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How Psychedelics can Heal Trauma

Guest: Professor Rachel Yehuda

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[00:00:05] Alexander Beiner

Hi, everybody. Our next guest is Professor Rachel Yehuda, who is a Professor of Psychiatry and Neuroscience and the Vice Chair for Veterans Affairs and Director of the Traumatic Stress Studies Division at Mount Sinai School of Medicine.

She's a very experienced psychedelic researcher, and she's been researching the treatment of PTSD in veterans using MDMA and psilocybin. So we talk about that research as well as why psychedelics can be so effective, or should I say, psychedelic assisted therapy can be so effective in treating trauma?

Professor Rachel Yehuda

Sure, thank you for having me.

Alexander Beiner

So the first thing I wanted to ask you is a general question, and it applies very much to the work you're doing in psychedelics. But in your view, why are psychedelics so promising for treating trauma?

Professor Rachel Yehuda

Psychedelics are particularly promising because they offer a completely new approach to how to help people integrate traumatic experiences into who they are. And a lot of the approaches that we have now, frankly, have been the right idea.

The psychotherapies for PTSD are really designed to help people get closer to what happened as opposed to pushing the idea out of their minds or trying to push memories out of their minds.

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But a lot of times that work is very difficult to do, particularly for people that have pretty complex trauma histories or who have maybe a single trauma, but that it involves a really complex thing that happened or may involve some moral injury or things like that.

We also in the field, tend to prescribe antidepressants and other medications for PTSD and trauma-related conditions. And in general, those treatments are designed to suppress symptoms, which they do, with some side effects, which people would usually rather have than their PTSD symptoms.

But when symptoms are suppressed too much, then you lose your ability to connect effectively with what has happened. So you're just kind of blunted, numb. Some people like that. Some people can't tolerate it.

However you feel about just taking an antidepressant or another medication to blunt your symptom, you're not dealing with what happened to you. That's not the same thing. You're dealing with how you're feeling, but that's not the same as dealing with what happened.

And so the psychedelic assisted therapy - and I have to use that term together - you're taking a medication, but for a different purpose. And the purpose is to allow you to do the work that you need to do without really the same distress, or more importantly, desire to avoid the work.

It just puts you in a place where this work can happen. It doesn't mean it's fun, doesn't mean you feel euphoria, but for whatever reason, you don't run out the door. More often than not, based on our experience and the data, can go with it even if it's dark. And going with it, even if it's dark, allows you somehow to come out the other end if you are in the hands of people that know how to help you do this work.

Alexander Beiner

Yeah, I'd really like to dive into what exactly happens in a session in a moment, because people might be watching and never seen this happen, never had any personal experience with it. So it must be potentially a very enticing mystery for people, like what is actually going on? And I think it'd be interesting to talk about that.

Before we do that, I just want to talk a little bit about the different types of molecules and medicines that are used in psychedelic assistant therapy because they're not all the same. And I know you've done a lot of work with MDMA, for example, that is used in the treatment of trauma, perhaps more than some of the others.

Could you talk a little bit about what is MDMA and what makes it so conducive for psychedelic assisted therapy?

[00:05:05] Professor Rachel Yehuda

Well, MDMA is not a classic psychedelic. It's really more like an empathogen. Some people call it an entactogen. It doesn't come with the same kind of sensory perceptual experiences or feeling like you are in a very altered state of consciousness. That may be something like psilocybin and those kinds of more traditional anti... sorry, the more traditional psychedelics do.

We've also done, we've just completed being part of a multi-site trial on psilocybin for PTSD. So we also have experience with both of these, and they offer very different experiences for people. But MDMA is really, it's been described as a heart opener, and I think it's a really great description. It opens you up in a way where, for whatever reason, you're not as afraid to look at difficult material.

And of course, there are always some people that are that afraid, and they're going to resist the process, and they don't want to give in to it or submit to it. And if you're not ready to do this work, it won't be like a magical experience that is eye-opening. You're still driving, you're still in control.

And if you want to take a psychedelic because you want this assistance and because you want to see what's there and you're curious and you want to submit yourself to a process, you trust your therapist. The MDMA helps you trust them even more, then this is for you. This may very well be for you.

I just want to be super careful to let anyone know about these treatments that in some cases, they're contraindicated. There's a lot of variability in the kind of experiences people have and in outcomes. But all things being equal, a lot of the time people do have good outcomes.

