

Brian Pilecki & Nathan Gates

Psychedelics

Brian Pilecki: [00:00:00] there seems to be something that happens during a psychedelic state that involves our sense of self, our beliefs the way language functions. And so when psychedelics kind of like temporarily, like turn all of that off, , one's left with. Way of experiencing things in a new, fresh manner they can look at their lives, they can experience their bodies. The experience has like this quality of being new and different.

Nathan Gates: You walk into a room and the things that you see are filtered through what you expect, because you've been training your whole life to see things a certain way.

I think what psychedelics do is they just flip that right off, and instead of seeing through the filter that you see through all day, every day, that you're awake and alert,

Jill Stoddard: That was Brian Pilecki and Nathan Gates on psychologists off the clock.

Diana Hill: [00:01:00] We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensn practicing in mile high Denver, Colorado, and coauthor of ACT Daily Journal

Diana Hill: I'm Dr. Diana Hill coauthor with Debbie on ACT Daily Journal, and practicing in seaside Santa Barbara, California.

Yael Schonbrun: From coast to coast, I'm Dr Yael Schonbrun a Boston- based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book of ACT Metaphors.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Diana Hill: Thank you for listening to Psychologists Off the Clock!

I am here with Katy Rothfelder there, who is our dissemination coordinator, and we thought we'd bring her on because we talk a lot about Praxis, how Praxis sponsors this podcast they've, offer online, continuing education for professionals, everything from DBT to act training to [00:02:00] compassion focused therapy and Katie's had some personal experience with practice that I think would be helpful for you to all learn.

Katy Rothfelder: Yeah Diana. And I started out with Steven Hayes act immersion program, and that was really my first chance to get, you know, really in the act. And then since then I've had these kind of on-demand course opportunities., the one that really sticks out to me is Lou Lasprugato's feedback, enhanced act course, which was this. Beautiful mix of instruction for really difficult act concepts. And then in-depth learning with practice. that grew my muscles as a brand new clinician.

So, so if you are interested in taking a Praxis course, go ahead and go to our website off the clock, psych.com and we have a discount code for you for some of the live courses, check them out. Praxis, continuing education.

Jill Stoddard: Hey everybody. I'm here with Debbie to introduce today's episode with Brian Pilecki [00:03:00] and Nathan Gates, where we talked about the use of psychedelics in psychotherapy and Debbie and I were just chatting a little bit about how much our own perceptions of psychedelics have changed over time.

And this is really one of the reasons I was excited to do this episode is you'll hear in the beginning, I ask a question about people having this impression that LSD is going to make you jump out a third story window. And my own history is one. Having some of these preconceived notions about psychedelics, what they are and what kind of behaviors they cause.

And then I listened, I think it was listening to deck Shepherd's podcast. Aren't your expert. He interviewed Michael Pollan about his book, how to change your mind. And I was so intrigued and so I, I listened to the audio book. His book indeed did change my mind and it made me feel so much more open-minded

and, and this is really one of the reasons that I wanted to get Brian and Nathan on today.

[00:04:00] And Debbie, I'm curious a little bit about like your evolution of thinking around psychedelics.

Debbie Sorensen: Yeah. I mean, I love that you're doing this episode. I think it's a great topic for us on the podcast, because it's such a hot topic in our field right now, everything is really changing in this area. And so I heard a lot of stories about Timothy Leary, who was doing a lot of this sort of over the top, you know, psychedelic research at Harvard back in the sixties.

And , I was in the psychology department at Harvard for grad school decades later. Of course. I heard some stories and he was so fringe. And so kind of out there that the stories I heard were not good ones. And I think I have had some assumptions all along about that, that it was dangerous and you know, that it wasn't really very credible scientifically.

And I even remember. Quite awhile ago about people considering using MTMA for couples to [00:05:00] work on their issues. And just thinking to myself like, oh, that just seems like cheating, right? Like people need to do the work on the relationship. They need to work on all their issues and their communication. And even now I think there's a little part of me.

That's like, it feels like kind of a fast track to getting some results. When, when you talk about like, Letting go of ego and that kind of thing. But I think over time, the evidence is really good. It helps a lot of people. ,

Jill Stoddard: well, and maybe it's not so much that it's a way to not do the work, but it's something that actually facilitates doing the work.

Debbie Sorensen: That's right. Yeah. It seems like it can be really helpful in that the ego attachment or however you want to call it. The conceptualized self, the ego attachment is very hard to move out of on your own. You know, you can work for a long time and it's just, it's very difficult. And I think having an experience like this can sort of jumpstart it for people. And it's really [00:06:00] fascinating to me. How so suddenly the field has changed and people are starting to acknowledge more and more, this very balanced perspective around it, right. That it's, you know, it has to be done in a particular way, but that it does have therapeutic use.

That really helps a lot of.

Jill Stoddard: Right. And I'm just so glad that this information is getting out into the mainstream. I mean, again, looking back at my own kind of learning history, I only knew a very small number of people who had ever experimented with these kinds of substances. And more of the stories I had heard were. Bad trips and, you know, things that were scary and not necessarily positive.

