S2E5 - final

[00:00:00] **Ronni:** Welcome to, this is probably a really weird question. The podcast for a medical doctor

[00:00:06] **Rebecca:** and a doctor of history talk about sex history and the not at all weird questions we hear from patients, students, and colleagues about our bodies and our sexualities. I'm Dr. Ronnie Hyon. And I'm Professor Rebecca Davis.

[00:00:22] **Ronni:** And today's question is,

[00:00:25] **Rebecca:** I keep hearing about ketamine therapy. Should I try it?

[00:00:30] **Susan:** I found it to be like a meditation experience. You know, I would call it chemical Shavasana.

[00:00:39] **Ronni:** Oh, friends, what a month. We always aim to get our episodes to you on the fourth Thursday of the month. And here we are in the first week

[00:00:48] **Rebecca:** of June. The truth is a lot of life happened and we're both doing well, but we prioritized our health and our families when that was clearly what we needed to do. So thank you for your patience and here we go.

[00:01:03] You know,

[00:01:04] **Ronni:** I have seen so many people struggling with mood symptoms since the start of the pandemic. It has been an incredibly stressful and sad time for lots of us, so I'm not. Super surprised that we're seeing an uptick in symptoms of depression and anxiety. And to be honest, I feel pretty comfortable managing medications for mood as it's kind of, you know, baked into the work that we do in family medicine, but sometimes, I meet someone who has tried all sorts of medications and adjunctive therapies and nothing has really worked.

[00:01:40] And so for folks with, uh, you can't see me, but again, I'm making big air quotes here with treatment resistant depression or symptoms of P T S D one approach that's been getting a lot more attention in both the medical literature and in patient communities are treatments with ketamine or. Psilocybin.

[00:01:59] Sometimes we call these magic mushrooms. And here in Madison I've seen lots of new clinics offering these treatments just springing up left and right. And the University of Wisconsin at Madison is conducting ongoing research and education into the utility of these so-called psychedelics in treating substance use disorder and psychiatric conditions.

[00:02:21] **Rebecca:** This is one of the reasons I'm so excited to share this episode with our listeners. We had a conversation with the phenomenal activist, author, filmmaker, and historian Susan Stryker, and she brought up the way that Ketamine therapy has helped her. Not so much with depression, but with, well, we'll leave the details to her to tell us in her own words.

[00:02:43] Needless to say, it was a fascinating conversation. I was

[00:02:47] **Ronni:** definitely fangirling a lot, I have to say.

[00:02:50] **Rebecca:** Yes, Susan Stryker is someone I have deeply admired for a long time, in part because she's an activist, historian, uh, who's a serious scholar and has created spaces for other scholars and students of transgender history.

[00:03:05] With academic journals and anthologies, but she also writes some of the most accessible historical writing you'll find anywhere. If you look for her book, transgender History, the Roots of Today's Revolution, it is a book that is deeply researched, that is relied upon by people like me when I teach classes and I need to, you know, remember some of the details.

[00:03:27] But it's also a book that would. Be accessible and familiar to a lot of people. It's not like a scary academic text. Um, she's the co-editor of Transgender Studies Reader and a founding editor of the Journal, T S Q or Transgender Studies Quarterly, among many, many other things. And something listeners you might also wanna check out is a documentary called Screaming Queens, the riot at Compton's Cafeteria.

[00:03:55] And it's this fascinating documentary about sort of an uprising of, uh, trans women in 1966 in San Francisco who were fed up with police harassment and what happened as a result of their collective action. So I recommend that as well.

[00:04:13] **Ronni:** Very timely as we are about to launch into Pride Month and you know that Compton's Cafeteria Riot predated Stonewall by a few years, I believe,

[00:04:24] **Rebecca:** right?

[00:04:24] Yes, that's absolutely the case. And it was three years before the Stonewall uprising, but it wasn't as noticed by other L G B T Q activists at the time. But what these folks accomplished through their activism in San Francisco is really incredible, and I hope folks will check out the documentary.

[00:04:53] So Susan, we were really excited to talk with you about Ketamine therapy, um, and hoped you'd be willing to share a little bit about your experiences with it and how it's helped you.

[00:05:05] **Susan:** Yeah, I'd be happy to do that. I will. Just say by way of preface, you know, that I know it's become this big, I think in many ways over-hyped thing, you know, this, this, uh, psychedelic renaissance that we're in.

