



## Conscious Life presents

### Psychedelics and Childhood Trauma

Guest: Dr Ashleigh Murphy-Beiner

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

I'm here with Dr Ashleigh Murphy-Beiner. Ashleigh is a clinical psychologist and a member of the Imperial Centre for Psychedelic Research, and she works in a complex trauma service in the National Health Service in the UK.

Her most recent work focuses on how psychedelics can be used to treat adults with a history of childhood trauma, and she's co-designed an ethics framework for supporting psychedelic practitioners. She also happens to be my wife. Ashleigh, welcome.

#### **Dr Ashleigh Murphy-Beiner**

Hi Ali. Thanks.

#### **Alexander Beiner**

The first thing I wanted to ask you about is what is it about psychedelics that make them useful in the treatment of trauma?

#### **Dr Ashleigh Murphy-Beiner**

Let's first of all say what we think trauma is. Trauma is any experience that overwhelms a person's capacity to cope. I work specifically with people who've experienced trauma in childhood. I think a lot about how we might use MDMA, or classic psychedelics which are slightly different, to help people recover from the very multifaceted, long-term psychological impact that childhood trauma can have.

### **[00:01:31] Dr Ashleigh Murphy-Beiner**

When I say childhood trauma, I suppose I'm talking about experiences like abuse and neglect in childhood. That could be childhood sexual abuse, physical abuse, emotional abuse, or physical or emotional neglect. Also, there are other experiences that we know are very difficult in childhood too, which can be the divorce of parents or witnessing violence at home.

There are quite a lot of different kinds of experiences which can be difficult in childhood, and to some extent also the way that those experiences are understood by the child at the time, and the amount of support that the child has at the time. To be able to process and make sense of those experiences, and to regain a sense of safety in themselves and in their... Actually, a sense of safety in the world can change the course of how people experience the long-term effects of trauma.

If we think about if you have lots of adverse childhood experiences, you might start to feel negatively towards yourself, because often children will understand, or try to make sense of what's happening to them, and they can't. Often they don't have enough context for what's happened to them, so they'll think about being themselves to blame for what's happening to them, and that can profoundly affect the way that somebody then sees themselves, and sees their place in the world, and their place in relationships.

People can also become very frightened in relationships with other people. It can lead to a lot of isolation and social disconnection in later life because it becomes really hard to form relationships. Relationships can feel very unsafe with others, for very good reason from that earlier impact.

Of course, when we think about childhood trauma, if the experiences have been chronic and long-term, and the child hasn't been supported to work through their emotions and to learn what their emotional responses are, the caregiving relationship between the child and their parents, or their caregivers, whoever they may be, that's what helps a child to build the capacity to know what they're feeling, what their emotions are, and how to manage those emotions later in life. It can, in adulthood, mean that people struggle to manage their emotions as well.

I guess I'm setting the scene of what it might be like to have experienced childhood trauma, and then what it might be like in adulthood to come to needing support for mental health difficulties. As you can imagine, it's not easy to say that that links to one specific outcome in adulthood. When I say outcome, I mean mental health outcomes.

We know that childhood trauma is linked to all sorts of different difficulties because children are trying to adapt all of the time, and each child is unique, they have a unique temperament. So across time, people are adapting to the experiences that they're having, and those adaptations might be becoming very depressed, or becoming very anxious.

Or what we see a lot is a new diagnosis of complex PTSD. Often you'll see complex PTSD, depression, and lots of different kinds of symptoms when we think about it diagnostically. I suppose the point I'm trying to make is that at the moment, our treatments for trying to help people who've experienced complex childhood trauma are quite limited because they struggle, our current treatments struggle, to attend to and help people with all of these different difficulties they might have.

**[00:05:43] Dr Ashleigh Murphy-Beiner**

They might have post-traumatic stress symptoms. They might have real difficulties with their identity and how they see themselves. They may have real difficulties in relationships with others, and that can make even coming into the therapeutic relationship incredibly challenging for people, because that's an intimate human relationship, and it can spark all of those attachment anxieties and fears that people have.

