



## Conscious Life presents

### Ethics, Equality and Healing

Guest: Sara Reed

*Disclaimer: The information provided in this conference is for informational and educational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. We do not endorse the use of psychedelic substances without proper medical supervision and guidance. Psychedelic substances can have profound effects on perception, cognition, and may exacerbate underlying mental health conditions. Always seek the advice of your physician or other qualified health provider if you have any questions or underlying medical conditions. Never disregard professional medical advice or delay seeking it because of information presented in this video or on our website. The views and opinions expressed in this conference do not necessarily reflect the official position of Conscious 2 Ltd (T/A Conscious Life). By watching this video or using our website, you agree to and waive any legal claims against Conscious 2 Ltd and Alex Howard Group, its affiliates, agents, and representatives, arising from or related to the information presented herein.*

#### **[00:00:15] Alexander Beiner**

Hi, everybody. I'm here with Sara Reed. Sarah is the lead psychedelic research therapist at Imperial College London. She spent her early career examining how culture influences how we diagnose and treat mental illness.

Sara's prior research work includes participation as a study therapist for a phase 2 MDMA Clinical Study of PTSD, sponsored by MAPS, the Multidisciplinary Association for Psychedelic Studies. As a mental health futurist, Sara is curious about using digital technology to support mental wellness. So, Sara, welcome.

#### **Sara Reed**

Thank you for having me.

#### **Alexander Beiner**

So, Sara, your work spans lots of different areas, and one of them is equity and ethics. And I'd like to start with a question that I know is a little bit big as a question, but as a psychedelic renaissance keeps going, who in your view, who is at risk of being left behind in that renaissance right now?

#### **Sara Reed**

Yeah, I'll say in the research world, people of color are largely being left behind. If you just look at demographic data that there's typically an overrepresentation of white folks involved in psychedelic-assisted research and underrepresentation of people of color. Something that feels quite fresh on my mind about disparities in psychedelic research is the EEG headset.

**[00:01:55]**

And something that I learned is that the EEG headset doesn't...how do I say? The adapters were not designed for textured hair, so people with the hair like mine, curly, coily hair, that if you have that hair type, then you can't do the EEGs accurately or adequately.

And because our research center is quite neuroimaging-focused and we need that data, and that data is usually a primary outcome for a lot of our studies, that if we enroll a participant who has textured hair and they can't do the EEG reading because of their hair, they can likely be excluded from the trial.

And so it's like, even the design and the set up, the machines, the tools that we use for these trials have also...are unintentionally racist and exclusionary. Thankfully, there are a group of folks in the state, specifically called Sevo, S-E-V-O, who have created apparatuses and adapters to address this issue, which we hopefully will be using at some point in the future for our future studies.

But that's just one example that comes to mind that we, as a field of psychedelic therapy and research, that usually there's different demographics of folks that are thought about as an afterthought, that they aren't considered in the design and at the beginning of creating the research trial.

### **Alexander Beiner**

Yeah, that's kinda crazy when I hear that. It's something that people probably don't think about a lot. But so that's something that's quite, I suppose, overt and technical and very important.

But I imagine that there's also a lot of implicit barriers for people, communities of color, but also probably different religious communities, et cetera, for whom coming into that psychedelic space is perhaps alienating or just not something that's that they would know where to find access to. What are some of those more implicit assumptions that are in the field right now?

### **Sara Reed**

I will answer this question by telling my story, which is a personal story about why I talk so much about the importance of cultural sensitivity and culturally responsible care. Let's go back to 2017, where I was a newbie, still am a newbie in the psychedelic research world. I first participated in the MDMA Therapy for PTSD Research Trial, sponsored by MAPS, the Multidisciplinary Association for Psychedelic Studies, and this was in the States.

And part of the MAPS therapist training included an optional study where therapists could take in a one-time clinical setting. Now, I was someone at the time who had taken psychedelics and other drugs before, so I knew what it meant to alter my consciousness. I also knew the guides who would be supporting me in my journey.

So I really went into that research trial as a participant quite comfortable, if not too comfortable. And so, yeah, this is a healthy volunteer trial that I took as a therapist in training. And then, yeah, we'll spare the details of the ins and outs of what that trial was like. But if folks are interested, I have talked about this a lot in podcasts, or I literally wrote about it, I've danced about it, so we can

send some links for folks. And if there's a description below, we can add some links there about that.

