

MDMA-ASSISTED PSYCHOTHERAPY FOR PTSD RESEARCH

What is PTSD?

Post-traumatic Stress Disorder (PTSD) can be a long term, severely disabling condition causing sustained loss of ability to function accompanied by high rates of medical and psychiatric problems and risk of suicide (Perkonig et al., 2000; Breslau, 2001; Kessler et al., 2005; Seal et al., 2010). Existing pharmacological and psychotherapeutic treatments for PTSD can be somewhat effective for many, but not all sufferers (Brady et al., 2000; Marshall et al., 2001; Ursano et al., 2004; Foa et al., 2009). Due to the high rate of treatment resistance, the need for research into a wider array of more effective treatments is widely recognized (Ursano et al., 2004; Foa et al., 2009; Stein et al., 2009).

Why MDMA-assisted psychotherapy?

Prior to its placement into the most restrictive category of drug regulation in the US and internationally, uncontrolled published reports suggested that MDMA, when administered during psychotherapy, could yield substantial benefits for those suffering from a variety of disorders (Greer and Tolbert, 1986). The first research studying MDMA-assisted psychotherapy results demonstrated that there were extremely positive effects on PTSD symptoms (Mithoefer et al., 2010). In this study, an astounding 82% of the participants who received MDMA had a significant reduction of symptoms while only 25% of the participants receiving only psychotherapy achieved this result. Ten individuals who received MDMA no longer met the DSM-4 criteria for PTSD whereas only 2 of the participants who received only psychotherapy achieved this goal. Many of the subjects in this study who had been unable to work due to their symptoms were able to return to work.

How might MDMA-assisted psychotherapy help?

Individuals suffering from PTSD replay the traumatic experience frequently in response to normal experiences in everyday environments. This internal triggering of the trauma is very difficult to control and is emotionally painful. The individual who is suffering from this condition experiences an internal battlefield as they try unsuccessfully to avoid their stressful memories and associated painful feelings. Often the lack of ability to control this process results in strong self-judgments where the person condemns themselves as weak or unable to exert self-control. The process of trying to avoid painful memories and feelings has a paradoxical effect as the individual builds an internal wall around the pain. This then becomes buried in the unconscious mind and therefore becomes very difficult to access, change and heal.

In the context of psychotherapy, MDMA's effectiveness for healing PTSD is hypothesized to be due to (1) its ability to decrease the permeability between the conscious and the unconscious mind, making trapped memories and emotional states more accessible for psychological processing; and (2) MDMA's ability to produce a sense of calming empowerment (not painful stress) as the individual reflects on the traumatic experience. This ability to examine the trauma in a peaceful state may allow the individual to bring down the barriers which have prevented the memories of trauma from changing and releasing the associated pain. This lowers the intensity of the internal stress and allows the traumatic "unconscious tape loop" to be reworked, reduced, or even eliminated. MDMA also increases empathy, which helps in building a connection between the therapist and the patient. This strength of the connection (or "therapeutic alliance") is often the greatest predictor of a positive outcome for psychotherapy for a wide range of issues.

Summary

The effects of MDMA appear to combine to increase the effectiveness of psychotherapy for PTSD by deepening insight, increasing self-acceptance, promoting interpersonal trust with therapists, and catalyzing the effective processing of emotionally-distressing material. Therefore, MDMA appears to be a useful addition to psychotherapy for PTSD.

References

- Brady, K., et al., *Efficacy and safety of sertraline treatment of posttraumatic stress disorder: a randomized controlled trial*. JAMA, 2000. **283**(14): p. 1837-44.
- Breslau, N., *The epidemiology of posttraumatic stress disorder: what is the extent of the problem?* J Clin Psychiatry, 2001. **62 Suppl 17**: p. 16-22.
- Foa, E.B., et al., *Effective Treatments for PTSD, Practice Guidelines from the International Society for Traumatic Stress Studies*. Second ed. 2009, New York, NY: Guilford Press.
- Greer, G. and R. Tolbert, *Subjective reports of the effects of MDMA in a clinical setting*. J Psychoactive Drugs, 1986. **18**(4): p. 319-27.
- Kessler, R.C., et al., *Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication*. Arch Gen Psychiatry, 2005. **62**(6): p. 617-27.
- Marshall, R.D., et al., *Efficacy and safety of paroxetine treatment for chronic PTSD: a fixed-dose, placebo-controlled study*. Am J Psychiatry, 2001. **158**(12): p. 1982-8.
- Mithoefer, M.C., et al., *The safety and efficacy of {+/-}3,4-methylenedioxymethamphetamine-assisted psychotherapy in subjects with chronic, treatment-resistant posttraumatic stress disorder: the first randomized controlled pilot study*. J Psychopharmacol, 2010. **25**(4): p. 439-52.
- Perkonig, A., et al., *Traumatic events and post-traumatic stress disorder in the community: prevalence, risk factors and comorbidity*. Acta Psychiatr Scand, 2000. **101**(1): p. 46-59.
- Seal, K.H., et al., *VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses*. J Trauma Stress, 2010. **23**(1): p. 5-16.
- Stein DJ, Ipser J, McAnda N. *Pharmacotherapy of posttraumatic stress disorder: a review of meta-analyses and treatment guidelines*. CNS Spectr , 2009. **14**: 25–31
- Ursano, R.J., et al., *Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder*. Am J Psychiatry, 2004. **161**(11 Suppl): p. 3-31.