Then the difficulties in emotion regulation as well, which can also make the process of being in therapy very difficult because you inevitably start to talk about the experiences you've had.

The other thing that happens in trauma is that, particularly in childhood, we have to cut off in order to be able to survive, we have to cut off from the memories, from the feelings, and that can become quite a confusing tangle inside of ourselves.

To get to why I think MDMA and classic psychedelics might be really helpful for a few different reasons. I'm going to start with MDMA.

MDMA is a drug that works differently from psychedelics like LSD or psilocybin. MDMA reduces the activity in the amygdala. In the brain, the amygdala is a center of the brain that gets highly activated in post-traumatic stress disorder, or complex post-traumatic stress disorder. It's the emotional center of our brain, often storing sensory fragments of memories that haven't been able to be processed at the time of the trauma.

They can come back as flashbacks, intrusive memories, or really difficult emotional flashbacks in the body. They can make people's lives difficult, and they can also lead to people trying to avoid situations in the present that trigger those symptoms. But they can also mean that people don't even know sometimes the difference between what's happening in the past and the present.

Particularly with childhood trauma, they may have had to disconnect the sense of what's happening now from what's happening in the past. MDMA can make it possible for people to revisit memories because it reduces the activity in the amygdala. The amygdala is firing often all of these very intense emotional experiences in the body and the mind.

MDMA allows people to feel safe enough to be able to think about those experiences, to reconnect to the emotions connected to those traumatic experiences, to be able to feel safe enough to feel the sensations in the body as well.

This can help with processing traumatic memories, which have become very fragmented, and that have become very disconnected. It gives people an opportunity to be able to be back in their bodies, and back in their minds in a safer way.

What it also does is increase a feeling of empathy and social connection, it makes being able to relate with others, to be in a room with others, and to be in a relationship with others, that can feel safer.

### **[00:09:16] Dr Ashleigh Murphy-Beiner**

With what I've talked about in terms of how difficult relationships can be, this is a crucial aspect of psychedelic treatment. It's the potential to offer an opportunity for relational healing, which is very profound and more possible, makes it more possible, I think, for people.

That's also the same with classic psychedelics, but what we might need to mention in relation to the psychedelics like psilocybin or LSD, is that they work slightly differently. They, in some ways, take people into an altered state of consciousness during the acute effects of the drug, and rather than making things feel less frightening, they can make everything feel more intense.

People often also relive traumatic events from their childhoods, and what's poignant is that they can often experience them from a different perspective. They can almost take a bigger view of themselves. Where they have been fused with ideas about themselves because of what happened, they can suddenly see different aspects of context.

That also happens with MDMA, but I think it's certainly there with classic psychedelics, too. Then what's important that people know is that there's a really important need for preparation prior to these experiences because particularly with classic psychedelics, it's a very intense emotional experience that can happen.

But I think there's huge potential for treating trauma, and what psychedelics do is that they offer a trans-diagnostic treatment, which means that we don't have to treat just the symptoms of depression, or just the symptoms of complex post-traumatic stress disorder, or just the symptoms of an anxiety disorder. We can start to treat the person as a whole because the psychedelic experience will open up all of these different aspects of healing for somebody.

### **Alexander Beiner**

Nice and broad-ranging explanation of the different types of trauma treatment. I think it's very important that people understand that difference, MDMA and psychedelics, or classic psychedelics, are different and have different effects.

Thank you as well for that explanation of what it means to have childhood trauma, and how that then shows up in adulthood.

What I'm curious about is when people with childhood trauma receive psychedelic-assisted therapy. Whether that's with MDMA, as you mentioned, or psilocybin, what kind of experiences do they report? What do they say after the experience to clinicians? What do they report as having happened or having helped them?

### **Dr Ashleigh Murphy-Beiner**

It's a real mixed bag, there are lots of different experiences. Some of the very powerful ones that people will talk about are revisiting experiences from their childhoods. Sometimes experiences that they expected to revisit, and sometimes experiences that they didn't, that they didn't know had impacted them so significantly.