And, you know, it was just something I never had any desire to do. It felt so scary to me. And then, you know, when you learn about the importance of set and setting that well, you can't go into a trip afraid it's going to be a bad trip. Cause then it will cause you to have a bad trip. And it just felt so intimidate.

And, you know, since reading Michael Pollan's book and talking to [00:07:00] Nate and Brian, and I've attended a couple of their, , conference panels and workshops about this topic, I have to say, I feel so much more open and curious. And, , you know, that this is an experience that I would be much more willing to have now that I feel like I'm educated with facts and data and science, not just a whole bunch of scary stories.

Debbie Sorensen: Right, Jill. I mean, we're both about the same age and I just, we, you are children of the war on drugs era, right? I remember reading, go ask Alice as a teenager about the, you know, the being slipped LSD and the bad trip and all that kind of thing. And that was my perception.

Jill Stoddard: exactly.

Debbie Sorensen: and that was, I think that was kind of like a little bit of a brainwashing kind of thing to get us all to be terrified of

Jill Stoddard: We're going to scare you straight. I mean, they had a literal program called scared straight. Right, So, Yeah.

So I really hope that this episode is educational for folks and open some minds. Enjoy this episode [00:08:00] with Brian Galecki and Nathan Gates.

Hey everybody. It's Jill here. And I'm really excited about today's episode. I think what we're talking about today is certainly something we've never talked about on psychologists off the clock, but is really cutting edge so . I have Brian

Pilecki and Nathan Gates here with me today who are both experts in the use of psychedelics for mental health issues. So welcome you too.

I'm so happy to have you here too.

Nathan Gates: Thanks for having us.

Brian Pilecki: It's good to be here.

Jill Stoddard: So I want to start by maybe clearing up some misconceptions about psychedelics. I think for years, like maybe decades, even if we hear about acid or LSD, at least for me, generation X, I think there's this instant image of someone jumping out a three-story window, right? Like losing control and jumping out of a window.

And I'm curious, you know, historically, where did this kind of, you know, this [00:09:00] misconception or other misconceptions about psychedelics come from and like, why are these medications so controversial, Nate? Do you want to stay.

Nathan Gates: Sure. , so you have to go back, I think, well, the short story, I think there's a short and a long version here. , the shortest version goes back to, you know, American political culture in the 1960s. , the longer version involves, , maybe a distrust in. Western civilization of altered states of consciousness generally. , but I think more specifically and more directly the short version is that, , you know, the 1960s happened, , and it was a time of, , incredible cultural upheaval and LSD in particular, but you know, also, , Mescaline and psilocybin and other, , what we refer to as classical psychedelics, had been used for.

30 40 years, by like, , the intelligence yet, you know, elite, , writers, , was starting to be used medically and by psychiatrists, , [00:10:00] was, , really being, . Viewed and used as a very interesting, , a way to explore the human experience and in the mid sixties, , you know, famously with the Beatles, of course.

And then of course, throughout the entire counterculture, you know, LSD very much became associated with the hippies, , because it was, it was accurately associated with hippies. , And started to really rattle the cages. I guess, of what we might call the established order became very much viewed as a threat, ,

because it know associated with the anti-war movement, a sexual revolution, and just so much of the, , you know, incredible social upheaval of the time.

, and so it was viewed and in fact, there's, , I forget the man's name. , he was a Advisor and a member of the Nixon administration, , was Ehrlichman, is that, we can look that up later, I guess, but , there's a quote years later, , that he, , said, you know, of the Nixon administration strategy at the time when they made LSD against the [00:11:00] law, which was essentially saying, you know, we can't make it against the law to be a hippie.

We can't make it against the law to be black, but we can. Make the drugs that are associated with them, highly prohibited. And then we can use that prohibition to disrupt those communities, arrest people, , and essentially, you know, practice repression. I'm paraphrasing, of course, but that's pretty much what his quote said.

And he, you know, and he said, well, you know, did we know we were lying about the drugs? Of course we knew that, but that wasn't the point, the point was social control. , so it was a very explicit statement of. Are going to use this drug war to try to control dissidents. You know, it was a very direct statement of that from the very top.

And that is sort of where I think the, , propaganda against these classical psychedelics took root. , it was an incredibly successful. , propaganda campaign and an incredibly successful suppression campaign of speech, , of scientific research, [00:12:00] scientific research was going really, really fast towards, , about, until about 1970, when this was, , I don't remember specifically when that law was passed at which point , , the science was absolutely silenced.

and you know, it became. Just career suicide to even try to study this stuff anymore, unless you were proving how bad it was for you, that was okay. But to actually research it and to take it seriously was cut off and dissidents were very much excluded from the academy and, and harassed. And it was a kind of a wildly successful propaganda campaign against these substances.

Jill Stoddard: And up until that point. So if I'm understanding correctly, essentially conservative politicians were probably threatened by the use of these drugs by certain communities. Making the use of these drugs against the law essentially controls the people that are using those. But up until that point, the research that did exist had impressive results.

I mean, I, you know, this [00:13:00] is something I don't know. Well, but I'd like to hear from you guys, you know, it's my understanding. The outcomes for drug and alcohol addiction, the use of, , LSD specifically, I think, or maybe it's siliciden, but they use of psychedelics for drug and alcohol addiction had far better results than anything that we use today for substance use conditions.

