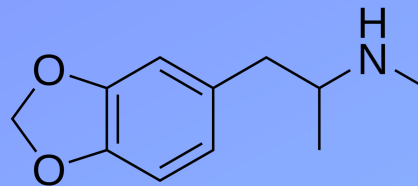
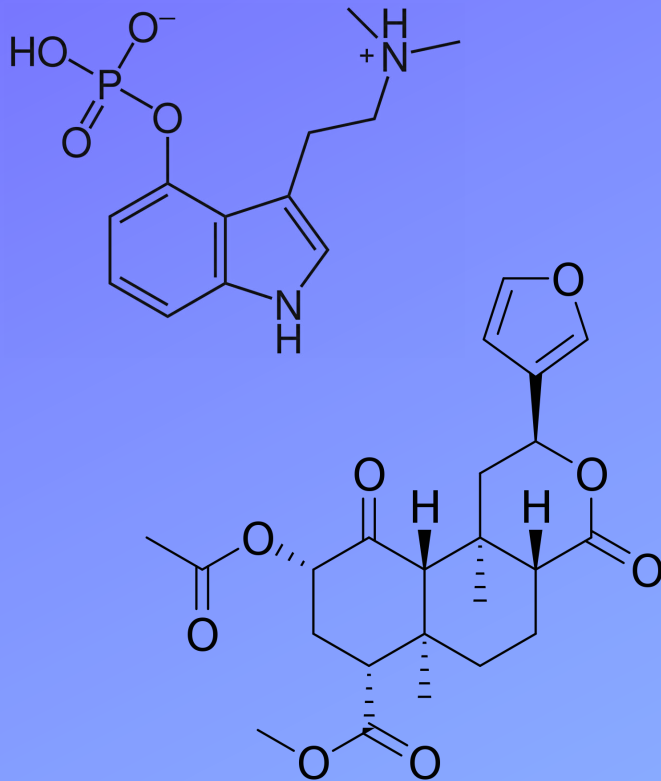


A Critical Lens on the Acute and Enduring Effects of Psychedelics on Brain Function, Cognition, & Emotion

Manoj Doss, postdoctoral scientist

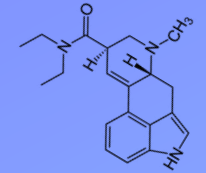
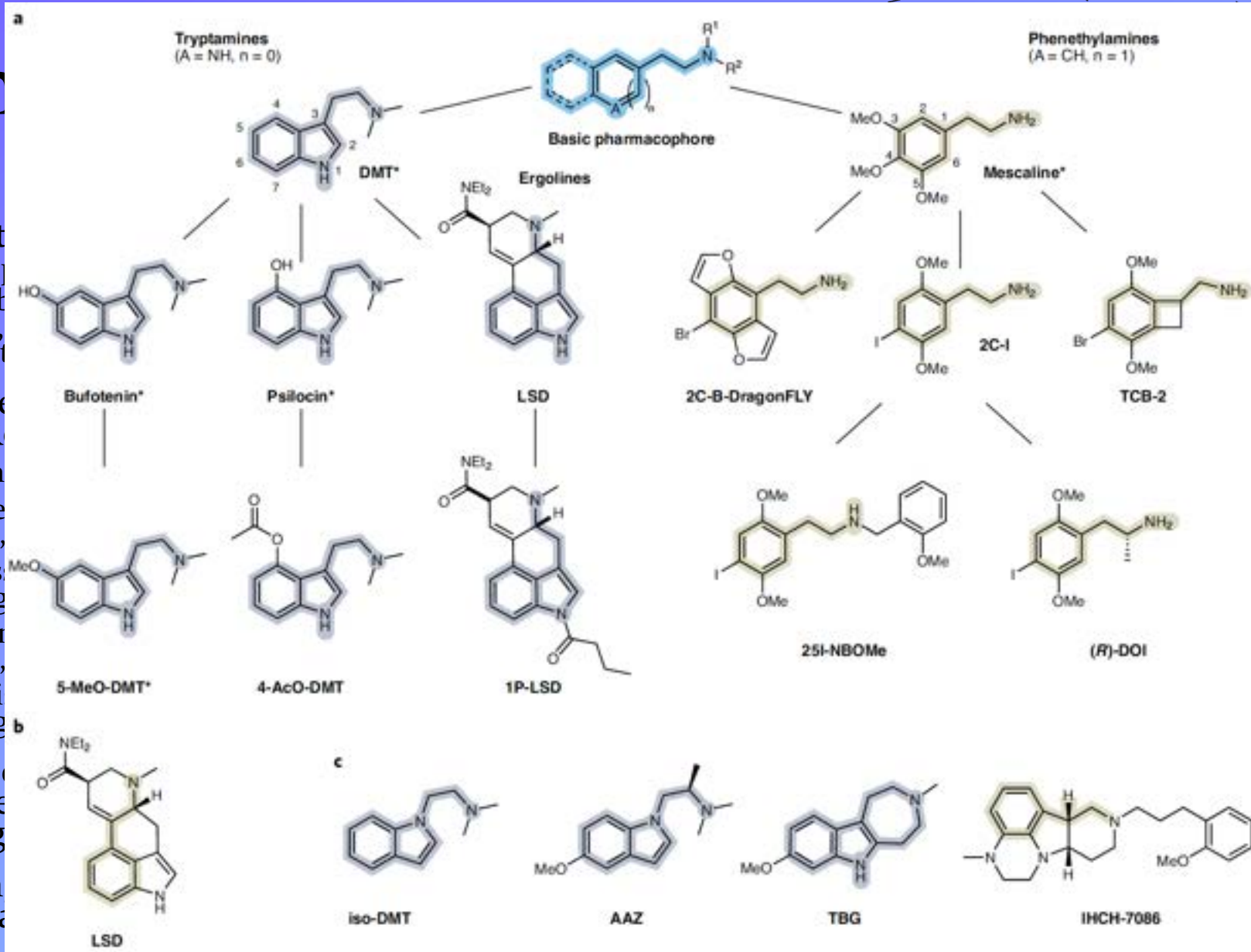
Center for Psychedelic & Consciousness Research