And when I say good outcomes, I mean more than just reducing the PTSD symptoms, really coming out of this, really with a very good idea about what to do next, what needs to happen, maybe not fearing the way that they've been living in the world and being able to commit to taking actions to kind of change their lives in very positive ways. So kind of really an amazing opportunity for many people, I think.

Alexander Beiner

Yeah, it's incredibly promising. And of course, at the time of recording this in early 2024, it looks very much like MDMA will hopefully be made into a medicine for the treatment of PTSD in the States and hopefully other places to follow. So a very exciting time.

It would be really great to hear a little bit about what actually happens in a MDMA-assisted therapy process? So let's imagine trauma survivor, what would be their first step? And then how would that continue until the actual dosing? And then what happens after that?

Professor Rachel Yehuda

So, of course, we've only had experience doing this in the context of research, which is a very rigorously designed protocol with just a lot of steps to ensure patient safety and also to ensure the integrity of the data, and also to serve as eyes and ears for the FDA, really, to really understand any kind of a reaction that people are having and taking good notes about what's going on.

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So what happens in a research protocol is more steps, more formal than what might happen in treatment. But the basic elements are that a person is screened for their suitability for this kind of therapy. That's really important, and a lot of times gets skipped over in discussion. They're screened for a lot of medical things. They're screened for maybe some psychological things, maybe some comorbid conditions that really don't fit their eligibility requirement.

Professor Rachel Yehuda

And once they're deemed appropriate for randomization or for the protocol, before they get any medicine, there are three preparation sessions where the participant meets with the two study therapists, and they talk about what's going to happen. This is already after somebody's evaluated whether they have PTSD, so they already have a very good idea of the kind of questions and things that we're - that they might be interested in.

Professor Rachel Yehuda

But this is really about maybe talking about an intention, what trauma are you thinking might come up that you would want to process, talking about what's involved in the session, building rapport, walking through the kind of do's and don'ts of how the therapist might respond should a patient have a difficult time or ask for something.

During one of the sessions, the therapist will take the participant to the room so that they can see where they're going to be. "You're going to be here, and we're going to sit down next to you, and this is what the room looks like". And so basically, you're just getting ready for what happens.

The day of the dosing, the patient - the participant, I should say - will come in in the morning, get situated, maybe eight or nine o'clock. A lot of vital signs will be obtained because it's research. (I think it's good practice anyway). We, particularly, also will have taken blood samples, maybe the participant will have had an MRI.

And then the medicine will be obtained from the pharmacy, and the participant will ingest it. We put it in a bowl, and it takes maybe 45 minutes for the medicine to kick in. There will be lovely music playing that has been specifically curated for creating this relaxing, self-reflective, some people call it shamanistic music.

The music can also be individually curated based on what the person wants to hear. There are eye shades. The participant will be instructed to lie down and relax because in our center, we can recline, there's a bed. You can also sit up. There's also a couch, a lot of different options. But the participant will be told, "Just see what happens. Don't put pressure on yourself. Just let's see where we go".

About 45 minutes later, as the medicine is kicking in, and again, vital signs are being monitored, the patient will also be offered a supplementary dose, which they can either take or not take, most take it because usually the MDMA is feeling nice and relaxing at the onset, although, again, some people do experience nausea, things like that.

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And from then on, it's very different for different people. Some people will find that they want to talk a lot about things that are coming up. They're just in a stream of consciousness, and they're coming up with a lot of things that they want to discuss.

Sometimes a person is having an inner experience where they're thinking a lot of thoughts, but to the therapist, there's nothing. And maybe 45 minutes or an hour later, one of the therapists will say, "Hey, just checking. You're doing well. Is there anything you want to talk about?".

And at that invitation, usually somebody will talk or not. Sometimes you can actually see that the participant is reliving something that is unpleasant or very distressing. And the therapists are there to provide a container, to provide support, to talk if that's what's necessary.

And over the course of the seven or eight hours that the person is still under the influence of the medicine, there could be a lot of twists and turns for the day. A lot of different things can happen.

But by the end, as the medicine is winding down, I think the way most people feel is that they've just given birth to something. Maybe it's their trauma, maybe it's something inside that needed to come out in a different form. It's usually a calm feeling of accomplishment. The accomplishment of after you've done something very physical, perhaps like had a child, or maybe run a marathon or something, is just the sense that your body has gone through something - and your mind - and then you would be in a rest mode.