Is that, is that right?

Brian Pilecki: Yeah, the early body of research was substantial. Uh, there was an estimate of over a thousand papers published on psychedelic assisted therapy. Major conferences. I think it's something like around 40,000 patients were treated with LSD psychotherapy for substance abuse. So this wasn't just a couple of studies.

This was a significant body of research that is Nate mentioned, was gaining momentum. And, you know, these early studies, we can look back and, and see that they weren't as methodologically rigorous as our current research. So it's hard to draw conclusions. Certainly they were [00:14:00] pointing to the potential of using psychedelics in conjunction with therapy, for treating a variety of mental health issues.

Jill Stoddard: So, so let's talk a little bit about that. Realizing before we do that, we should probably define what a psychedelic is. So maybe if you want to define that term and then tell us which drugs fall under that label of psychedelic.

Nathan Gates: psychedelic. is a term that was coined. , I think in the fifties, , by conversation, , between Humphrey Osmond, , and, , Aldous Huxley, , and the name of the word . It means literally mind manifesting. So mine manifesting, meaning making sort of the internal, , visible, , and, , there's like the classical psychedelics, which are ones that, , tend to behave at least similarly. , and in that category you have LSD psilocybin, , Mescaline are the main ones. And then, you know, there's DMT, which is a psychedelic that operates a little differently. , it's a short term [00:15:00] trip, very intense, but short term, , Iowasca would fit, I think, in the classical psychedelic rubric.

And then you have, , what some people call it an empathogen or an intact gin, which is MVMA, which is often put under, , psychedelics it's included in psychedelic assisted psychotherapy, but there's real differences. I think between, , the way the ex. Operates, , and the classical psychedelics when we, so when you talk about the classical psychedelics, , you know, you're talking about base

galaxy psilocybin Mescaline, and they kind of have a characteristic trip, that often includes, mystical experiences.

That's sort of, a very common core of that experience.

Jill Stoddard: and for anyone who doesn't know, psilocybin is also known as magic mushrooms, mushrooms, and MDMA is ecstasy or Molly. So there's a lot of different names for these substances. I probably don't know the names of any of the rest of them, but as far as some of the more, the more well-known ones. And, so historically evidence was accumulating for their success. We talked a little bit about how this [00:16:00] got derailed in the sixties. Any thoughts on what has led to this more recent uptick in psychedelics being studied again for therapeutic processes for.

Brian Pilecki: That's a great question. I think, you know, history will, be written about that, but a couple of things that come to mind, one is the dog-eared perseverance of, people who are passionate about the use of psychedelics, namely I'm thinking of Rick Doblin and, and his work at MAPS, you know, Rick, basically studying.

Government and studied the FDA in order to be able to figure out how to get permission to, study MDMA again. so you know, his organization formed in, I think 84 or 85, had been working tirelessly to continue this research. I think, changes in neuro imaging, so advancements in technology to take a look at the brain under different states of psychedelics, sort of began to [00:17:00] open the door of, re-examining or loosening restrictions on psychedelic research.

, and I would say, you know, some of the. Early studies were very convincing. Like the early data is very promising, in our more recent psychedelic Renaissance. And I think just general changes in drug attitudes, not only in the public, but also in, folks in positions of power at organizations like the FDA who are a little bit more willing to give this a second shot.

So I think it's a bunch of factors coming together. And, and you know, the popular media, Michael Pollan's book, how to change your mind. You know, it's, it's a kind of a hot topic right now. It's in mainstream media, it's on TV, it's in Netflix. So people are being exposed to it more often now. And, all of this is contributing to what's being called the psychedelic Renaissance.

Jill Stoddard: Yeah, how to change your mind is exactly how I got [00:18:00] interested in this. You know, this was an area I really knew next to nothing

about, and I'm not sure what even made me pick up the book. Um, but I, I listened to the audio book and just found it. Yeah. Fascinating and compelling. And it's a book, you know, he's a journalist. And so I think he does a good job of presenting all of the angles in a fairly non-biased way. Um, so we'll link to that book in our show notes. If anybody wants to check that out, how to change your mind by Michael Pollan. Nate, did you want to add some.

Nathan Gates: I think that just as a adjunct to what Brian was saying, I think a huge part, is that there are a lot of people who were coming of age in the 1960s, who sort of were involved, who kind of had to see the, the research stopped who saw that cultural moment kind of shut everything down, but those people then went on to have careers And become embedded in institutions.

That wasn't the case in [00:19:00] 1960, he didn't have higher ups embedded in certain institutions who were sympathetic. And, you know, I think now there are a lot of people who are, you know, running laboratories and in positions of power who had some experience of the power of psychedelics and are pretty sympathetic.

And so could kind of Greenlight things wouldn't, you know, in 1960, I think the powers that be were very universally like, well, we need to shut this down. This is dangerous. And so now there's a lot of people in. Those kinds of positions can be like, well, actually let's, let's let's let's look into this a little bit.

Jill Stoddard: Yeah. So you just said, you know, these things are dangerous. That's a question I had too is, you know, what do we know about how safe these substances are?