**[00:06:31]**

But for purposes of this conversation, I'll share that in my MDMA dosing experience, I experienced a common subjective effect of a psychedelic, which is oneness, feeling connected to myself and my therapist. I was in this space of divining divine love, divine connection, where nothing was separate. I really saw the connection in all things.

I am articulating this to my therapist in a way where I was sharing that I'm beyond these aspects of who people told me who I was or who I had to be. And one of my therapists says, "You sound white", like racially white. And I say, "No, I don't". And then another therapist laughs and says, "Yeah, like all lives matter".

And so in that moment, not only did these two guides dismiss me in this expanded state of consciousness, but I also knew that it wasn't psychologically safe for me to be there. And so I completed that dosing session, and honestly, was very challenging, but eventually I found my ground.

Then I was really asking myself, "What is this field that I am getting into? Because if this is happening to me and I'm a therapist who's going to be holding space for folks in research trials, what have participants, what are participants been exposed to, participants of color, specifically?".

And so I share my story as an illustration of there are a lot of unconscious biases that I think are woven into the development of psychedelic therapy, research, and treatment. And these biases can play out in really psychologically harmful ways.

And unless there is a constant interrogation or just a real examination of why are we doing the things that we do in the psychedelic therapy space, I think that we are going to continue to perpetuate harms against folks that are most vulnerable. And so, yeah, maybe I'll pause there for now.

### **Alexander Beiner**

Yeah. No, thank you for sharing that. I mean, it's painful to listen to, right? Because it's so wrong in many ways. As someone, I run retreats for healthy...well, let's say healthy neurotics is what I'm qualified to work with, which I think is a really funny phrase. We're all healthy neurotics, right? So there's this sense of... I'm trying to put myself in the shoes of ever saying that, and it feels really off for a bunch of reasons.

Also, there's a real political charge to saying all lives matter in any space, and especially when someone is in a vulnerable space. It does really illustrate the need for a much deeper understanding.

And I'm wondering what your experience has been like going from the US, where there's a different demographics and different politics, and then moving to the UK and working at Imperial College, where the UK has kind of similar issues, but also a kind of a bit different...

**[00:10:21]**

There's different communities here, there's different people coming through the trials, or maybe there's not different people coming through the trials. I'm wondering what that shift has been like for you to continue that mission over here.

### **Sara Reed**

I would say that I am still piecing through the differences as I am just a fresh one year in some change into the research world here at Imperial College. From what I've noticed from maybe a systems and a participant level is that it's similar demographics, it's similar politics, it's just maybe a different comfort with talking about the things.

And by comfort, I mean, in my experience in the States, it's more normalized to talk about race, gender, sexuality, and the intersections of these pieces with mental health. Whereas here, I feel like there is more of a discomfort with talking about different aspects of identity because people are...their whiteness is really normalized here.

I tell folks all the time that I'm in the land of the OG colonizers because that is the truth. And you can still feel the remnants of it from when you're walking out in the street or when you're having conversations with people that, particularly in London, that everybody's in the hustle and bustle and a bit disconnected even from their bodies. They're constantly on the go to the next thing.

Whereas depending on where you're at in the States, you still have that same level of hustle and bustle and disembodiment. But particularly in the south, that the pace is a little different. Or again, in conversations around identity, it's more normalized and we can cover different territory here.

Whereas I find here, we are talking about race, gender, sexuality in the 101. What is the difference between race and ethnicity? How can we do super small, simple things? Just being more inclusive on a demographic questionnaire by asking pronouns or by adding a variety of... Or adding a different categorizations of sexuality as opposed to just a select few.

So it's like these are just small, small things that I notice here where it feels like, yeah, we're in London, I'll say, specifically. Yeah, I find that there's a lot more work to be done than in the states where it's more normalized to talk about these things.

### **Alexander Beiner**

Yeah, that's really interesting to hear. I've lived here in London for about 14 years, but I'm half Irish and half German. So I moved from Dublin, which, yeah, it's always struck me like that the UK...I wonder partly what's going on, the UK hasn't really yet grappled with its colonial history. There hasn't really been a proper grappling with it in the same way.

