

# Reflections on Personal Experiences in Psychedelic Training and Research

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I AM DELIGHTED TO BE a part of the rapidly growing field of psychedelic therapy and research. In this paper I share my personal experiences as a participant in a psychedelic therapy training program, discuss the possible benefit of direct experience with psychedelic medicine, and touch on some of the challenges of being a woman on this path.

## **Wedging Open Doors: The MAPS MDMA-Assisted Psychotherapy Protocol and Expanded Access**

With the successful completion of the Phase 2 clinical trials for MDMA-assisted psychotherapy for the treatment of Posttraumatic Stress Disorder (PTSD), the start of the Phase 3, and the highly-anticipated rolling out of the FDA Expanded Access program to provide MDMA outside of the trial, historical restrictions on the clinical uses of psychedelics, along with dynamics of privilege and power that have traditionally favored white male researchers (Tolbert, 2003), are shifting. We are seeing the emergence of greater opportunities for women to be equally included in the field as researchers and to hold leadership roles. Additionally, study participants are increasingly able to work directly with female researchers.

The protocol for the MDMA study is a remarkable example of how this landscape is changing. The condition of male-female co-therapy pairs as a part of the study design was developed by Annie and Michael Mithoefer, and informed by the work of Stanislav and Christina Grof, Leo Zeff, George Greer and Requa Tolbert, Ralph Metzner and others (MAPS, 2017) to promote a sense of safety for some participants and to create the setting for potentially emotionally reparative experiences of parental care. However, this was based on assumptions about gender that do not apply for many people. Therefore, the male-female therapy pair requirement will probably not be enforced going forward in Expanded Access, although the protocol will likely continue to mandate the provision of co-therapy, and ideally expand to include non-heteronormative female-female, male-male, transgender and non-binary therapist pairs (Wagner, Mithoefer, & Monson., 2019 [this edition, page 21]).

## **Psychedelic Therapy Training**

As a female psychotherapist deeply interested in the healing and transformational potential of non-ordinary states of consciousness (NOSC), I have for many years closely followed developments in psychedelic research. While waiting for an opportunity to enter the field, I focused on developing my skills in trauma therapy, becoming a Somatic Experiencing practitioner, EMDR therapist, consultant, and facilitator, and Realization Process Teacher, and deepening my knowledge and practice in contemplative traditions.



*Veronika Gold and Eric Sienknecht attend to a therapy participant.*

*photo: Polaris Insight Center*

It was a life changing moment when I got an email from MAPS accepting my application and inviting me to the MAPS MDMA-assisted psychotherapy training. Not only was I able to step into working with NOSC in treatment and engage in furthering the decades of work that have been spent developing the trial, I was also given an opportunity to grow as a therapist and further my personal healing. Moreover, my relationships with members of my training cohort became an integral part of my life. Our bonds deepened and strengthened as we shared in the collective inspiration and purposefulness of doing profound transformative work together.

For those unfamiliar with the components of the MAPS MDMA Therapy Training Program, I will briefly summarize the stages of training. It consists of several mandatory parts: theoretical preparation through an online course, residential retreat covering topics from the MAPS treatment manual and watching videos of sessions, role-play of sessions, and working with a clinical case in close supervision. Didactic training during the retreat is provided to describe and highlight important concepts of the MDMA-assisted psychotherapy, such as acknowledgment of different ways of knowing and healing, focus on safety and wellbeing of the participant, preparation and orientation to the therapy, creating the appropriate set, setting, and support system for the participant, developing therapeutic alliance and trust, and using an inner-directive approach to treatment guided

by the inner healing intelligence (our innate capacity to heal), and the importance of ongoing integration (MAPS, 2017). Finally, there is an optional component of experiential learning, where MDMA-assisted psychotherapy is provided to the therapists in training under the MT1 protocol (MAPS, 2016).