Brian Pilecki: That's a great question. I think psychedelics tend to either be demonized or idealized. They're either the most dangerous thing that, that we're going to make you go crazy. Kind of, as you alluded to all these myths or they're the cure, all they're going to make all my depression go away. They're going to solve all my [00:20:00] problems and.

Yeah, I think what's missing is a more accurate understanding of what the risks and benefits are. So, you know, for the classical psychedelics and it differs by different substances, but they're mostly physiologically. There's for example, psilocybin is rated in several studies as one of the safest compounds and doesn't have any cardiovascular risks and so on.

, you know, MDA may have some cardiovascular risk because it's an amphetamine like substance. And so there are some physical. , S uh, potential dangers right associated. I think that the biggest risk is a psychological risk, and mostly that occurs when they're taken in an uncontrolled set or setting, meaning.

A person takes them. Doesn't really know what they're getting into. Doesn't know what to expect. , doesn't realize that psychedelics can really make us confront or I should say help us confront, , things we've been [00:21:00] avoiding difficult, painful emotions, problems in our lives. And when that's done in a therapeutic container, like the way.

, done in the trials, you know, w we can help a person navigate those challenges, but if you're not expecting those challenges to come up, , and you're just expecting, you know, this, this positive blissful experience, you're going to react with more distress and that, , it can be harmful. And, and I think part of what psychedelics are helpful with is shaking.

They can really help us get unstuck and see things from a different perspective. , and it's sort of like be careful what you wish for the new perspective that you get might be overwhelming. It might be hard to go back to your regular life. Relationships or your job when you're seeing things in a very different way. And again, if that's handled with, , caution and care and sensitivity, then that could be navigated more successfully. But if a person isn't [00:22:00] prepared for that, they're, they're more likely to really, , be harmed by that.

Diana Hill: This is Diana, and if you're a healthcare worker or a mental health therapist, you may find that

some of your clients are caught in a tug of war with food and weight. They battle their body image and eating and are entangled in preoccupation about weight or feeling stuck in cycles of rigid dieting, overeating, shame, or hopelessness. I'm going to be offering a live online webinar. PESI continuing education on using act for eating and body image concerns.

And then I hope you'll join me on Friday, December 3rd, 2021 from 9:00 AM to 5:00 PM central standard time. You can learn more through my events page at [Dr. Diana Hill.com](http://Dr.DianaHill.com). Hope to see you there.

Jill Stoddard: So you mentioned set and setting, and those are two words you always hear when you start learning about psychedelics. So can you define, set and setting and talk about, how that's important to a [00:23:00] psychedelic experience?

Nathan Gates: Yes. So, that's a really important question. The term set and setting was coined by Timothy Leary, you know, back in the, in the sixties, during this sort of wave of interest when, and Timothy Leary, you know, there's very huge stories there and it's that that's a whole can of worms, but essentially it's like, um, you know, he's one of the main reasons that this spilled out of the academy and into the culture at large, but he coined this term sentence setting and it stuck and it starts because it's incredibly useful, the way I think of set and setting is essentially, as a contextualist as an act therapist, it's context set and setting is context.

That's what that means, it means the context, both of your internal sort of mindset. Coming in to the experience. You're the sum total of your expectations, your experiences, you know, what you are afraid is going to happen, what you hope might happen. So your mindset going in, um, and the setting that you're in, [00:24:00] you know, so, so the internal and external context and the external context being the type of a

Environment you're in, you know, you outside under the stars by a campfire, you inside in a nice dimly lit room. Are you at a party? Are you at a concert? , are you with people who are friendly? Are you people who, , seem to not know, what's going on are loud and drunk? , all of these things make a tremendous difference.

In what kind of experience you end up having. And so, , controlling to the degree that you can control the environment that you're going to be in. And, , and to a lesser extent, the, the, I think you can have less control over your mindset. You have somewhat, but you can really tightly control the environment you're going to be in and then somewhat what you expect and how you approach the experience.

It's tremendously important. So as contextualist, you know, if you're, if you're a contextual therapist at all, , this really should ring a bell and just be like, oh yeah, of course. That's, that's, that's really important

Jill Stoddard: Right. so so what do we know now? Like what is the [00:25:00] current state of science in terms of which of these do you guys prefer? do you

call them drugs or medications? I've sort of, it seems like. And if this shift to, to referring, to psychedelics as medicine, to try to, , undo a little bit of the misconception when it's called a drug, you know, this thought about it being, , an illicit substance. Do you have a preference for terminology?

Nathan Gates: I prefer to think of it. I mean, I'm fine with drugs. It's literally a drug and there's nothing wrong with drugs. Drugs are useful. Use them all the time. Drugs are wonderful human invention. So I think calling them a drug is a perfectly acceptable thing to do, I think.

What the way I really think about it is that it is an experience. Induced by a drug, but it's the experience that's important, you know? , and you know, that is an experience that cross-culturally, there are other technologies and ways, producing them. , I think, , psychedelic drugs are the most effective, most efficient by far. , that we know of, , you know, especially in this, you know, in this [00:26:00] cultural context, but really we're talking about this experience and it's an experience that a person has, right?

Like in a phenomenological experience of the human has that then changes the perspective and, and creates new life.

