“I’m being fired upon – and then there is someone who takes me in.” Treatment through psychedelic drugs brings hope to soldiers suffering from PTSD.

MDMA, a substance associated with forbidden parties and psychedelic hallucinations, may reveal itself as a new hope for those suffering from post-trauma. A study currently being conducted in Jerusalem allows fighters who have experienced difficult battles to take a pill, close their eyes, return to the scenes of the traumatic events, and experience them with control and confidence. The doors that open into the inner worlds, the researchers say, could also change the external worlds of therapy.

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The typical scent of disinfectants found in hospitals dissipates upon entering the treatment room on the third floor of Herzog Medical Center in Jerusalem. A completely different atmosphere envelops this space. Flickering candles gently adorn the table, a bed covered with soft pillows awaits in the center of the room, and two inviting armchairs stand on either side. The soft ethnic design, the forest picture hanging on the wall, and the scattered pine cones give a feeling of gliding between worlds, as if a shamanic tent has settled within a state medical institution. And perhaps there is indeed a meeting of parallel universes here: in this room, one of the

most revolutionary experiments in the field of post-trauma therapy is taking place, a study that breaks all the conventions of psychotherapy. At its center is a comparison between two therapeutic approaches: one incorporates the MDMA substance into the therapeutic process, while the other attempts to replicate those principles without the substance itself, in an effort to achieve similar results.

"After a few preparatory meetings, the patient comes here and lies on the couch," describes Professor Danny Brom – a clinical psychologist and founder and director of "Metiv," the Israel Center for Psychotrauma. "We take their blood pressure and body temperature measurements, and if everything is fine and we get approval from the psychiatrist, we give them the initial dose in a capsule. Then they lie down, there is music, and essentially they can talk, or they can wait until something happens. It takes time until something really happens."

What actually occurs?

"In PTSD (Post-Traumatic Stress Disorder), experiences return in the form of flashbacks, but here in therapy it does not come as a flashback, but is experienced anew in a bearable way. Suddenly, you can be at the defining event and see from a different angle what is happening: I'm being shot at, I'm running, and then there is someone who receives me where I need to take cover. This lasts for a while, the story develops, the film develops, and the patient can see and accept the fact that this was their experience."

"Our patients somewhat expect to feel what they heard in descriptions about using MDMA at parties," says Dalia Amit-Zivan, a clinical social worker by profession and the clinical director of the study. "But unlike the profile of partygoers, the people who come here have a lot of rigidity. They suffer from severe symptoms, and therefore their experience is very different. They tell us, 'I thought I would finally feel that I love myself, forgive myself,' but in therapy, this doesn't happen suddenly. It's a long and demanding journey."

The combination of psychedelic drugs and medical treatment may raise eyebrows, but MDMA, or MD for short, was first synthesized for a pharmaceutical company. Chemist Anton Köllisch created it in 1912 for a German company that registered a series of patents for chemical compounds intended for future medical use. The substance was forgotten for decades until it was rediscovered in the 1970s by chemist Alexander Shulgin, who identified its unique psychological effects. He named the drug "Window," and psychiatrists in the United States began using it as a treatment for various psychiatric disorders, including post-traumatic stress disorders. However, over the years, the drug was misused and became popular in nightclubs and student parties, where it was distributed under the name ecstasy. With the development of trance and psychedelic culture, teenagers and young adults in Europe and the United States began using the drug uncontrollably, and eventually, it was banned.

Nevertheless, beneath the surface, psychiatrists and psychologists continued to be interested in the therapeutic potential of the substance. MDMA, also known as the "love drug," was found to have the ability to elevate serotonin levels in the brain and enhance feelings of empathy, emotional openness, and confidence. Clinical studies conducted in the last decade examined the use of this substance under controlled conditions, and the results led to a renewed wave of interest in the field of

medical psychedelics. Here in Israel, the push for research into the effects of the substance is being led by MAPS Israel, the multidisciplinary association for psychedelic studies. Several Israeli hospitals are already conducting such studies under supervision.

