, are that instead of blunting your mood and tamping down those highs and lows, it makes you feel more okay with your highs and lows, which is really cool when you think about it.

So we're okay with when we have a lower mood or we're okay when we have this joy, we really lean into it, and that's exciting as well. So that's something that I think where psilocybin can really be beneficial in menopause, in perimenopause, is that when we have this depression issues cropping up or just mood fluctuations and things like that.

Then I mentioned female sexual dysfunction, so I wanted to cover that very briefly. Female sexual dysfunction, again, 80-85% of people in perimenopause and menopause and postmenopause will

have some type of female sexual dysfunction. That can encompass many different things, whether it's low libido or inability to orgasm, pain with intercourse, vaginal dryness. These are all forms of female sexual dysfunction.

**[00:46:58]**

There are two things that can be protective against female sexual dysfunction. These aren't guarantees, but they can certainly help. One is having a positive body image, and two is having really good intimate partner communication.

We know that psilocybin is being studied for body image. It's being studied specifically in eating disorder clinical trials, and there's a heavy focus on anorexia nervosa, and I think even binge eating disorder now has been studied.

But what we're learning is that psilocybin potentially helps to lessen some of that rigidity that I was talking about before, and rigidity is specifically focused on your internal state of awareness of your body, which is related to your body image. And so we're seeing beneficial results in these clinical trials, which I'm really excited about.

So likely psilocybin can help with that body image thing that might be going on for a lot of us. I mean, in menopause, our bodies are changing, and that can affect our body image pretty dramatically. And I believe that has a component of why sometimes we have female sexual dysfunction crop up.

The other thing I mentioned that intimate partner or communication. I already explained that oceanic boundlessness and how that can facilitate some of that intimacy again.

And so it's not that you have to, again, go and do this with your partner. You can go off and do your own journey, and it may bring down some walls for you. It may boost your confidence in your body, and you're more able to voice what you need in the bedroom. So there's some potential there to show that psilocybin may be beneficial for sexual health.

We do also see that through studies that are survey-based, we're learning that psilocybin is increasing sexual satisfaction, and that's across the board, not just for women. So I think that's something to consider.

And again, you could do a journey with your partner, and that may be something that you want to do and then explore sexually. But I do want to note that I don't think psilocybin is a classic aphrodisiac, like we think of something like...oysters or chocolate or whatever...

Yeah, it may not make you feel in the moment, very much like getting it on or whatever. But later, again, that intimacy level may get heightened, and then you have that ability to transcend some issues with female sexual dysfunction. No guarantees there, just something to consider.

And then the last thing I had mentioned was just the symptoms in general of menopause that crop up. And so what we know about trauma. So our history, our whole life history actually matters for our menopause experience, which is wild when you think about it.

**[00:49:41]**

But what we know is that 1 in 6 people have had four or more adverse childhood experiences. So adverse childhood experiences can be things like your parents had a really contentious divorce, there was abuse and neglect in the family, you lived through poverty, you lived in systemic racism in your community, a natural disaster, a man-made disaster.

Any of these things can really be what's called an adverse childhood experience, or in the scientific community, as we call it ACEs. Give it a cute little term, that trauma, right? But anyway, so ACE is actually, if you've had 4 or more ACEs, and again, 1 in 6 people have had 4 or more ACEs, that can actually worsen your menopause symptoms.

And, you know, there's some different mechanisms involved in that, but it's just important to consider that your life's history actually matters for your menopause experience. And what we're learning from studies now is that psilocybin actually reduces the psychological distress that we experience from our ACEs.

So, doing a psilocybin journey in the therapeutic setting can help reduce that psychological distress. So perhaps there's an application there for lessening our menopause symptoms. We need to actually study that part of it, but we do know that psilocybin is lessening that psychological response.

And so, the mechanism involved in that, we're not really sure, why does trauma exacerbate menopause symptoms? But I think it probably has to do with how our ACEs actually change our stress response when we're kids.

It's almost like you have your stress response turned on all the time, if you've had a lot of trauma, or even just a little trauma, it can do that, and you become in this state of hypervigilance where everything is potentially a threat, and you're never really fully relaxed or fully calm.

You know, even though it feels like you might be, it's like that stress response is always turned on. And that has impacts on our metabolic health. Again, how we're processing glucose and insulin. People who've had more ACEs tend to be more at risk for things like type 2 diabetes, obesity, heart disease, all of these chronic diseases.

And when we have worsened metabolic health like that, that can also exacerbate menopause symptoms. I'm guessing that's the mechanism. I don't have proof of that yet, but maybe we'll get that research coming out in the near future regarding psilocybin.

### **Dr Meagen Gibson**

Educated guess, I appreciate. You're like, speculation, but everything else is backed by science.

### **Jennifer Chesak**

Right, exactly.

**[00:52:20] Dr Meagen Gibson**

Speaking of speculation, do you know of any studies around people who are on HRT instead of...if you're lucky enough in menopause care to actually get somebody to prescribe you some HRT, if it's appropriate for you - hormone replacement therapy for people that don't know what that is - versus the SSRI that most people get prescribed.

Because estrogen is such a factor in binding of serotonin and all of these factors we've already discussed, is there a difference? Has there ever been a study between those two and psilocybin?

**Jennifer Chesak**

Not yet, but I'm hoping that now that we're talking about this openly and people are getting excited about it, I do hope researchers dig into that because it is really important. I do see HRT as something that can really help people with menopausal symptoms because it's really that our estrogen drops by 50% by the time we hit menopause.