And then we just encourage the person to have dinner, which they will have with us with the night time attendant, and just eat to themselves until the next morning when they have an integration with the same therapists. And then they'll have a total of three integration sessions before the next medicine session.

And then in our study, we're comparing three medicine sessions with two. So people might have as much as 12 sessions or as few as...I'm sorry, 16 versus 12. So it's a lot of therapy. And so the therapy is a really vital part.

So anyone that is really thinking about psychedelic therapy has to understand that the medicine will bring stuff up. Psilocybin, maybe there's less talking during the session, but it will be talking afterwards. So it's therapy. It's just a way to bring up ideas and thoughts in a more concentrated and intense manner.

Alexander Beiner

Yes. Thank you for taking us through that. It's really very, very useful. And I love what you just said, that this kind of concentration of therapy as well. So you just outlined this process, this very deep process, where people are really going into themselves with a support of therapists, and in some sense, encountering and processing through what might have happened to them.

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What I'm curious about is that the term trauma is quite broad and encompasses lots of different things. There's the, of course, PTSD, where there might be a single event or multiple events, and then people have a range of symptoms after that, that they need to work through.

And then there's also something you mentioned earlier on, which is a history of trauma, childhood trauma, what's sometimes called complex trauma. Now, have you noticed any link between the two, firstly, that you're seeing in participants or patients, and any difference between, say, someone going through MDMA who is a victim of a car accident and is trying to process that, compared to, say, someone who has had a really abusive childhood? It'd be interesting to hear your thoughts on that.

Professor Rachel Yehuda

The people that we are working with have PTSD and they no longer wish to have it. And a lot of them have struggled with it for years and sometimes even decades. And PTSD is a condition that can occur following exposure to trauma, but it doesn't happen to everyone who's exposed. More often than not, it doesn't happen.

So that doesn't mean that trauma doesn't affect people that don't have PTSD, but we're not studying them. I think what happens a lot of times in the context of spiritual use, or maybe sometimes even recreational use, is that you open yourself up to an experience with psychedelics and you go to a difficult event in your past, and it wasn't necessarily something you thought would happen or you wanted it to happen. I've heard that a lot.

And then it's very important to be able to talk to someone who knows how to talk about trauma afterwards, because the likelihood that you can talk to the person that might be facilitating, if you're lucky enough to have that, it won't be the same kind of work, that you would then be able to do with somebody else. And you don't need to have PTSD to do that work.

So sometimes traumatic memories just come up, and sometimes it's okay because they don't distress you all that much. You just stand back and you say, "Ha, there's that. That explains this". But sometimes it's not something that in your normal conscious state you've been aware of, and you do get distressed by the discovery of it. Those are two very different scenarios.

But for people that know that they're traumatized and they know that they have PTSD, what can happen during a session is that they can connect with events that perhaps they have focused on a little bit less because they've been focusing on maybe an event that happened in combat, and lo and behold, something from their childhood comes up.

Or you don't quite know what will happen because the approach is very non-directive. You are lying there in a relaxed state, and thoughts are coming into your mind. They're your thoughts, nobody's putting them there. And then you might access a memory from when you were a small child or another memory from adolescence. And at first you're not sure why you're there. You came to talk about an adult trauma.

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But if you go with it, all things will be revealed. I mean, there will be a way that those thoughts are tied together, those memories are tied together. And part of the work that you will do in integration is see what happens when you subject yourself to exploring those connections.

Alexander Beiner

That's fascinating. And there's a newish documentary about Iboga therapy by Lucy Walker, all called Of Night and Light. And something that really struck me in that is, and people who aren't aware, Iboga is a West African, a psychedelic, a very powerful one.

But in that documentary, the people who are running this center, and I think it's Mexico, they make the claim or they say that basically something like 90% or even more of the veterans who are coming through who suffer from PTSD also had childhood trauma.

And I've read a few suggestions in different areas that there's a link between the people who do end up getting PTSD symptoms, perhaps having a trauma history. Interesting to hear your thoughts on that. Is that a safe link to make? Is there evidence for that?

Professor Rachel Yehuda

Sure, I mean we published a paper on that in 1993, showing in combat veterans, Vietnam veterans at the VA, those who had PTSD were more likely to experience childhood trauma. And I think that this is a reliable observation. It's very important, though, not to assume that if you have PTSD, there's a childhood trauma.