**[00:12:43] Dr Ashleigh Murphy-Beiner**

I think that can be very powerful to return to these experiences and to feel how it felt, to be able to then think with us as clinicians in the therapy integration sessions afterward. What was that like for them at the time? To be able to have somebody there with them hearing what it's like to have had that experience, to be able to think about it with somebody else as an adult because that's often what they didn't have as a child.

People will often experience, talk about experiencing profound feelings of aloneness or isolation or overwhelm. Those experiences can be somewhat then worked through in the integration sessions afterward, thought about, and explored more deeply. Often they haven't been thought about by the person because there was nobody to think about them with them.

Sometimes people will talk about how painful it is to revisit some of those experiences, and then that can be quite... It can feel quite destabilizing in the days or the weeks afterward. I do think people need a lot of support because these might be experiences that they had to cut off from for a very good reason because they were so overwhelming. I think it's important to say that.

Some of the other things that people talk about with MDMA... I keep making this distinction between the two, but I think some of the experiences are quite similar, even though the drugs work very differently. Qualitatively, I think the experience is quite different sometimes.

But people will talk about experiencing profound feelings of love, unconditional love, perhaps for others, but also for themselves. That might be an experience that somebody has never had. If somebody has had chronic childhood trauma throughout their whole lives, they may have come to feel that they are totally and utterly unlovable. So an experience of feeling loved, and also a sense of belonging to the wider world, a feeling, a connection to nature, or to the world, or to the communities that they're part of or people in their lives.

That also has a very, very profound impact on people who feel that perhaps they don't belong in the world, or that they aren't worthy of the love of other people.

With experiences of abuse and neglect people will sometimes see what happened from lots of different perspectives, and that will help them to work through all of what's happened. Sometimes there's a real incredible empathy towards a person who's been abusive towards them. Sometimes there'll be intense rage and anger. Sometimes there'll be feelings of forgiveness. Sometimes there'll be feelings of injustice.

The reason I'm saying these different things is to show just how conflicting these experiences can be for a child, and so how then conflicting, and how much we need to hold in the process that lots of different emotions might be stirred up. Part of the work then in the integration process is helping people to be able to hold all of those different emotional experiences together as part of their whole experience.

**Alexander Beiner**

It's beautiful hearing that, especially when one listens to you, or reads reports of people's experience, it's very touching. It's also, as you just described, very vulnerable, there's a lot going

on. You mentioned the word destabilizing, which I think is important, it brings things up to be dealt with.

**[00:17:05] Alexander Beiner**

There are a lot of ethical considerations as a therapist, and I know you've done a lot of work on this, but for people who aren't as familiar with psychedelic therapy as a model, what are some of the ethical considerations you think people should be aware of?

**Dr Ashleigh Murphy-Beiner**

There are so many, aren't there? We can only probably touch on a couple of them. What are some of the ones that I think are most important? I'm talking about this power dynamic in the ordinary therapy relationship, and how that becomes more intensified and more amplified in the psychedelic therapy dynamic.

To break that down, to be very clear about what I mean, somebody's going to be entering into an altered state of consciousness. They're going to be very open, they're going to be more suggestible. We know that psychedelics make people more suggestible to influence from others, more open to new ideas, which is part of what makes them therapeutic, but it's also part of what makes people more vulnerable in the process.

And of course, the psychedelic guide has not taken the drug or the therapist hasn't taken the drug. They're in a position of authority, in power because they're the therapist.

Then all of the boundaries are also slightly different than they are in normal therapy. In normal therapy, we'd see people usually for an hour a week. Sometimes the treatment's a bit more intense, but it would only be maybe 2 or 3 times a week, and there are gaps in between it.

And that's very different in MDMA or psychedelic therapy, with classic psychedelics, the boundaries dissolve because you're together for hours at a time. You might be together for a day preparing, or multiple sessions preparing for this experience, and then during the experience, it's maybe 8, 9, 10, up to 14 hours together.

And then in the days after to help people prepare, maybe offering more intensive support in the aftercare period as well. If you think about it, the relationship is quite different, and there's a real need to think about how we hold boundaries safely, and how we hold power safely.