You know that that's so that's what it is. So like, I think sometimes when you think of a drug, it's like, well, a drug manipulate something and causes a change it biologically, and then you know, that it's different.

And to me, it's about the experience and about the learning.

Jill Stoddard: Okay. So then what do we know in terms of the current state of evidence of how effective these experiences or these, , drug induced experiences, how effective are psychedelics at treating mental health issues? And do we know much about which drugs are most effective for treating which kinds of symptoms or problems.

Brian Pilecki: We know a little bit. So what we know is that there are two main areas where the most research has been conducted. , that is [00:27:00] MDMA for PTSD. And psilocybin for depression or, and, or anxiety. So for MDMA, , phase three, , results were just released, , earlier this year, , showing that 67%. Participants did not meet criteria for PTSD after a treatment with MDMA assisted therapy and, , for siliciden, , similarly, , showing, , results that are

somewhere around two to three times as effective as our traditional therapy and traditional medications.

So it's, it's important to use the caveat. These are very tightly controlled. Early studies still with just a couple of hundred participants. , and there's enough research at this point to suggest that those findings are, , holding. , the FDA granted what's called breakthrough therapy status to both MDMA for PTSD and psilocybin for depression,[00:28:00] , which is kind of like a fast tracking, , status given to, , new therapies that are showing great promise.

, we'll know, a lot more about. What other conditions, , these drugs or medicines might be useful for and which ones they might not be useful for. , but we're really only beginning to scratch the surface in terms of understanding that. So for example, there's a trial now. I'm looking at psilocybin for OCD, , and so on.

So we'll we'll know a lot more within the next five or 10 years. Part of the obstacle is that the NIH has not funded any research with psychedelics. All of that research has been funded by private donors, which is a much smaller resource, but earlier this, , I think it was late summer or early fall in 2021, the NIH, , finally funded some research. , for psychedelics so that it could be a major turning point. If those bigmoney grants could be [00:29:00] used to continue to investigate psychedelics.

Jill Stoddard: And so does this seem like it's also still. Politically dependent. So kind of, depending on who's at the helm of the NIH or some of these grant granting bodies, you know, is there still kind of a political discrimination of fear of not wanting to fund these studies? Despite some of this really promising research?

Nathan Gates: , probably, , Just appreciate for a second. What Brian just said, because it's, it's, it blows my mind, right. That just to see, , in the last, you know, 15 years what's happened to go from like completely laughable the idea that the NIH would, would fund research into psychedelics. In fact, the idea of psychedelics research was still not happening much 15, 20 years ago to they're being funded this summer. So I just want to take a second appreciate how like mind that is to me. You know, a lot of this stuff continued, , [00:30:00] across, , At least , , the FDA process and, , the da, you know, allowing studies to happen continued across administrations from the Obama administration through the Trump administration, into the Biden administration.

So no one politically is coming in at least interfering with this process yet. No, one's kind of bringing the hammer down and saying like, whoa, that's against the law. Stop that. , so that hammer hasn't dried. You know, across various administrations, it will be really interesting to see about funding. I mean, this is sort of like a very, I think, big seal to broken that the NIH has actually funded, , psychedelic research? So I'm curious, I don't know, , how that, how that will play out. I'm sure that, , there hasn't been, I haven't observed much in the way of backlash yet. , I say yet kind of like, cause I think. Of many of us who have been involved with this and pay close attention to it and care about that. Just kind of in the back of our mind expects that to happen. , but maybe not, you know, I, I think it's, , I'm real curious to see

Jill Stoddard: Well, and when we're talking about FDA and NIH and DEA, [00:31:00] these are all United States, government agencies. And it's my understanding that some of this research has been, it's been a little bit more liberal in other countries. Is that right? I mean, it's, it's legal in certain countries. , has researched gone on in, in other countries that have a different history from the United state?

Brian Pilecki: Yeah, there's research that's been conducted in Israel for MGMA, for PTSD. , you know, some of the psilocybin research is, , from the UK, , you know, Portugal has very liberal, , drug policy and harm reduction stances there. And. You know, I think a lot of, you know, a lot of the sort of west, what we would consider Western countries are, more similar to the U S where it's only been recent, that they've been, , opening up to this kind of research to.

Nathan Gates: , the U S drug war. Has been very successfully inflicted on the rest of the world. You know, the, , it's a, it's an innovation of the USour political system, the idea of the drug [00:32:00] war. , and and we kind of very effectively enforced it on the rest of the world. , and so research stopped everywhere. It was stopped, , , using diplomatic tools, using the United States tools of state and manipulation. Yeah.

Effectively , impose the drug war on the rest of the world.

Jill Stoddard: So we had really promising results way back when though those studies weren't as rigorously controlled as studies we do now, we saw. The research into these drugs suppressed over the last several decades. The research

has reemerged in more rigorously controlled studies. Those are still relatively new.

So I imagine we don't have. Longitudinal data yet. So this question might also be premature, but what do we know about the mechanism of action? Like, so for listeners who have never done a psychedelic or all they have, are they LSD makes people jump out of windows, you know, kind of preconception about them.