But a lot of times what happens is that when we respond to events, we bring our histories with us. And if there is an event that's unresolved, then we may over-perceive the threat or feel that there will be a worse outcome because of something that has happened in the past. And so it's understandable.

So that's definitely a link. And one of the things that people have pointed out about our current - they are called gold standard approaches to psychotherapy, trauma-related psychotherapy, like cognitive behavioral therapies - is that those basically are designed to process one trauma at a time.

So that if you're focused on an adult trauma, you may not get to the trauma that occurred a long time ago. And so maybe you'll experience some symptom reduction, but you won't have the same kind of resolution because you don't go back far enough to understand your origins, maybe. So this provides you with an opportunity to do that.

Alexander Beiner

Yeah. Thank you for explaining that. I'm really interested in that link, obviously, and also the fact that you've obviously been researching trauma for...you have a whole career of researching trauma.

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I'm curious about how you went from that, let's say, in 1993, looking at stuff like that, to now also working with psychedelics. What was your trajectory? What got you interested in the first place in psychedelics and MDMA?

Professor Rachel Yehuda

So my journey from pretty conservative research in trauma to psychedelic work. I've been doing this research for a long time. I was involved in some of the earliest work that was occurring at Yale Medical School when I was a postdoctoral fellow, and that was in the late 1980s.

So PTSD was a brand new diagnosis. And so I've been around to follow a lot of the twists and turns and the new developments. And I have pretty much singularly focused on PTSD, thinking it shouldn't be that hard to solve this mystery.

We conducted many treatment studies using novel approaches at the time that we thought was novel. We religiously adhered to the idea that if you can identify a biologic target, you can develop a drug to reverse the biology and make people a little better. None of that seemed to really pan out.

We know a great deal about the biology of trauma and the biology of PTSD, but we've had less success in directly reversing those things to affect, dare I say, a cure or even dramatic symptom reduction. You can get a little symptom reduction by tinkering with a target, but you can't really get, I guess, the whole enchilada where somebody is really a great deal better.

And I was starting to really feel that our current approaches just are missing something. I made lemonade with that. I started writing grants maybe 15, 20 years ago, 15 years ago, that really looked at responders versus non-responders to various treatments, thinking that maybe you can learn a little bit about different subtypes or different ways that some treatments work better in some people, if you understood a little bit more about who might respond to one thing versus another.

But at the end, there wasn't anything that that produced that was useful. When I first heard about psychedelics, I was very skeptical that this is yet another quick fix, another idea. People have a lot of ideas about how to fix trauma.

But as I got to understand this better, when I first met Rick Doblin, which was at Burning Man, I was very skeptical about this. And he did offer me the opportunity to go to, at that time, MAPS, was sponsoring trainings for therapists who were going to do research studies.

And so I went. And it really did convince me that this was something worth trying. I really liked a lot of things about it; I liked the idea of being in the right state, conducive to doing the work. I liked the idea that it was non-directive, that the participant was going to find the issue as opposed to the therapist deciding what it was.

There were just so many things about it that resonated, and that's when I decided we should do this work at the VA. Which was a process, but did happen. And so now we've got, I think, 25

veterans that we're treating, have treated or are treating with MDMA, and that took about two years to do almost.

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But it's really been very gratifying work. And I know that the VA is now very interested in pursuing this work. And I think that that's going to be a very positive development, not only for veterans, but also for non-veterans who have PTSD.

Alexander Beiner

Yeah. I'd love to know a bit about what are the kinds of things that the veterans who you've worked with say after MDMA-assisted therapy? What's their reflection afterwards, perhaps in the days or weeks or months after their sessions?

Professor Rachel Yehuda

Well, a lot of them say thank you, especially to their therapists. There's a tremendous amount of gratitude expressed for, I guess, the privilege of being able to have this and having it in such a safe way where they can continue to receive the care that they require by the same people, which is huge because that is not what we have right now in our field.

And one thing to watch out for is what it's going to look like when people need to go to just a specialist to have a psychedelic therapy, but that's not going to be the person that's going to be their therapist or whether private therapists will continue to see patients as they do, but introduce for some a day or a few days that will be psychedelic.

So that's an interesting thing to watch. But in a setting like the VA, this is really set up in the safest, most benign way possible for the after care, which, again, isn't something we talk a lot about in the psychedelic field, but should.

They basically talk about ways in which they come to terms with their inherent goodness as people, develop a lot of self-compassion for experiences, decisions they made. They feel more free to talk about things within their relationships with their significant other.