About four years ago, the Metiv Institute entered into the picture. "Our offices were then in Talpiot, near the Max Stock, we weren't even inside a hospital," recalls Dr. Anna Harwood-Gross, the clinical psychologist leading the research, with a smile. "Danny heard from various sources about integrating psychedelics into therapy and showed me studies on the subject. None of us came from that background. In psychedelic research, many people are drawn to the field out of love for it, but we were like a blank page."

When Brom suggested incorporating MDMA treatments at the institute, Harwood-Gross's initial reaction was negative. "I said to him: What, are you crazy? What does psychedelics have to do with Metiv?" Her position changed when she began reading the studies in the field. "I was convinced that it was worth continuing to investigate it, and that Danny wasn't really crazy. On the other hand, I thought about the placebo effect that accompanies the research: you give someone an empty capsule, they don't know if they are taking MDMA or not - think about the disappointment they might feel when nothing happens. But we looked at the data coming from the research, and with all my amazement at the results of the MDMA, I was even more impressed by the placebo results. Many patients from the placebo group actually healed. The results were very similar to the results of well-known treatments for post-trauma."

Brom: “An international study found that only 35 percent of those suffering from post-traumatic stress disorder come out of it with regular treatments. I said: What do we do with the other 65 percent? We need to think beyond.”

The experimental treatment lasts about three and a half months and includes approximately 15 sessions. "In three of the treatments, there will be experiential and long sessions," explains Amit-Zivan. "Some will be conducted with MDMA, and some in a Sea-it format, without the substance. In both cases, these are intense sessions lasting eight hours, with overnight supervision, with a night companion, and the next morning they meet for an integration discussion."

Harwood-Gross emphasizes that even the treatments without the psychedelic substance are conducted in a similar format: "In Sea-it, we didn't just build a placebo treatment and say: here, do the same thing as with the MDMA. These meetings are very powerful. We do preparation there like for an MDMA session - we prepare, align, check."

The preparations for treatment are rigorous. Dr. Moria Rahmani, who operates the research, also coordinates the patient intake process. "Before the session, the patient is required to fast, stop medications, be under medical supervision, and abstain from caffeine," says Harwood-Gross. "They undergo a urine test to ensure that no illegal substances have been used. The patients declare in writing that they are aware that the treatment is part of research and agree to undergo tests such as EEG and fill out questionnaires. They provide us with saliva samples during the sessions, and we take many measurements. The entire treatment is filmed and documented for research purposes."

Brom: "There are three preparation meetings where we talk about fears and what the patients want to happen. Many times we hear they want to experience more because they somehow turned off their emotions after feeling overwhelmed."

The candidates for the innovative treatment are primarily men carrying scars from military service and have tried all conventional options. "We are reaching out to those who have been in other treatments for a while and understand it’s not enough for them," explains Amit-Zivan. "It's important to say that the known treatments are very effective for many, and it's worth trying them. Many people succeed in healing and getting out of it."

However, there are others for whom conventional treatments do not provide relief. Combatants who experienced difficult events in various Israeli operations carry trauma for twenty or thirty years and find no remedy. Many of them have undergone trauma-focused treatments that failed, and they come to Metiv's clinic after a long search for a way out of the nightmare. "This is a second line," emphasizes Harwood-Gross. "These are people who have tried everything available and still suffer. They are the main target audience of the research - those 65 percent that traditional treatments have not succeeded in getting out of post-trauma."

She describes another layer of traumas from the battlefield. "The title of this research is treatment for PTSD, but we also receive people with what is called Moral Injury - a moral injury. In other words, they have difficulty coping with things they experienced, did, or saw because these events contradicted their basic, fundamental values as human beings."

For example?