And so in between there, we have a lot of fluctuations. But that drop in estrogen is responsible for so many things. Actually, it can increase our risk for dementia, it can increase our risk for heart disease, all of these things.

And so hormone replacement therapy can be highly beneficial if you're a good candidate. And we don't necessarily know, though, how psilocybin affects...how HRT would be affecting your psilocybin journey. I mean, we're just getting started in studying women.

**Dr Meagen Gibson**

Yeah, yeah.

**Jennifer Chesak**

So I'm hoping, again, I'm hoping that that research progresses and that we do get information about that, because I do get...that's a common question that I get when I'm out doing events. And then I talk about... I give the menopause spiel, and then people are like, "What about HRT?" and I'm like, "I don't know yet"...

**Dr Meagen Gibson**

"I don't know!"...

**Jennifer Chesak**

I would guess that it does have an effect, but we just don't know the context and then the logistics of that yet.

**Dr Meagen Gibson**

Right. And that would have to be very closely monitored as far as levels...I'm hoping that research comes out soon.

**[00:54:16] Jennifer Chesak**

Me too.

**Dr Meagen Gibson**

Okay, so the last question, and then I will let you go because you've been a wealth of information here, and I want to respect your time.

But around, obviously, we were talking about ACEs and things like generational trauma and people who are trying to reestablish the legacy of their family history and breaking norms that they've inherited and parenting.

And so how are people using psilocybin to do that work and heal family trauma?

**Jennifer Chesak**

Yeah, that's such a great question, too. And I'm so excited about this because something to consider is that if you've had 4 or more ACEs - and again, 1 in 6 adults has - then your children are 3 times more likely to also have 4 or more ACEs.

And so what happens is that trauma gets passed down from generation to generation in two different ways. One is it actually changes our gene expression. So when we have trauma, it changes our gene expression, and we pass it down. There's not a whole lot we can do about that. There's some things that we can tamp down our stress response.

But the other way is that we pass it down through just environmental factors. So if your only model of parenting was growing up in a very volatile household, you had volatile parents, then we can pass that trauma down just by modeling that same behavior.

And so, what we're seeing that is protective against passing down generational trauma is having a really calm, open-minded, good communication household. And I think psilocybin can help facilitate that.

And again, it lessens our psychological response to our own ACEs. And so perhaps that even has some beneficial effects on whether or not we genetically pass it down in our gene expression through epigenetics.

So I do see a lot of potential here for psilocybin to help us end cycles of trauma. So how are parents using psilocybin? It's not like they're like, "Hey, kids, let's all do mushrooms tonight". That's not what I'm saying.

But there's a great community out there called Mom's on Mushrooms. It's run by a wonderful woman. Her name is Tracy Tee, you can find her on Instagram. And she has this beautiful community of moms who are actively using mushrooms, typically in a microdosing capacity, but they also do deeper journeys.

**[00:56:38]**

And again, that's not like you're doing a deep journey and you're responsible for caring for your kids, that's not okay. But it's more like, yeah, if you're microdosing, yes, you can be the caregiver there, that's fine. What people are reporting is that psilocybin in general makes them feel more present with their kids and less reactive with their kids.

So it might be something like you go off and you do a psilocybin journey, you come back, you're hanging out with your kids, and you're like, "You know what? I like getting on the floor and playing with these Legos". Whereas before, doing that, taking the time to really do that can be stressful because you've got a million things going on.

Parents are busy, they've got household duties, they've got work duties, they've got so many things happening that when that's the case, it can be really hard to be like, "I can let this go and I can play".

But psilocybin helps you get back to that childlike state of wonder and awe. And same thing with microdosing. You might be microdosing and just feeling like, "Yeah, I really want to be present and do this fun activity with my kids right now".

The other thing I mentioned was being less reactive. So if we can control our own stress in a better way, which psilocybin can help us do that, then we are less reactive. I'm not a parent myself, but I know that parenting can get stressful. And there are moments when you get frustrated. It's not like you're trying to yell or be loud or whatever, but it happens. It can happen.

And so psilocybin can make us be less reactive and just take a beat and think about what we want to say or how we want to handle the situation. And I think that's a really beautiful application for parenting.

### **Dr Meagen Gibson**

Absolutely. And the themes of nervous system regulation and safety and all of that as the undercurrent. So anything that can help us tap into that, I'm all for.

### **Jennifer Chesak**

Me too.

### **Dr Meagen Gibson**

Jennifer Chesak, thank you so much for being with us today. How can people find out more about you and your book?

### **Jennifer Chesak**

Yeah. So you can find me. I have a website, [jenniferchesak.com](http://jenniferchesak.com). And then I'm available on all those social media platforms as [@jenchesak](https://www.instagram.com/jenchesak). So J-E-N-C-H-E-S-A-K. I love it when people DM me, so feel free to do that.

**[00:58:47]**

And then if you're looking for the book, it's available anywhere books are sold. If you want to support a local independent bookstore that's woman-owned, I will go and sign the book for you because it's just near me. And so the bookstore owner will just call me when orders come in. That is called the Bookshop Nashville. So again, the Bookshop Nashville.

You can go online, find the book link, buy it, and you can leave a note at checkout that you want it personalized, or if you're giving it as a gift to someone else, I'm happy to pop over to the bookstore anytime, sign those and get those out.

**Dr Meagen Gibson**

I love that. That's great. Thank you again so much for being with us.

**Jennifer Chesak**

Thank you for having me. I really appreciate it.