If I look at Germany, growing up in Germany, as a child, you're really taught about the horrors of World War II, that Germany is doing quite a good job of being like, "This happened. We're trying to deal with it", you know with its own flaws. It doesn't do it perfectly, but.

And then Ireland has the history of being colonized by England for 700 years, but there's not really a reckoning with that or a reckoning with the whole history. So I do wonder if that's also playing

into it. Also, there's a kinda thing, which is also true in Ireland, of things being unsaid in the culture, the politeness cultures, like British or Japanese culture.

**[00:14:53]**

A lot is unsaid under the surface. It makes for great comedy, but it doesn't make for great speaking to what's under the surface of things. It's a tricky thing. It's strange switching between cultures, I would imagine.

You mentioned something in that which flashed up for me, which was embodiment and being disembodied. I wonder if you could speak a bit about embodiment as it relates to psychedelic journeying, psychedelic therapy, because not that many people have talked about it yet in the conference, but it's something that I care very much about, and I'm curious to hear your thoughts on.

Firstly, maybe what do you mean by embodiment? Because we often have different definitions, and why does it matter?

### **Sara Reed**

Okay. I will get to embodiment and want to get to another e-word before we shift gears here, and that is erasure. As we talk about the remnants of colonization globally, that what comes up for me and how it relates to psychedelics is the erasure of Indigenous influence.

That what I see happen in the science and research world is that Indigenous influence is treated as something that's historical or not something that's current, and that I even heard researchers say that, "Well, you know, if we're not working with psilocybin, or if we're working with MDMA, MDMA is synthesized in lab, or LSD is synthesized in the lab. So the origins of these substances are different than, say, the origins of psilocybin".

And something a medicine teacher once taught me is that you can find psychedelic substances, even the derivative of ketamine in nature. You just have to find it in a plant or a fungi. And it feels important for me as a researcher to not erase the history of plants or people before they come into a lab because how we relate to these substances has a direct impact on how we show up and hold space for people when using these substances.

So to go to embodiment, how do I define embodiment? I would say embodiment is the ability to be present with what is. For me, that doesn't just mean being present with the more desirable things like love, joy, happiness, peace, or embodiment doesn't mean that you're just tranquil and grounded all the time.

Embodiment means also being comfortable with your edges or being okay with disappointment or feeling embarrassed. It means embracing the being awkward, it's what does it mean to be fully present with this unique expression of my human existence in this moment and seeing how that changes.

And what I've witnessed in the realm of psychedelic therapy when it comes to embodiment is that participants can often come into research trials or enroll in research trials in a disembodied way, that they can often be quite cognitive, wanting to separate themselves from the problem, wanting

to get rid of whatever sensation, thought, feeling is coming up. And they're quite consumed and immersed with the thing that they're trying to separate from.

**[00:19:20]**

And what I've seen psychedelics do is offer folks a different perspective around not just what it is that they're feeling or what they're trying to escape from or get rid of, but "Who am I alongside of all of these things to offer a third-person perspective on what's happening and what I feel?".

I also have seen psychedelics help people connect to themselves in a more raw and unfiltered way. So whether it's someone connecting with joy or relaxation for the first time in their lives, or whether it's someone being able to make contact with a deep pain that they've been carrying for decades of their lives.

I've seen psychedelics really support folks and not just cognitively, you know, trying to find the solution to...or intellectualize what's happening to them. But psychedelics can really support folks in really feeling and moving through whatever is coming up, and to let folks know that it's okay, that there's nothing wrong with them. And that can be quite liberating.

### **Alexander Beiner**

That's a beautiful description. And also, I really like that definition of embodiment, because you can't really be, in my view, you can't really be fully present if you're not in your body and you're not feeling, you're not feeling what's happening in your body. That's the source of presence.

So I'd love to hear a little bit about what research you've been doing at Imperial, and maybe useful to list which studies you guys have on at the moment and which ones you are currently working on and what's coming up in those.

### **Sara Reed**

Yes. I am currently leading the psilocybin for OCD trial, which that trial is on the cusp of its end. So by the time this airs... Actually, can I say that, or am I supposed to be speaking like it's like...

### **Alexander Beiner**

No, that's all good, that's all good. It's all pre-recorded.

### **Sara Reed**

Okay, great. So by the time this will air, that trial will no longer be recruiting participants for. And I've also participated in the psilocybin for chronic pain trial, but that trial has completed. There are a few or a couple of healthy volunteer trials, ones with DMT, ones with 5-MEO, a microdosing trial as well.