[00:05:21] But that being said, I do think and have long thought that there's, um, a value. To what, whatever you wanna call that, that class of drugs, psychedelics, infusions, you know, psychotropic drug. You know what, what, whatever you wanna call it that there's drugs that I think some people will say, it's like I. They give you a journey and the journey is the medicine and that it's not necessarily that they work the way, you know, modern Western pharmaceuticals work, you know, like the way like a, you know, serotonin uptake inhibitor like can deal with depression.

[00:06:00] It's like they're a class of drugs that give you an experience and that experience is something that. You can take insight from in ways that actually can change behavior. And I don't think of them as party drugs at all. I think of them as something that can be used quite seriously with either therapeutic or spiritual significance to them.

[00:06:29] So I have long felt that way about mushrooms and, uh, about psilocybin and L S D, which, you know, I have used in. Moderation, you know, uh, for many, many, many years, ketamine was not one of the drugs that I used, largely because, I mean, I was just kind of ignorant about it. I mean, I've never been like a big like dance club part or person, and I sort of associated ketamine with that.

[00:06:55] You know, I would hear it called an animal tranquilizer. And I had had a really bad teenage experience where, um, Unbeknownst to me, some of the weed that I was smoking had been laced with pcp. Mm-hmm. And so I had a, a non-consensual angel dust experience and I had no desire to do that again on purpose.

[00:07:21] And so, and I, I just sort of put ketamine in that class, you know, p c p also being an animal tranquilizer. So I just had no, no interest whatsoever in it. But a few years ago, I was at a dinner party, uh, one of those things that I liked to do and was talking with a friend of a friend who I kind of, sort of, you know, socially knew who you know.

[00:07:47] She's like, oh, I haven't seen you in a while. How have you been? I'm going, like, I'm doing pretty well except I've got this like terrible, like, problem with frozen shoulder, and it was this, you know, very painful. Condition where was like I was having trouble, you know, literally raising my left arm over my head.

[00:08:04] It interfered with typing and it just really was getting in the way of life, and I had been. You know, I had been going to physical therapy and doing my yoga and my acupuncture and getting massage and just everything that I could do to try to work through that, and nothing was working very quickly. And this person who I was talking with at the dinner party happened to be a psychotherapist, and she was somebody who worked with clients who had really acute.

[00:08:36] Traumatic experience that resulted in P T S D and that she was training to do ketamine assisted psychotherapy, because it seemed that. Ketamine had some really useful off-label properties for, for addressing people who had, you know, otherwise, you know, treatment resistant depression or dealing with P T S D and you know, anxiety, you know, a bunch of things.

[00:09:04] And she said to me, she's like, you know, maybe this won't work for you and I'm not pushing it, but anytime there's chronic pain, She's like, it usually starts with some kind of injury. There's something acute that happens, but that the reason that it becomes chronic is because of how you sort of hold and process that pain and that memory and that experience, that there's something about how you're holding.

[00:09:31] The experience that causes it to be chronic. And some people find that ketamine can be, you know, something that that changes that, you know, and we're not sure what the mechanism is. And you know, for me, like that goes back to that sense of like, it's the journey that's the medicine, right? That you have this experience and it gives you something.

[00:09:50] And I just thought, well, you know, I'd never thought about ketamine before, but if it could help with this problem, it's like, sure, I will give it a try. Fortunately, um, you know, my income is such these days that it's like I could afford to go to some fancy schmancy clinic. And, uh, I will just say that like ketamine changed my life.

[00:10:12] I mean, I had this incredibly positive experience where like I had been dealing with. The frozen shoulder for, I dunno, months at this point, and using sublingual tablets of ketamine, um, like 300 milligrams of ketamine tablets. How to even describe it. It's like, It's a dissociative, and I was like, it's a anesthetic.

[00:10:39] It altered my sense of how I was experiencing my body. I felt like my awareness was dissociated from my flesh. I felt like I was coming in and out of my body and that I could bring my attention to things that my body was experiencing at a level that I. Couldn't do in sort of daily waking, quotidian, mundane reality.

[00:11:12] And after about, mm, well, about a month of doing ketamine, two or three times a week, my frozen shoulder was gone. It's like, I mean, just completely, a hundred percent not there anymore. And part of what the experience was like for me was that, It was like I could visualize parts of my musculature. It's like I could, it looked like there were like these places in my body that were like, like searing white hot points of light, or like beams of light piercing through my body.