What [00:33:00] exactly do we think is happening, for MDMA, to result in 67% of people no longer having a PTSD diagnosis or psilocybin helping someone no longer feel depressed. Can we answer that question yet?

Brian Pilecki: I would say, no, we don't, we can't, yet there are some early contenders, and some, some early evidence, but all of, pretty much all of the early, these initial trials that we're talking about have just studied. Right. They haven't investigated and mechanisms of change. you know, so for MDMA we there's theories, there's the maps model, which has some ideas, but from an evidence-based perspective, we, we really don't know.

Uh, there might be a little bit more evidence for what Nate mentioned the mystical experience as being important with psilocybin in that, some of the research out of Johns Hopkins with the Griffith study in 2016, showed that, the, the [00:34:00] larger, uh, mystical experience that participants had that predicted greater reductions in both depression and anxiety., but I think there's a lot of different possibilities. Other than that, that could explain why psychedelics are beneficial.

Jill Stoddard: And so when you say mystical experience, can you define, what that is?

Nathan Gates: , it includes, , a number of, , personal experiences such as ineffability. It's very hard to describe a sense of oneness, a sense of wonder and openness. , There's a there, I mean, there's a scale there's and I'm not remembering, a lot of the aspects off the top of my head here, but the, you know, their characteristics that revolve around sort of a boundary disillusioned between self and other kind of a sense of universal oneness and, Just really hard to describe.

So it's getting around somehow our language faculty, because, you know, it's, it's an extremely people always, or very often, I should say, have a hard time

putting that, that two words and it mirrors and it's, it's very similar to, , in fact, it's indistinguishable. [00:35:00] From a mystical experience that isn't derived from psychedelics.

So if you have a mystical experience, that's derived some, somewhere else. It's it's, you can't distinguish it. , at least from the outside, there's not a way that, you know, empirically it can be distinguished from one that's induced by psychedelics and, , to offer, , I guess my speculation on your last question, , you know, regarding mechanism, , because there's, you know, different, , Thoughts about that.

You'll maybe looking into the brain and neurologically, , you know, whether that's the mechanism I tend to, , I think, cause I'm a therapist, I'm a, contextualist, you know, I tend to, , you know, think in terms of that. And like I said earlier, what we're talking about as an experience The induces new learning.

And so I think it's because we learn, right? Like that's the mechanism of action is that it helps us learn and it helps us learn, , by helping us to take different perspectives by, you know, , seeing our life more flexibly. , By relating to our thoughts differently, , by becoming, , more in contact with the present moment,[00:36:00] , by not being so imprisoned by language.

I don't know if this is sounding familiar at all, but for any act therapist, I think this would sound extremely familiar. I think that the, the mechanisms of change in a psychedelic. experience overlap extremely new. , and so that's why, whether it's not necessarily empirical support, well, there is some empirical support for the act model.

And I think that this overlays really, really beautifully, , you know, people come out of that experience often describing a sense of, of universal love and, and having a better sense of what's important to them, you know, their values. , so I think that the overlap is incredible and that that's my personal, an informed speculation, I guess, as to what the mechanism might be.

Jill Stoddard: Well, it's a hypothesis that, you know, it's an empirical question that hopefully, , people will be testing over the upcoming years. I've also heard, , this might've been a Michael Pollan's book that there's some hypothesis around almost like dissolution of ego. , which may be as kind of similar in act to self as [00:37:00] context versus self as content.

Can you say something about that?

Brian Pilecki: Yeah. So this is more for the classical psychedelics than MDMA. We don't see the ego dissolution, , phenomenon as much with MDMA, but, , there, it's like stepping outside of, , The ego, you know, to use that language, you're stepping outside of, , the conceptualized self and, , seeing, being able to see that for what it is, first of all, but then also have these experiences of, freshness. And if you think about like a. Someone who's depressed and they're, you know, person who's like severely depressed is very stuck in the same mind loops, right?

They're in the same beliefs, the same patterns. So if we can sort of give them this experience, maybe it's the turning off of all of that top-down stuff that then allows them to have a couple of hours where they're outside of that. And that that learning as Nate mentioned, can then generalize to when they're not in a [00:38:00] psychedelic.

Jill Stoddard: So to clarify, for some of our listeners, we talk about act on this podcast all the time, but we haven't talked a lot about conceptualized self for the role of language.

So really simply, and you guys add to this, if you feel like I'm missing anything, but when we talk about language being problematic, what we're talking about is our tendency to rely on rules and judgements and assumptions and predictions, rather than relying on our, in the moment, actual experiences. And how that can be problematic in terms of engaging in values-driven behavior., and for conceptualized self it's sort of a fancy word, Really simply put is basically the story that you tell yourself. about yourself. So anytime you're starting a sentence with, I am your tip, or I am not, um, you know, you're typically getting into conceptualized self and this can be problematic if those stories are driving your behavior and that behavior is not values consistent.

Nathan Gates: Yes, that's a perfect lead into [00:39:00] to what I was about to say, which is essentially, you know, we have that conceptual myself, the story we tell ourselves about ourselves, how we view ourselves, , you know, that's with us from, the moment we start learning anything, you know, we start to learn about who we are and define who we are in the world. and our language does the same thing.