Some exciting trials that are coming up that I will be a part of are the psilocybin for gambling addiction trial and psilocybin for opioid use disorder trial. I'm particularly excited about these two trials because for the first time ever, we are creating a treatment package that is truly culturally sensitive and relevant to the demographics that we're working with.

**[00:23:20]**

So what does this mean? This means that we are working in collaboration with the National Problem Gambling Clinic to create a therapy package that really fuses both CBT principles and CBT treatment with psychedelic-assisted treatment, which this feels quite important because a lot of what's been talked about in some spaces is, okay, we see some efficacy from the research with psychedelics, but how is this going to translate to the medical model?

That the psychedelic therapy world has existed as this niche field, but not something that has been integrated into a healthcare system. We are exploring that in this trial with what does it look like to really weave in psychedelic assisted work within a CBT framework. And so stay tuned to see how that's going to go. But there's a lot that I could say about that, but I'll park that conversation for now.

And then I'll say for the psilocybin for the opioid use disorder trial, that that is also a trial where we are exploring if psilocybin can be effective for folks who have detoxed. Yeah, I got to be honest, Alex. One thing that I'm finding frustrating with both of these trials is that we tell folks, psychedelics aren't a magic pill, or you're not just going to have one dosing session and be cured.

But the design of the trials are literally for one session. It's begging the question of, "Oh okay, if you're not saying that it's a magic pill, but if you're designing trials that you know, you have just one session, then what's the message that you're really conveying here?".

And that is, I would say, a tension that I have as a research therapist who is in the psychedelic research world. But also, I'm someone who is constantly thinking about participants who enroll in these trials and the care, the quality of care that they need to...how do I say this?

I'm constantly thinking about participant safety in the trial, and I think it's a hard...sometimes it's difficult to balance research demands and timelines with the needs of participants.

### **Alexander Beiner**

Yeah, I think that that must be a difficult thing because I've spoken to lots of people who work on clinical trials who've echoed something similar. Having been a healthy volunteer on a clinical trial was an interesting experience at Imperial for a very different reason, more metaphysical exploration for me. And so the DMT extended state trial.

But there is a way in which the clinical trial model itself, no matter how many ways you spin it, there's a kind of, I think brutality is maybe too strong a word, but I'll use that word. It is looking to reduce as many different variables as possible to determine what's the thing that's actually working. And some of those variables are human.

Like, for example, I've talked to people about, "Okay, why not give them a breathwork session beforehand like we do in our retreat so that people have an experience of an altered state and they feel more grounded, they're more resourced". It's like, "Yeah, we can't do that because that might skew the results because we don't know if it's the breathwork or the psilocybin that helped".

**[00:27:33]**

That's an example where it's like, "Yeah, but there's a very good chance it's going to help them and maybe even be more effective because they'll be able to navigate more fully". Those questions I find I have empathy for you in that position. And yet, I've seen so many clinicians do such an incredible job within those constraints as well.

And I think part of it's situational of where we find ourselves in the secular renaissance, where it's like, nobody really wants to necessarily have the constraints of a clinical trial. I think what most clinicians want is to be working with these medicines in the right way. And so, yeah, I don't know, I just wanted to see if you have any thoughts about that.

### **Sara Reed**

Yeah. What comes up for me is for us to be in constant interrogation around the ethics of what does it mean to work with psychedelics with vulnerable folks, particularly clinical populations. I will be the first to say that I don't have the answers, capital T or capital A. What I do have is just yet some...

My hope is that as a field that we continuously question what it is that we do and why we are doing this, because I am, of course, sensitive to the limitations of research and that this is not a clinical, this is not clinical work where you can work with someone for months on in, that in a research world, there is a beginning and there is an end.

And I can, excuse me, appreciate that. I guess what I am curious about in exploring is what are the ethics around supporting someone in a research trial? So one thing that came up in our supervision sessions by a therapist named Mahab is that consenting someone to the beginning and the end is really important.

That this research trial may open you up, but there is going to be an end. And we're probably not going to be able to offer you everything that you need given the constraints of this. And so how can we support you in getting the help that you need post-research trial? That this research work is maybe just the start of you being able to relate to yourself and your symptoms in a different way. But we don't just want to leave you left open to the world to figure it out on your own.