[00:11:52] That's like a, you know, a bug on a pin and a display case at a museum and that. I could just kind of pivot or move around those points that were really hot and painful. But because of the anesthetic quality, it's like I could stay with that feeling in a way that, you know, I might not have been able to otherwise.

[00:12:18] And eventually I could start to visualize what. The musculature was like around those hot points. It was like the strands of muscles were like strands of tangled hair, you know, like I was imagining them as like stuck and bound together by little, you know, lactic acid molecules that were making the muscle tissue stick and bind to other bits of muscle tissue.

[00:12:47] And it was like I could move my body. In these like tiny little ways that was like flossing the musculature. It was like giving myself a micromass massage from the inside out. Hmm. And by just visualizing my body and making these small movements, I felt the places that were bound in the musculature release and it wasn't like, That was a hallucination.

[00:13:16] Just like I would come out of those trips and my body would be better. You know, it's just like it was a real thing that happened. And so, you know, I thought, well, that was pretty cool, you know, and it dealt with the acute problem that I was experiencing. I thought, well, you know, I wanna give this a try and see, you know, see what else, you know.

[00:13:39] I found it to be like a meditation experience. You know, I would call it chemical Shavasana, you know, because, you know, for any of your listeners who do yoga, I mean, the, the point of all of the asanas is to, um, you know, to prepare your body for the meditative absorption of Shavasana. You know, at the end, the corpse pose is where you like, let everything go and.

[00:14:03] Ketamine is like a shortcut, man. It's like, don't even worry about those oas, man. You're going like straight to boom. There. You are prepared, you know, you are not being distracted by your body. So, you know, I would do that and I would say the, the big takeaway from the time that I spent doing ketamine is that I just realized how.

[00:14:28] As a trans person, that the surface of my body was a place where I felt like I experienced a lot of social microaggressions and that, you know, I, I just had the, the emotional habit to us, if you wanna think of it that way, of feeling pulled back, you know, of kind of like self protectively. Pulling towards my psychical center away from the surface of my body where I could experience.

[00:14:58] Something unpleasant. And you know, I, I do think that the accumulation over one's life of all of the sort of petty, stigmata and bullshit of, you know, queer phobia, transphobia, misogyny, you know, racism for people who experience racism, it adds up, it informs your posture, it informs your basic emotional stance and orientation towards the world.

[00:15:25] And that. I realized that I could, would sort of visualize this on some of my ketamine journeys down into the ca hole that, you know, I had cultivated this sense of, of a really expansive interior space. It's like I could be in my head really easily and as a way of, of feeling this was something self-protective.

[00:15:45] You know, it's like I could, I could retreat inside myself in a world that didn't quite get me. And that what I realized was like that sense of, Hmm, emotionally moving towards some like deep psychical interior. It was like all of the surfaces of my body were being like compacted and pulled towards that interior space.

[00:16:11] And then I just held so much tension, you know, like in my neck and my shoulders, you know, it's like, uh, In my calves and that the ketamine just showed me how much tension was there, how much work I put into holding myself in a particular self-protective kind of way that it let me experience what it was like to release that.

[00:16:37] And it just felt really good. And then I could take that knowledge back out of the experience into my daily life in a way that, you know, I, it just made me more aware of like when I was going into that Habituated c clenched place, and it just had an overall positive therapeutic effect on, on everything.

[00:17:01] And it's just like when you have a different relationship to just the sheer. Physicality of your, you know, musculoskeletal body. It helps with everything else. So I found Ketamine to be just like this great shortcut to emotional insight into the root causes of patterns of behavior that ultimately did not serve me deeply, even though they served me in some superficial way.

[00:17:31] Always good, you know, to feel like you can protect yourself, but even better to feel like you can protect yourself in a way that doesn't, you know, ultimately cause long-term harm. Yeah.

[00:17:42] **Ronni:** It almost sounds like you're describing like a completely different way of integrating your internal sense of self with kind of the, the body that houses that internal sense of self.

[00:17:54] **Susan:** Absolutely. You know, different drugs have different effects, but one of the things that I noticed about ketamine is that it is so somatic. It is very fleshly kind of drug. It just makes me very aware of having a body, which sounds kind of paradoxical because it can help you leave your body. But that for me, it's like kind of like a coming into and out of embodiment that gives me some awareness about the difference between.