"Someone who was in battle accidentally shot his friend or accidentally harmed a woman who died. Or a soldier who entered a Palestinian home to extract the father of the family and saw children urinating on themselves out of fear. These are events that are not necessarily 'wrong' within the framework of war, even within the framework of routine military activity, but exposure to them can generate, for example, terrible anger towards the system, towards friends, towards commanders, towards those who did not protect the soldier. These are feelings that are very difficult to address in regular therapy. Studies have also shown that guilt is something that remains even after successful treatment. Even if one manages to reduce the intensity of PTSD and the symptoms weaken, the feeling of guilt does not disappear."

Did the Iron Swords war "generate" many suitable candidates for your research?

Amit-Zivan: "Treatment of this kind requires security. The patient returns home in a very exposed state, the senses are heightened after the session, the sensitivity is high. If there are alarms at that time, or if there is a brother currently fighting in Gaza, it is not ideal at all. We have patients who came out of an MD session and returned home to alarms, and that was traumatic."

Substances like MD are associated with the risk of temporary loss of sanity or a "bad trip." How do you deal with this concern?

"We're not afraid of a bad trip here, because we know we will encounter the bad. It happens. But here it is well-contained; there are professionals with a lot of prior experience in trauma treatment, and they know how to respond to these situations."

"The patients stay overnight in the clinic after the session," emphasizes Brom. "They spend the night in a hospital setting, with companions, to ensure everything goes smoothly."

Are there people who come to you but are not suitable for the process?

Harwood-Gross: "Since we are a research framework dealing with PTSD, we cannot accept people for whom this disorder is not their primary diagnosis. When a patient has a complexity of post-trauma along with psychosis or mania-depression, and the post-trauma is not dominant, we cannot accept them."

And here's a sensitive question: Have you tried this substance yourself?

Brom: "In principle, a therapist is supposed to undergo the patient's experience. I am prohibited from taking this substance because I had a heart problem, so I could not try it, unfortunately."

"It is important to say that legally we are prohibited from taking it ourselves; we do not have the right to do so," adds Harwood-Gross cautiously. "Therefore, the criterion is to do holotropic breathing (a method considered consciousness-expanding, without the use of chemical substances), or to experience something that simulates a feeling of expanded consciousness. Some have chosen to try it, but it is impossible to say who has taken and who has not."

Brom: “We underwent training for employing MDMA assisted therapy. Experts from the U.S. based MAPS (Multidisciplinary Association for Psychedelic Studies) organization came here in order to teach us how to work with this substance. Dr. Keren Tzarfarti, the co-founder and Executive Director of MAPS Israel, guides and facilitates this kind of research, so the entire process is very controlled.

So far, five participants have successfully completed the innovative treatment. One of them is Sagi (a pseudonym), a doctor of sciences. He is 48 years old, a father of three, and in the midst of a divorce process. His voice is calm and steady as he recounts the moment his life changed, nearly thirty years ago, when he served in Lebanon as an observer and medic. "I arrived unprepared for the situation," he recalls. "We did a very short basic training, 03, and were just thrown into Lebanon. As soon as we

entered, our convoy was attacked. I found myself under fire, alone. That's how my service began."

The difficult experiences accumulated over the months. "There were times when my friends were injured, and I was sure I wasn't able to help them, and that they were dying in my hands. I had many experiences of being alone under fire. That's the main thing I remember from that period."

At some point, Sagi's commanders noticed that something was wrong with him. "They realized that I had stopped being afraid when I was shot at and started behaving completely nonchalantly even under fire. In the end, they removed me from Lebanon, sent me to some course, and didn't allow me to return there."

The first signs of trauma appeared at the end of his service. "I started experiencing all sorts of phenomena that were not clear to me. Difficulties in sleeping, behavioral difficulties, difficulty establishing myself in various situations. There were also memories that accompanied me intensely and interfered with my routine. As a young guy, I wanted to convey to my environment that everything was fine, because at that time they didn't know how to contain it. The subject of PTSD was not discussed in those years."