Like we, , we develop these, patterns of associations, you know of, no, this is really the, that and that is related to this. And, I relate to these things in this

certain way. And so we have our entire learning history of, , all those patterns of experiences, , and that shapes how we experience every moment of every day as humans, you know, you walk into a room and the things that you see are filtered through what you expect, because you've been training your whole life to see things a certain way.

And I think what psychedelics do is they just flip that right off, just flips it off your learning conditioning. You know that that's just off. And instead of seeing through the filter that you see through all day, every day, that you're awake and alert,

that's not there anymore. [00:40:00] And so you see everything in a new way.

You see yourself in a new way, from a completely fresh perspective. You can actually look at yourself. I was talking to a client of mine the other day. And it's not a person who is, you know, I don't do psychedelic therapy at all. I just , when I talk to anyone, I do a drug history. And if they tell me that you psychedelics, I ask them about it because people, ,

I have found, want to talk about it and are really appreciative of having someone who will listen to them seriously, you know?

And it's like, , the person, , might have a really low sense of self-worth and, , it's a lot easier to paraphrasing here. Someone would say it's a lot easier to see things in the world that are beautiful when you're not busy thinking about what a piece of shit.

You know, like this is a, , like a theme, like a thing that people might say, you know, like to be relieved of that sense of, , burden of carrying around your ideas of yourself in the world. And just being able to freshly experience the world around you.

Jill Stoddard: Yeah, that makes

Nathan Gates: Sorry, I don't know how swearing

Jill Stoddard: so this might also be premature in terms of, you know, what we [00:41:00] know scientifically, but. There are therapies that only involve medication treatment. So for example, you know, we had a study going on here in San Diego of ketamine for depression, which ketamine isn't a psychedelic,

but, you know, formerly thought of as a club drug that is also emerging now as a therapeutic treatment.

But this study was looking solely at the ketamine and there was no therapeutic component involved whatsoever. So what do we know about. Treatment using psychedelics alone versus treatment using psychedelics in combination with psychotherapy.

Brian Pilecki: Yeah, it's interesting. Ketamine is interesting in that there's two ways of using it. One is more like. Traditional medication where. Patient receives an IV treatment. There's no therapy, but there's also ketamine assisted psychotherapy or cap, which is using therapeutic support along with that experience.

, I don't think there's any research [00:42:00] on just using psychedelics without therapy. I can't imagine just giving somebody. High dose of psilocybin and putting them off in a room that feels like that be a bad idea. so, you know, I think that's, what's super interesting about psychedelic assisted therapy is it's it doesn't fit our, our mold of treatment. We have these, like, it's a therapy or it's a drug, and this is some like hybrid combination that's new. And so it, it kind of naturally then district. How we think about therapy or we think about drugs, we compartmentalize them in this particular way. And I think psychedelic assisted therapy kind of naturally disrupts the traditional medical view because it's like, well, is it the drug effect?

Is it the experience? Is it the therapy? And maybe we can't really separate those.

Nathan Gates: you know, I don't think I'm in a position to coin terms. I don't know that anybody's going to coin terms that I use, but I think [00:43:00] the right term for this Is it's an experiential pharmacopeia.

Jill Stoddard: Hm. I like it. And there are even different ways to do this. Right. There's like the Hubbard room where somebody is in, , a small contained space laying on a bed, having maybe music on. , blindfold and there's a, an aid and assistant, I don't know what you call it with them versus, you know, like being outdoors in nature with a, with a guide.

Is that, is that right? Or if it's psychotherapy, is it kind of always like in a therapy room?

Brian Pilecki: What we've learned from the sixties is , the environment is really important, again, set in settings. So the, the model is, you know, in a comfortable place with, , two therapists, usually with eyeshades and music, uh, music. It doesn't have language, a lot of language, or is unfamiliar particular type of music, and this encouragement that in MTMA [00:44:00] therapy and psilocybin therapy to spend a lot of time inside. So with the eye shades on just kind of having your experience, , that's the model that's emerged. And I think there's a lot of wisdom from that. , but I think there's probably other ways to. , do psychedelics. So for example, a lot of people feel like how, you know, like psilocybin, Should be done in outdoors with, with the environment and, , you know, kind of reject that, that model of being inside with eyeshades. , you know, a lot of traditional cultures, those psilocybin was, you know, silicide and Sarah just happened at night in the dark., so there there's, you know, there's, I think there's going to be, as this becomes more popular. There will be many different ways to that. We're going to find that it could be helpful.

Jill Stoddard: write me.

Nathan Gates: I would add to it that, you know, uh, like Brian said, we've kind of settled at least for now sort of on this, this, this model of, , [00:45:00] basically two therapists and or guides or sitters or people use various terms, , for one patient, , personally, I really, really am excited to see more work and more looking into group models.

Um, that's, I, I think that that's a great idea, you know, having multiple participants at once,, you know, If I were just talking about my ideal scenario would probably be a group model taking place outdoors, but you know, of course that's not, we don't have the empiricism for that. That's just sort of my intuition and what I would think that that's sort of where I go with it But I think that all these things can be tested.