[00:18:23] Paying attention to body and feeling detached from body. And I would often have visualizations about, so like being a dolphin, you know, like breaking the surface of the water and then diving down and then breaking the surface of the water and diving down. And so like this sort of sense of my consciousness skimming along a surface, becoming a little bit more.

[00:18:48] Fleshly and then like becoming a little bit more detached. And I, you know, I, I learned to, to be able to, to play with that, you know, that felt, felt very fun. I would often have visualizations of. My body being like a rock formation or sand at a beach, you know, like to like have a body shape. That would become hard.

[00:19:14] But then through the, the action of the water and the wind would like start to decompose into something, you know, that became like a crumbling cliff face or, um, Sand that, you know, you're watching the water run through. So, you know, I, I've, I've had some really beautiful ketamine experiences and I am not a, not an evangelist in the sense of like, I think everybody should do this and it will save the world.

[00:19:42] But I think if you're a person for whom it works, and I, I've recommended it to some friends who I thought might benefit from it, and sometimes it's helped 'em and sometimes it hasn't. Some people. For a variety of reasons. Can't or shouldn't, you know, use ketamine. But if it is available to you, I feel like I can, you know, give a testimonial about the good things that it did for me.

[00:20:09] **Ronni:** You know, one of the things that I find so fascinating about this, like. I don't know. This new horizon of psychiatric care or mental healthcare is that it seems like there really wasn't anything new in mental healthcare for a really long time. Right? Like we got SSRIs and SNRIs and we just kind of like did that for a long time and now we have these other opportunities to explore medications that.

[00:20:34] We don't always understand, right? Like we don't really understand why ketamine works the way that it does. I mean, we think that maybe it has to do with like neuroplasticity, right? And it like opens your brain up to being able to kind of get out of some of those grooves that your brain can get into with like thought patterns and habits and things like that.

[00:20:54] And so when you're in this more plastic, stretchy, moldable phase, you can do with that what you will, right? And you can. Forged new patterns or you can kind of like dig deeper into the patterns that you had kind going into the ketamine treatment. It just is like such an exciting area

[00:21:14] **Susan:** of medicine. I think so, you know, and, and I will say I take a lot of the hype around it all with a, a grain of salt cuz I see a lot of things happening all at once.

[00:21:26] It's like, on the one hand I do think it's exciting that substances, you know, particularly, Plant-based substances that have been around as long as people have been around. It's like there's a lot of perceived wisdom about how to use those substances in beneficial ways. And it's just like, and we should not ignore that.

[00:21:46] And, you know, there's other, more recently developed things, I mean like ketamine or L s d, which, you know, is pretty closely related to ergot onus, you know, so, so, so things like it have, have been around. Like I said, what what I find most important about using those kinds of substances is the experience that you have when using them.

[00:22:09] You know that it's, like I said, it's not. It's not medicine like the way Western pharmacology thinks about medicine. It's like, here's this chemical and it does this thing to your brain, or it does this thing to your heart, or it does this thing to your blood pressure, or it does this thing to, you know, some metabolic function.

[00:22:27] You know, it may very well do many things, but that mostly what it does is it. Changes your experience. You know, it changes your relationship to your body and to others and to a world. It changes perception and affect and you know, you can believe. It's like you're opening yourself up to something that is actually existing in the world, or you can believe you're just having a subjective experience, however you want to think about it.

[00:22:58] For me, it's the experience that is what changes you, and that's the thing that has the therapeutic. Value in it, and I'm very suspicious, I have to say, of what I think of as this push to pharmaceuticalized so many of these substances for all kinds of reasons. It's like, because it, it can be part of a, like an extractive.

[00:23:25] Capitalism that's taking bio resources from parts of the world where the people who live there and have used them might not have the same kind of access to them anymore, right? There can be an environmental cost to, um, trying to acquire them. There's certainly a profit motive that can be made. If there's something in my gut that makes me feel suspicious of the microdosing, have the experience.

[00:23:50] You know, like for me it's like it's the macro dose, not the microdose. That is the thing that has the therapeutic value in it. Maybe it works differently for other people, but for me, just like I said, I'm leery of that, that sense of, oh, we just have a new class of. Of drugs that we can use the way we've used other drugs.