They experience more ease in parenting, taking their kids places, not being so concerned about what might happen in crowds or things like that. And many of them want to then be with other veterans or be more community-oriented or try to give back in ways.

For many, what I love is when people say, "Okay, now I can really start to do some work. I'm less symptomatic, but now I really want to learn more about myself and talk about the things that I hope for and I dream of". And so I think it can open people up in some positive ways.

Professor Rachel Yehuda

Again, not everyone. I think there's a group of people that take a passive stance towards recovery in general. "Give me a pill. Make this go away. Do something to me so that I won't feel this way". Those are people that aren't going to have as great a response because healing requires really active participation and work, some work.

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And so I think that that's good. We haven't had to deal with the disappointment of placebo because we don't administer placebo. I'm really happy about that so far. And so that's been very good for us.

Alexander Beiner

Yeah, that's wonderful to hear. It's very touching to hear those reflections. And also just this... Well, I was going to say simple things, but they're really profoundly important, you know, being able to spend time with your children and not be hyper vigilant. That's really wonderful.

Professor Rachel Yehuda

Yeah, I would just say those are *the* things.

Alexander Beiner

Yes.

Professor Rachel Yehuda

If you reduce your PTSD score, but you still don't want to go to the movies or the mall or whatever, that's not as complete a healing as letting the...You know, when we do studies, we use symptom severity as our barometer of whether somebody improved.

But in the real world, I look for, how has your life changed? "I decided to get married", "We decided to go for the second kid", you know. When people start to tell you about changes they've made in their lives, that's when I start to perk up and think, "Wow, this was a powerful experience".

And I understand why we do it. We're very focused on our metrics. We're very focused on measuring things we can measure. We can measure symptom severity. But it's time for us to start thinking about how we measure transformation, positive transformation. How do we measure positive change in one's life?

And so it's something I've been thinking about a lot. We just published a paper, Bessel van der Kolk was the first author, just came out this month, really exploring secondary outcomes of the MDMA trial, looking at things like self-compassion and self-experience, and really asking that very question of what transdiagnostic measures are going to be helpful in examining these kinds of profound changes.

Alexander Beiner

That's wonderful to hear. I actually make the argument in my book that while quantitative information is important, the psychedelic experience is qualitative. It's about what it's like to be you. And so that's really nice to hear. I look forward to reading that paper.

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The last thing I wanted to ask you about was your hopes for the future of this field, seeing as we're in this very interesting time in history where it does look very likely that this will become a medicine, this kind of treatment. So what approaches would you like to see? What are you hoping for?

Professor Rachel Yehuda

I'm accused sometimes of being medicalized because I work in an environment, in actually two pretty conservative environments. Medical environments are medicalized and they're conservative. But what I'm hoping is to see more education about psychedelics filter into mainstream institutions so that people will embrace these approaches and not be afraid of them. And it's gratifying to see this already.

People are really interested to learn about this. I also think that what I hope we'll be able to do is be able to also understand that not everybody needs to take psychedelics in a medical context. Many people might want to see a therapist or a facilitator for a psychedelic experience for the same reason that people seek therapy without a psychiatric disorder, to understand themselves better. They have something they want to work through, a specific problem.

So I think that the challenge in front of us is to really separate out the psychedelic experiences that might be available for different, I guess, levels of symptomatology.

I also hope that we avoid extremes in our discussions of psychedelics. Like, psychedelics are great, psychedelics are terrible. I mean, just like everything else, psychedelics are a tool, and the person who's using the tool needs to be a skilled person to use the tool.

If you have a knife, for example, you want a surgeon to be very skilled at using this knife if you need to take out a brain tumor. But if you just have to cut something, you don't need a brain surgeon.

And the question is, is there a way to know in advance what kind of a psychedelic experience will be the right way to approach it for any given person? And if a mistake is made, for example, somebody who wants more of a self-exploration thing, doesn't cover something darker.

Will we have things in place where people can go just for the integration, just for the talking about it? Could this be a catalyst for starting therapy with someone who can take that material, even if they're not particularly psychedelically informed, and kinda run with it.

So what I want to see is that psychedelic journeys are the beginning of a process and not the end of one. And I want us to start having conversations about what people need after they've done psychedelics.

[00:39:13] Alexander Beiner

Absolutely. So, Rachel Yehuda, thank you so much. This has been very illuminating. So I really appreciate your time.

Professor Rachel Yehuda

Great. Thank you.