For two decades he lived kind of a double life – today's Sagi and nighttime Sagi. "My sleep disappeared, but I just don't remember what happened to me at night. The girlfriends I had told me that I would freak out, jump out of bed, but then I remembered nothing. I realized something was wrong, and told myself it was better that my environment not know about it, because they wouldn't know how to accept it. I thought I had to deal with it alone, and that was that. Despite the difficulties, he continued to progress in his life. "I got married, had children, studied for a degree - but with many difficulties. It took me about twenty years to finish my doctorate because I took many breaks."

The breaking point came during the COVID-19 pandemic. "I had severe anxiety and dissociation attacks. My relationship began to fall apart, and the children suffered greatly. They experienced me as a person who leaves the house and explodes at people. I realized it couldn't continue like this."

At first, he turned to experimental treatment in a hyperbaric chamber, where he encountered the shocking truth. "This research claims there is a

very typical brain injury associated with post-traumatic stress disorder, almost like dead tissue in the brain. They showed it to me and said - 'Listen, you're not crazy, and your behaviors don't come from some cancerous growth in the brain. You have an injury that occurs after a traumatic event.'"

Eventually, Sagi arrived at Metiv and the MD research. He admits the nature of the treatment was completely different from his expectations. "Until then, for me, MD was a substance used at drug parties, but that was not at all my experience in the clinic. The use of the substance did not create a 'high' feeling for me; there were actually only a few moments of positive feeling. The essence of the treatment was dealing with complex memories and my severe emotional and physical reactions. On the other hand, with all the pain I felt during the treatment, it was a relief experience. It was like, 'How wonderful, I can finally connect to these emotions, feel them, process them.'"

During the treatment, Sagi explains, he experienced the difficult events again, but this time differently. "I felt like I was re-coding them. These were experiences that had been traumatic for me, and right now I feel they are more accessible. Today I can talk about them; they are available to me, and one could say they are less traumatic. For me, it's like magic - but it's not that I took a pill and it healed me on the spot. The treatment simply allowed me to grow from what I went through and be in a different place regarding these experiences. The only thing I regret is that the treatment is time-limited. When everything ended, I told them: 'Wait, but there are more things, there are topics we didn't touch on.'"

Sagi's description illustrates what the Metiv team emphasizes again and again – psychedelic substances are not a miraculous cure, and the path to healing through them is not short, but with the right tools and appropriate support, there is hope for those who have suffered for many years. "Our main discovery is that when a person comes with a strong intention for treatment that is, after all, short-term, there is already a beginning of change," explains Amit-Zivan. "The feeling that I, as a patient, am doing something different here creates a change in the internal algorithm. Many people come to us after many experiences of disappointment and lack of improvement, and here they have a different intention."

"When we were trained for MDMA-supported therapy, we understood that sometimes patients need something else. Traditional treatment once a

week, even twice, for fifty minutes – is not enough for everyone. There is a combination of all the methods defined as proven treatments."

She recounts a case she treated years ago, which sparked a turning point in her understanding of the limitations of traditional treatment tools. "We did a lot of preparation and stabilization work with a specific patient so he could finally process what he went through in Jenin twenty years prior," she recalls, altering essential details. "That person was never able to talk about it. He suffered and was very symptomatic, but he never shared what he experienced."

When the moment finally came to talk about the trauma, the patient surprised her. "He said to me, 'Listen, this is not a space where I can open up about these things. I'm sorry.' He explained that the room, the time, the atmosphere - they just weren't suitable for such an event. 'It doesn't matter if you give me two meetings a week, or if you extend my sessions to an hour and a half - when I know I have to leave here to my car and hear the honking of all the Israelis, and then go home to be a father, this is not a space where I can open everything up.'

"For many years, we treated in a way that maintained the framework," explains Harwood-Gross. "What we are doing here also changes many of our fundamental assumptions about what therapy should look like. We understand that you can't just say goodbye and lock the door after fifty minutes. You need to provide support, to hold, and allow connections between sessions.

"I am a 'by the book' therapist, a graduate of Bar-Ilan University, coming from the standard therapeutic world. I always knew that one should not touch the patient as part of the treatment, and in most cases, that is still true; it is forbidden. But the framework of therapy, and how to support, and how to provide holding from within the room - this also extends to treatments that are not MD or Sea-it."