[00:24:10] There's even, you know, research to see if you can change psilocybin so that you, it doesn't. Have visual effects with it, you know, that it just has the brain altering effects. It's like you can take psilocybin and not trip on it. You know, it's kinda like, sounds like smoking weed and not getting high. I mean, it's like sometimes that experience is exactly what you're using the substance for and to take that experience out is, I think just a way of trying to profit from selling it to somebody every day.

[00:24:41] **Rebecca:** It's almost like that sort of shortcut mentality of this is like a hack, you know, this is a life hack. I can just, you know, not actually have to do anything differently or pause the busy life I'm leading. I can just keep going at that breakneck pace, just add this little microdose into my juice

[00:24:58] **Susan:** and I'll be happy and it's gonna be really interesting.

[00:25:01] And the whites will be whiter and the colors will be brighter and like everything's good. And I'm just gonna, it's like a happy day. It's like, You know, and it's, it's not that

[00:25:12] **Rebecca:** I had a phrase written down from our earlier conversation with you, spiritual transness, and I don't remember how that came up and I don't know how to ask a question to lead us back into that discussion, but I'm intrigued by the phrase and how it ended up in my

[00:25:26] **Susan:** notes.

[00:25:27] Well, so maybe where that came from is we were. Talking about ketamine that one of the early proponents of ketamine was this guy Reid Erickson, who, if you know your trans history, he was, um, very wealthy guy. His father was a electrical engineer, and he had also trained, uh, to be an engineer. And their family business had, you know, been quite successful.

[00:25:53] And this is back in the 1940s and fifties and sixties. And so when Ericsson's father. Died in 1964, Erickson had been living as, you know, a rather dapper, you know, butch lesbian. And once daddy was gone and he had all the family money, he was like, well, actually I'm a trans guy and he is the guy who funded a lot of the medical research.

[00:26:16] I mean, people like Harry Benjamin. Who wrote the book, the Transsexual Phenomenon. Uh, Erickson helped establish university-based research clinics like at Hopkins and, uh, ucla. He set up this thing called the Erickson Educational Foundation that did a lot of the early policy and advocacy work on trans issues.

[00:26:38] And, you know, he, he played a really important role in establishing the entire, you know, so the medical model of treating. Trans people with gender affirming care. But the other thing about Erickson was that he, he had a lot of esoteric and occult beliefs. You know, he was a sort outside the box person as well as somebody who could be an engineer.

[00:27:04] And in some of his, his writings, he says, well, you know, we, we could take what we would call like an engineering approach. Transsexualism, you know, was the word that he used back in the day. And it was sort of like, this isn't, A complicated problem. It's like, you know, like inject this drug, you know, cut here, you know, sign this piece of paper, you know, change this document.

[00:27:26] You know, it's like, it's just a, a bureaucratic and technical process and you can just do it. It's not rocket science. And so that's, Part of what he funded and you know, he, he called that, you know, sort like, you know, medical transsexualism. But then he was also interested in what he called spiritual transsexualism and that he believed that you could change consciousness through many.

[00:27:55] Modalities, including ketamine. He was, he was a said, an early proponent of Ketamine use. He funded a lot of research into that. He also funded a lot of research into other psychedelic substances. He had an interest in human communication with non-human creatures. He funded a lot of human dolphin communication research.

[00:28:20] He was interested in. Extraterrestrial communications. He was interested in, you know, things like astral projection and out of body experiences, and he just had a, you know, a very wide range of, you know, often it's called like new age beliefs. And that that part of his life was, I think, absolutely as important to him as, you know, the secular materialist, you know, engineering, biophysical.

[00:28:53] Work that he was doing, he just saw them as, as two sides of the same coin. What kind of transsexualism are you interested in? You know? Cause you can change your body and you can also change your consciousness.

[00:29:05] **Rebecca:** Very cool.

[00:29:06] **Ronni:** I think in that same conversation, Susan, you had also talked about this really interesting study about somebody who was looking at gender identity and whether it held steady.

[00:29:17] Through using, was it L S

[00:29:19] **Susan:** D? Yeah, so that was uh, Harry Benjamin, the so-called father of Transsexualism and one of his colleagues, this sexologist named r e l Masters, and they wrote about using L S D as a way of testing whether or not somebody wasn't. Quote unquote authentic transsexual. Like, you know, if we can give you a lot of acid and you know, you still think you're a woman, it's like maybe you really are.