### **Personal Experience with MT1**

I have been in favor of therapists who work with MDMA (or other psychedelics) having direct experiences with psychedelic therapy, or at least with NOSC. I have personally experienced a variety of non-drug-induced NOSC, including many Holotropic Breathwork sessions. These experiences, in conjunction with more traditional psychotherapy, have been the key component of my own healing of personal and generational trauma and created the foundation of my integral and transpersonal approach to psychotherapy. I have been opened to new ways of knowing, via body wisdom, inner healing intelligence, and non-local consciousness, that have shown me the limitations of talk-therapy, discursive thought and the conventions of language. In MT1 I was finally able to compare the therapeutic value of non-drug- and drug-assisted-therapy sessions on an experiential level.

Therefore, not surprisingly, my participation in MT1 turned out to be a priceless therapeutic opportunity. I gained a new appreciation of the importance of principles I had previ-

ously only known as a study therapist: encouragement of inner focus, emphasis on listening to the inner healing intelligence, allowing for plenty of time and space for the processing and integrating material during and after the session, working with uncomfortable and challenging material, and the guiding role of music. Additionally, I was able to first-hand experience the variety of physical and emotional effects of the medicine itself.

Furthermore, I directly experienced the potential value of the male-female co-therapy team from a participant perspective. Gender, I came to understand, even though only one of several variables (Wagner, Mithoefer, & Monson., 2019), is an important factor in the treatment. For example, depending on the gender of my therapist, I observed a difference in my level of comfort and capacity to ask for and accept support. I cherished the emerging balance that their collective presence provided. Receiving the full, undivided attention of the male and female energies and being witnessed, non-judgmentally supported, and cared for was for me healing in itself.

With regard to my own healing journey, the MT1 session provided me an opportunity to look back on my life and revisit painful experiences that have not been fully resolved, seen, and healed, to continue to engage with them, to watch them transform, and to integrate them in new ways. Since emerging from this experience, I have been able to relate to my past with more empathy and to extend more compassion towards myself and my family. As a result, I believe it made me a better co-therapist and sub-investigator in the study and helped engender a deeper trust for the MDMA-assisted psychotherapy process. I now understand the principles of this type of therapy at an experiential level, and I believe I can relate in a more authentic and unbiased way to my participants' experiences.

### Contemporary Challenges for Women in the Field of Psychedelic Research

As a female, I have been particularly attuned to the social, cultural, and political factors that have deterred women and other marginalized groups from entering the field of psychedelic research. I believe that due to privilege—a built-in advantage distinct from level of effort—white men have been spared from the damaging consequences of racial profiling, stereotyping, and other trends of marginalization and have enjoyed being perceived by and large as the leading authorities in the field. In my own experience, when speaking about psychedelic work alongside male colleagues, people will regularly pay more attention to my male counterpart, regardless of what is being shared and by whom. I would like to see more men being aware of these dynamics and proactively assuming the roles of allies for women and other marginalized groups in the field.

Furthermore, I think that the looming threat of legal repercussions involved in working with Schedule I substances and the consequences of the War on Drugs has also deterred many women from entering the field or becoming visible and has greatly limited diversification of the field. As an example, just within the past year, I have invited two female colleagues

providing ketamine psychotherapy to present with me at a conference and write an article on the topic, and both declined due to being mothers and fearing the possible detrimental consequences that presenting publicly could have on their children.

On the other hand, I have been pleasantly surprised by, and deeply appreciative of, the great support of many men as well as women in the field. I have regularly observed my colleagues helping and encouraging each other, exhibiting principles of inclusion, sharing resources, providing each other with opportunities to write and talk at events, and creating space to discuss and process experiences. I am grateful for the ongoing support of Annie and Michael Mithoefer, Rick Doblin, Marcela Ot'Alora, Rita Kocarova, Gregory Wells, Phil Wolfson, Harvey Schwartz, Eric Sienknecht, Kevin Parker, Raquel Bennett, Bia Labate, Sylver Quevedo, Jessica Katzman, Debbie McDivitt, Genesee Herzberg, Julie Megler, Karen Peoples, Cristie Strongman and others. Inclusion of diverse perspectives, mutual support, and sharing are essential and imperative principles of this new emerging stage of the field of psychedelic research and psychotherapy. 🌱

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