How do we make sure that the participant is in control of the process? How do we make sure that this is a collaborative process? How do we make sure that people have choice and agency about what's happening during the psychedelic experience, in the times afterward? How do we make sure that they're as fully informed as they possibly can be about all of the things that might happen during the experience itself, and in the aftermath? Letting people know this might be quite a turbulent process, things like that.

**[00:19:52] Dr Ashleigh Murphy-Beiner**

There's a lot to think about, and it is the responsibility of us as therapists to be examining our own intentions in each interaction, in each moment in the work, and knowing how is each moment impacting this person that I'm sitting with, and thinking about their history all of the time.

What have they been through? How might I reenact unhelpfully a dynamic of disempowerment? How might I support a process of empowerment? These kinds of things when we're thinking about working with people who've been traumatized need to be front of mind.

**Alexander Beiner**

Thanks for that, that's incredibly important. And of course, there have been breaches of that in the psychedelic world over the years. This is partly why, including in clinical trials, rare but it happens. That's why these questions are so important.

**Dr Ashleigh Murphy-Beiner**

It's worth speaking to that, there have been some, in clinical trials with MDMA-assisted therapy, there have been some abuses of power that we do know about. That's always a risk in any therapy. But perhaps in a therapy where people are more open and vulnerable and suggestible, as I said, and with the therapist having a lot more power, and all of these boundaries being dissolved, that people can act out, or the therapist can act out more on their own wishes and desires and needs.

That's the risk and that's what we're talking about, that somebody might become sexually attracted to their client and then engage in a sexual relationship. Of course, that cannot be a consensual sexual relationship, it can't, and we have very clear boundaries around not engaging in sexual relationships with clients. That's important to protect people's safety.

That is something that in MDMA and psychedelic-assisted therapy where people are in a very different state of consciousness, and where the guide has so much more power. It's so important that we are thinking about how we safeguard that process.

That's when I was speaking that we need to be looking inwards to ourselves. Why are we doing what we're doing in the therapeutic process at any moment? It also needs a lot of support around the guide, so lots of places for supervision and containment of the therapists, but also the personal work of the therapists, to know our own weaknesses.

**Alexander Beiner**

Absolutely, incredibly important, as you said, in normal therapy, but then psychedelics amplify pretty much everything, and then those problems, potential problems, get amplified.

The last thing I wanted to ask you is something I've asked pretty much all of our guests, which is, what's your hope for the future of the field? What would you like to see happen in the next 5 to 10 years within psychedelics?

**[00:23:21] Dr Ashleigh Murphy-Beiner**

I would like to see approaches developed that can help the people that I work with, the people who have experienced chronic and severe childhood trauma. There's enormous potential for the treatments, but the ethical responsibility, the type of therapeutic approach, the way that we do that work, and how we ensure there's enough support for people going through that process, that is the really big challenge. It's how can we help the people who are most in need.

That also then comes with a question about how we make access affordable. I would like to see these treatments being developed over time in an affordable way. I'd like to, personally, and this is quite controversial, but I'd like to see them in the NHS, in the UK because I think that in the healthcare environment that we have in the UK, that's how we can ensure they're affordable.

But that comes with a challenge of not reducing the therapy too much, to balance the need for cost-effectiveness as well. There's a real challenge for us, and I hope that we will engage meaningfully with these challenges, and look for the opportunities to be able to create new models of treatment with psychedelics, combined with existing therapies, perhaps with new types of therapies that we adapt specifically for psychedelics.

And getting these to be available for people who have suffered a great deal, and treating them as a whole person, not just some of the symptoms that they experience because of what they've been through in their childhood.

I'd like to see much more trauma awareness in psychedelics as we move forward, and much more trans-diagnostic approaches that take a trauma-informed approach, and move away from just specific diagnostic approaches to treatment.

**Alexander Beiner**

Absolutely. That feels like a very achievable vision for the future as well, as things roll out, who knows about the NHS? That remains to be seen, but fingers crossed. Ashleigh, thank you so much for being here, it was a lot of fun.

**Dr Ashleigh Murphy-Beiner**

Thanks so much, it's been great.