And I think that's where I've heard some participants say there's been some failings in the psychedelic research world that participants have this sometimes wonderful connecting experience with being supported by two guides and then four sessions on in, weeks on in, and then at the end of the trial, it just stops abruptly.

How do we continue to support participants in, not just from a research way, but as a field, how do we support participants in more of a systemic way of continuing the ongoing unfolding of their process.

This is where I see models of care, community models of care, models of support being really useful because there, I don't think it's fair to, first of all, blame, fair or useful to blame anyone or to say, "Oh, it's a research problem", or the researchers will say, "No, it's not our problem, there's a start and finish".



**[00:31:45]**

No, it's like, "Okay, how can we as a field, if a participant comes through the research or comes into contact with psychedelics through research, then what are other systems of support that they can access post a research trial?".

I think that is...I think having a multidisciplinary approach to support folks with psychedelics is a way to make psychedelics more accessible. I don't think that we can overly rely on the medical model. Well, what I'll say is we can't overly rely on the medical model, that's for sure. And that there may be some folks who may have taken psychedelics recreationally who are maybe looking for one-to-one support or group support.

And so to me, it's like, how can we truly come together as a field to really offer diverse support models for folks who are working with psychedelics, whether it's in a self-administered, clinical, recreational, or in a ceremonial way.

**Alexander Beiner**

Yeah, absolutely.

**Sara Reed**

Yeah, I just went on a whole contingents there.

**Alexander Beiner**

Yeah. Absolutely.

**Sara Reed**

So welcome to go to touch back on any part or..

**Alexander Beiner**

No, it's fantastic. There's just one final thing I want to ask you, but also just to mention someone who's come up in the conference, Betty Eisner, who developed Matrix to go along with set, setting, and dose, and Matrix being the people who you go through the journey with and basically peer support and that wider social field you're in afterwards.

I think it's a really essential idea, and everyone talks about set, setting, and dose, but forgets community, like peer support. So the last thing I wanted to ask you is, if you had, let's say, infinite funds, what psychedelic research trial would you want to run?

**Sara Reed**

I would want to run - and I don't know if this is a research, but this is just what comes to mind, so I'll share - but I would want to use those funds to go home to my home state of Kentucky and get some land and open up a wellness center.

**[00:34:28]**

And that wellness center will have a wing where folks with severe mental illnesses can come. So whether it's severe trauma, severe OCD, severe depression, where there would be an in-person or an inpatient wing where folks with severe mental illnesses can come and really work with psychedelics.

Because what I've seen clinically is that, yeah, having some dosing sessions here and there can be quite useful and help someone to make some progress. But for folks with severe mental illness, that they really need some ongoing support outside of the environments in which they're in.

And so at this wellness center, of course, folks will have psychedelic sessions. I would say a combination of low dose, psychedelic sessions, as well as high dose, psychedelic sessions, both individual and group. Folks will also be connected to nature and doing physical activities to really ground them back into a world that's outside of their minds.

And that wellness center would focus on relationship, not just relationship with themselves or with the other folks that are part of that center, but also the relationships that folks have with these substances, because I think that there is something to be said about...

There are many things to be said about the medicalization of psychedelics, but one thing that comes to mind for me is that the way that some folks relate to the substances, "I'm taking this capsule or these capsules, and these capsules are going to do something to me", that there is...there's not a lot of intention around where the capsules come from or where they grow.

And of course, I certainly try to, in our very first session, we talk about the origins of psilocybin in this case, as well as the Indigenous use, traditional use, and all that. But I feel like there are limitations for me to say that as opposed to someone actually experiencing.

Whether it's grabbing the mushrooms and making a mushroom tea before they drink it, whispering their intention and drinking it, that there's a different relationship that folks can have with that.

So yeah, if I were to have infinite funds, that's how I would use them. I don't even know if that is research or how it would do, what the research would be on. But that's a vision of.

### **Alexander Beiner**

That's great. Yeah, it's a lovely vision. If there are any philanthropists watching, get in touch with Sara. I could picture it as you're describing it. Sara, thank you so much for doing this. This was a wonderful conversation.

### **Sara Reed**

Yeah. Thank you so much, Alex. It's always a pleasure.