Amit-Zivan: "On the other hand, it is important to say we are not against traditional treatment. It’s also not economical, as the number of casualties is reaching enormous proportions this year, and there's no way to provide each person with the treatment we are trying here."

To open the babushka

Life and death dance a strange dance in the therapy room. Sometimes, Harwood-Gross recounts, trauma manifests not in painful memories or nightmares, but in the inability to celebrate life. When one person returns alive from a difficult battle while his friend is killed beside him, sometimes the survivor takes on a punishment: to stop living. "Such a person may struggle with all aspects related to friendship, closeness, love, or personal touch," explains Harwood-Gross. "Instead of touching on points of connection - say, in relationships with his wife, children, or friends - he withdraws. Every time he is supposed to feel love, closeness, and connection, every party or bar mitzvah, every moment in life that should be a point of joy, turns into a dark moment for him. But he only understands this when he realizes the reason - his identification with the friend who will not be able to experience all those moments. This is an example of the kind of connection that can surface in such therapy.

"Many describe the experience in MD sessions as doors within memory, which one can enter and exit repeatedly. When we sat down and built the treatment protocols, I remember Dalia saying to Danny: 'But what if this circularity doesn't happen in Sea-it?' The surprising discovery was that we saw it occurring naturally, even without the substance. We quickly understood that something internal is happening, and it happens because we built the right therapeutic framework. You cannot stay inside trauma for eight hours; the body cannot handle that, and therefore it naturally produces entrances and exits, and this is also its way of healing itself. The very knowledge that I can exit the situation creates a different experience. Why do people suffering from PTSD avoid triggers? Because they fear they won't get out of it. They fear breaking down. But when you allow the time and space, the circularity occurs, and it simply happens."

Amit-Zivan: "One of the central characteristics of PTSD is the need for control. They are very afraid of losing control, and hence some of the symptoms of post-trauma mean - I need to be ready for battle all the time. A very central part of the treatment is to address this fear, to be ready to take something that will cause me to lose control. The dosages here are very carefully monitored; they are not high. We have a booster that one can decide whether to take or not.

"The central experience in treating this population is the very encounter between lack of control and control. Therefore, what characterizes the

treatment is the connections. Suddenly there are insights that connect, pairings that they couldn't make before. There is work here that is similar to opening a matryoshka doll - the soldier I am, the child I am, the worker I am, the father I am. Everything is peeling away, and suddenly they are able to see clearly the thread that weaves the patterns, and how this thing that has troubled them their whole lives erupted in the army, but had its roots already in childhood."

"We also understood the importance of integrating techniques," adds Harwood-Gross. "For example, drumming, yoga, body work. There is also an increasing understanding that at least some of the treatments will need to take place outside the walls. Right now, we are putting up a picture of a forest here, but the wish for the future is to examine these treatments in contact with nature as well. This is something we are definitely considering. But we understand that there is nothing that fits everyone, and therefore we must not speak in terms of 'absolute'."

What about objections? Is there criticism of your decision to use a drug for healing?

"It is clear to us that we are going down a complicated path. The FDA (Food and Drug Administration of the USA) effectively rejected MDMA as an official treatment for post-traumatic stress disorder last summer. There was sharp criticism, and researchers from several fields, as well as former patients, said that this treatment has not been researched enough, that it is not sufficiently controlled, that this is a problematic field for ethical violations. Dalia and I are constantly dealing with ethical questions; hardly a day goes by without us discussing moral issues that arise around the research. This is a very complex treatment, both ethically and economically. Just bringing in two therapists to be here for so many hours is not something that is profitable for us.

"People today are looking for quick solutions, miracle drugs. Our message is that treatment is not just a biological matter, and it is also not quick. We always say that the research is short but the work is extensive. As an MDMA patient, you go through an intense experience for more than three months, but it never ends there. Then there can come a period of a year or even more, during which you will need to process all the things you went through. The goal is to take what you have reached and integrate it into your life."