Johns Hopkins University School of Medicine

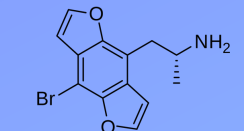
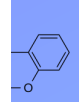


Psych

- 5-HT_{2A} agonist
 - Psilocybin, LSD, mescaline, 2C-I, DOI, DOM, MDMA (but not 2C-B)
- The main player in "Psychedelic R..."
 - Other hallucinogens
 - Dissociative antagonists, e.g. PCP, ketamine
 - Atypical dissociative agonists, e.g. 2C-B, 2C-E, 2C-T, 2C-V, 2C-X
 - Deliriant (antagonists), e.g. DOM, 2C-B, 2C-E, 2C-T, 2C-V, 2C-X
 - Hypnotic dissociative agonists, e.g. PCP, ketamine
- Have been used for therapeutic purposes for centuries, but not much longer
- Currently being investigated for various psychiatric applications

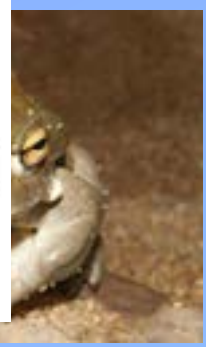


LSD



Bromo-DragonFLY

of 2C-I)



Outline

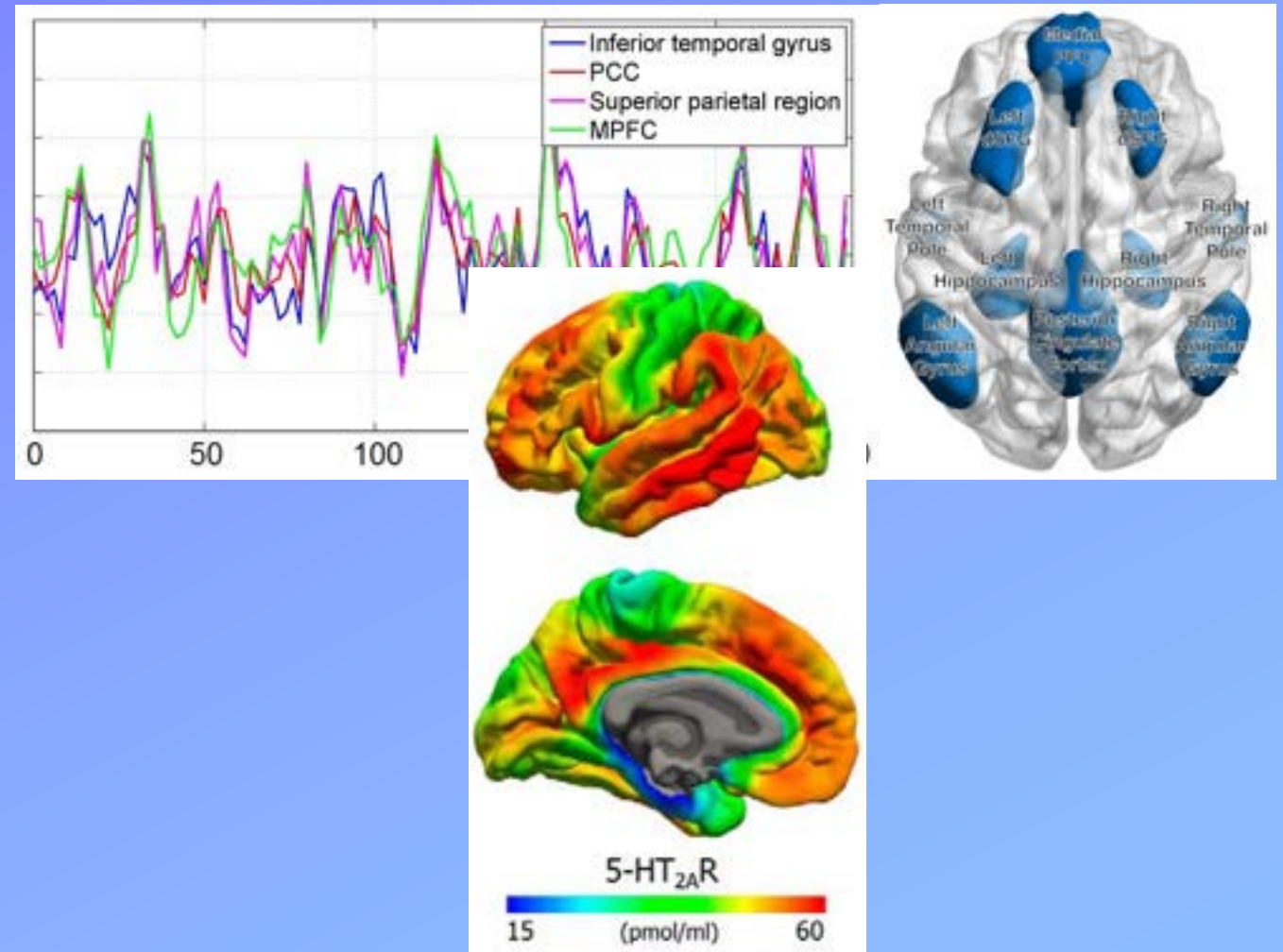
- Acute effects of psychedelics on brain function
 - Does the default mode network (DMN) have a privileged role?
- Acute effects of psychedelics on cognition
 - Episodic memory
 - Microdosing
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 - Healthy adult study
 - Depression study

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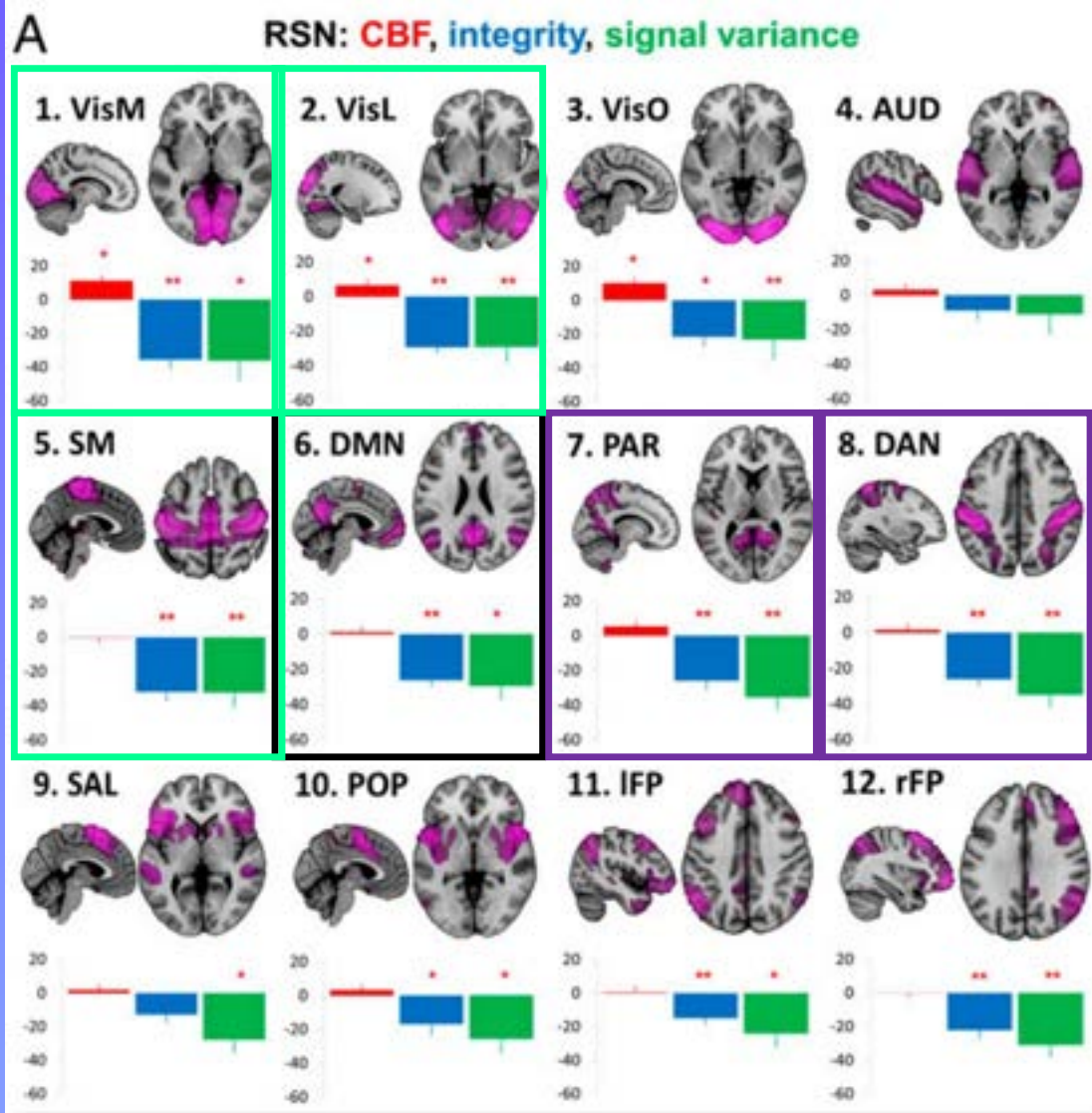
The Default Mode Network Narrative