Jill Stoddard: And I think the chances are, it likely will move in that direction. If this ever really becomes adopted as kind of a regular part of practice from a strict resource standpoint, to therapists to one individual client for long periods of time. Is never going to happen. Like you won't see that in private practice, except for the very rich who can afford to pay for that.

So, you know, there's a lot to do [00:46:00] in terms of just gathering evidence about efficacy and mechanisms, but ultimately if this hopefully ends up being applied in, you know, more everyday kinds of contexts, there's going to have to be a way to work. A research standpoint. I mean, when Edna FOA rolled out

prolonged exposure, and it's a 90 minute session, just that, you know, one therapist, client for 90 minutes instead of 50 minutes became a big obstacle.

And, you know, she did studies to see if this can be done in a 50 minute model and sure enough, it can. So, you know, I think being able to respond to what's going to be workable out in the real world is something that's going to have to become and probably group. We'll have to be part of that. So I know we're, we're running out of time here.

, I have two other , quick questions. , so Brian, I know you're working on a study of MTMA for social phobia up in Portland, at the clinic, which is really cool. , and you've mentioned maps a couple of times, which is kind of the most well-known [00:47:00] organization at the forefront of doing these studies.

What does map stand up?

Brian Pilecki: Maps is the multidisciplinary association for psychedelic studies.

Jill Stoddard: There we go. So if we have listeners who want to participate in the studies or therapies where they're available, , or we have clinicians who want to get training for providing psychedelic assisted therapy, where can they go?

Brian Pilecki: So for right now, you know, we can, I can share a link with you actually it's on the maps website of current trials and where they're recruiting. , it is unfortunately hard to get into these, these studies. So just to set that as an expectation, you know, they accept maybe, , 20 to 50 people or something.

So, and they get hundreds of applications.

Jill Stoddard: , well, we all, as for more. Researchers know how hard it can be to get study participants. So I think it says something that they're not having a hard time getting people to participate. So I think, you know, when Nate was [00:48:00] saying earlier this spring, kind of a shift in attitude about these drugs, you know, from a socio-cultural standpoint, I think that may be a data point right there that lots of people want to participate in these.

Brian Pilecki: There's, there's a high interest. And, and the other part that you mentioned, there's a high interest amongst professionals and students. How do I get involved? How do I w you know, what kind of training should I look for?

And I would say right now, we don't really know there's because psychedelic assisted therapy is.

You know, being practiced yet. We, we don't know, except in the case of, of MTMA like, you'll need to go through maps, training to be a maps therapist, to be able to provide that at least initially. , but there's a lot of training programs out there more and more every month that are offering CES or certificates, , in this area.

So. , you can, you know, there, there are definitely places to get more information. Uh, there are companies like fluence who do [00:49:00] really good evidence-based trainings for psychedelic assisted therapy and topics related to psychedelics. , Polaris insight is ana, they do a lot of work with ketamine. There's a property we can share links with your listeners.

Jill Stoddard: Okay. Yeah, we'll, we'll put links in the show notes to all of those. And for any of our listeners who are members of the association of behavioral and contextual sciences, there's a SIG, a special interest group for people who are interested. In psychedelic assisted therapy. So that's also a way to get connected to the community. Nate, did you want to add any.

Nathan Gates: well, shameless self-promotion, you can also listen to altered states of context, which is wide cast, Brian and I do about this very topic. So, , we cover a lot a lot of what we talked about today. , In much more depth because we have, you know, time to talk about nothing but that. , I also, it was okay. there's one other aspect we didn't cover today that I would like to throw in if it's all right. , we, we touched on the drug war a little bit, but I wanted to touch on that a little more [00:50:00] because it's really important in the context of this conversation. We're interested in this medically we're. , I think, Curious, you know, many people have used this elicitedly have experimented and have done so without consequences, but the consequences of the drug war are real and ongoing and have been particularly brutal on communities of color.

And, you know, it's an incredible human rights violation. Our drug laws are the fact that people are in prison, , for using these is, you know, In my view, a terrible human rights violation that is ongoing and is extends far beyond just psychedelics. , so I think it's kind of our duty. , I feel this way personally, to.

At the same time talking about psychedelics and psychedelic medicine and the promise that can hold for, for all of us, especially in the context of, I think a lot of people are going to make a lot of money from this to also talk about the

damage that the drug war has done and [00:51:00] continues to do. I think you could almost feel like it's over.

Sometimes if you listen to a lot of these conversations, you could, you could almost assume that the drug war was a thing of the past. That's not happening, but it is how. And people are still going to jail for this communities are still being disrupted by our oppressive laws. And so I think we all have a duty to talk about that and to be aware of that in this context.

So thanks.

Jill Stoddard: I think it would be, I think we could do another whole

entire podcast episode. On that, on that alone, it's, it's really complex and really harmful. I agree. Thank you for mentioning that. Well, you guys, this has been so interesting. I find this really fascinating and so incredibly exciting to see, you know, how much is on the horizon and how cool for you guys to be part of something that's like, so cutting edge, and there's still so much to learn.

So thank you so much for sharing this with us today. it was, it was wonderful to have.

Brian Pilecki: Thanks for having us.

Nathan Gates: Yeah, it's been a real, real, real pleasure.[00:52:00]

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