[00:29:48] Um, well, one of the things I have learned since we had that earlier conversation is that, In the 1950s and 1960s, there was a not insignificant use of hallucinogens as part of, um, you know, what we would now call conversion therapy, that a lot of the psychedelic researchers thought that homosexual or transsexual identification was an indication of some kind of, you know, psychical, you know, dysfunction or trauma or something, and that they thought that.

[00:30:24] That psychedelics could help people, you know, break through those problems and that they could essentially be cured of their. By taking drugs. In fact, like one of the, um, the early L s D researchers was this guy named Stan Slav gra, who after L S D was made illegal. He developed another kind of mood and mind altering somatic practice called.

[00:30:52] Holotropic breath work, uh, which you can still do. It's, you know, pretty interesting. I've tried that. It's like, um, psychedelic experience without using drugs, you know, just like by how you modulate your breath. But I was surprised to find out that graph thought that. Male homosexuality or you know, male to female transgenderism was, uh, something that was caused by the birth experience.

[00:31:17] It's like how the person ex, physically experienced moving through the birth. Canal and that there was some birth trauma there. And part of what he would try to encourage people to do in his guided sessions with them was to go back and re-experience their birth trauma, but with the goal of curing them, of their, you know, sort of traumatic, you know, sexuality, you know.

[00:31:45] Trauma induced sexuality, it's like it helps them be normal. Yeah. So

[00:31:49] **Ronni:** birth canal do over. I like

[00:31:51] **Susan:** that. That's right. You know, and I, I haven't had this experience when I've done holotropic breath work, but I do know people who say that that is a big part of the experience for them, that they feel like they access a very physical memory of their birth process.

[00:32:06] Wow. So, oh

[00:32:08] **Rebecca:** man.

[00:32:09] **Ronni:** There's a lot to unpack there.

[00:32:12] **Rebecca:** I did wanna say Susan, um, I love to throw dinner parties and parties of all kinds. So if you ever find yourself, uh, near Philadelphia, okay. Uh, gimme a call and we'll have you over for dinner. Okay.

[00:32:25] **Ronni:** That sounds great. Well, ditto for, you know, tropical Madison, Wisconsin.

[00:32:28] It is a, uh, sometimes people find themselves

[00:32:31] **Susan:** here. All right. Same, same.

[00:32:34] **Ronni:** Thanks so much for your time. We really appreciate it.

[00:32:36] **Rebecca:** One last thing before we go, we want to extend a huge congratulations to Nora Carlson PhD. Uh, she defended her brilliant dissertation. It was my great honor to be on the committee for that dissertation, which means I got to read it and she walked and had her swanky hat and uh, she is now.

[00:33:00] Nora Carlson PhD, in addition to being doctor absolutely brilliant at all the things she does to help this podcast, so congratulations Nora.

[00:33:09] **Ronni:** Congrats Nora,

[00:33:13] you've been listening to, this is probably a really weird question, which is created, hosted, and produced by Rebecca Davis and Ronnie Hyon.

[00:33:22] **Rebecca:** You can learn more about us. Read our show notes and find links to resources on our website, www really weird question.com. Follow us on Twitter

[00:33:32] **Ronni:** at a really weird pod, Rebecca Tweets at History Davis and Ronnie at Dr.

[00:33:38] Awkward md.

[00:33:40] **Rebecca:** Send us your really weird, not really questions by emailing us at really weird question gmail.com. Nora

[00:33:48] **Ronni:** Carlson is our website Guru and social Manager.

[00:33:51] **Rebecca:** Mick Finnegan is our sound engineer. Mark

[00:33:54] **Ronni:** Erbacher composed and recorded our incredible theme music.

[00:33:58] **Rebecca:** We are grateful for the financial support of the Phil's Wickler Charitable and Memorial Foundation Trust.

[00:34:04] We additionally thank the foundation for Delaware County.

[00:34:08] **Ronni:** Please rate us and review us on Apple Podcasts to help other people find

[00:34:12] **Rebecca:** us in their feed. Our website is also where you can find links to our fabulous merch. Which helps support the show. Thank you for

[00:34:19] **Ronni:** listening and keep on asking those questions.