- Static functional connectivity (sFC) - Strength of association between activity of two or more regions over time.
- Psilocybin decreased task-free activity and sFC within DMN (Carhart-Harris et al., 2012).
 - Replicated with ayahuasca (Palhano-Fontes et al., 2015), LSD (Carhart-Harris et al., 2016; Müller et al., 2018), and psilocybin (Mason et al., 2020).
 - Correlated with “ego dissolution” in one study (Carhart-Harris et al., 2016).
- Default mode network (DMN) involved in self-referential processing and thus, has been proposed to be the “ego.”
- RElaxed Beliefs Under pSychedelics (REBUS) posits the DMN at the top of the brain’s hierarchy.
 - “Hierarchy” collapses under psychedelics leading to “entropy.”
 - Larger effects in higher-level networks (i.e., not sensory).
- Michael Pollan popularized this narrative to the broader public.



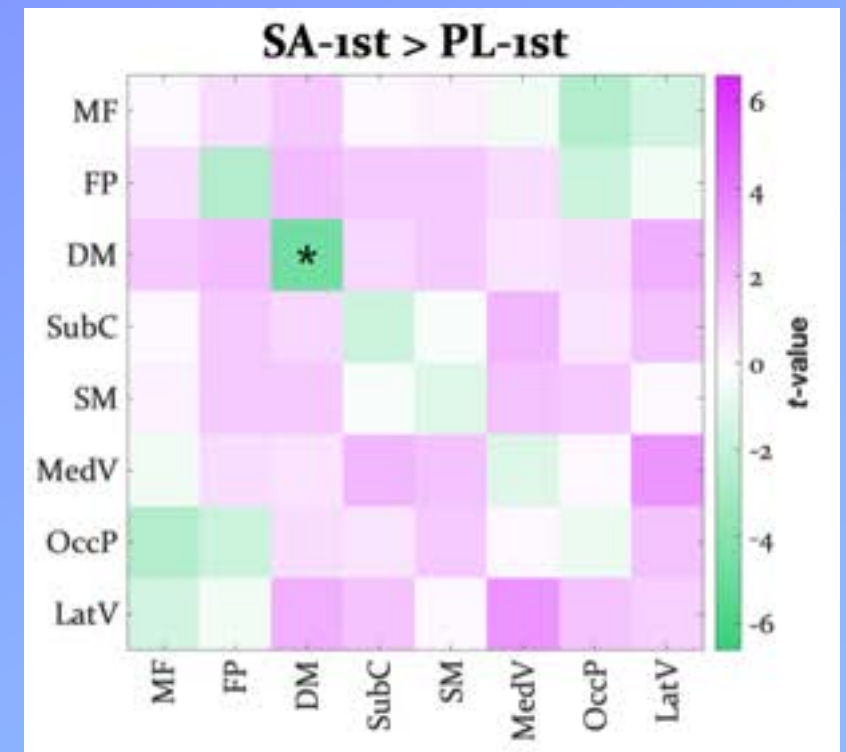
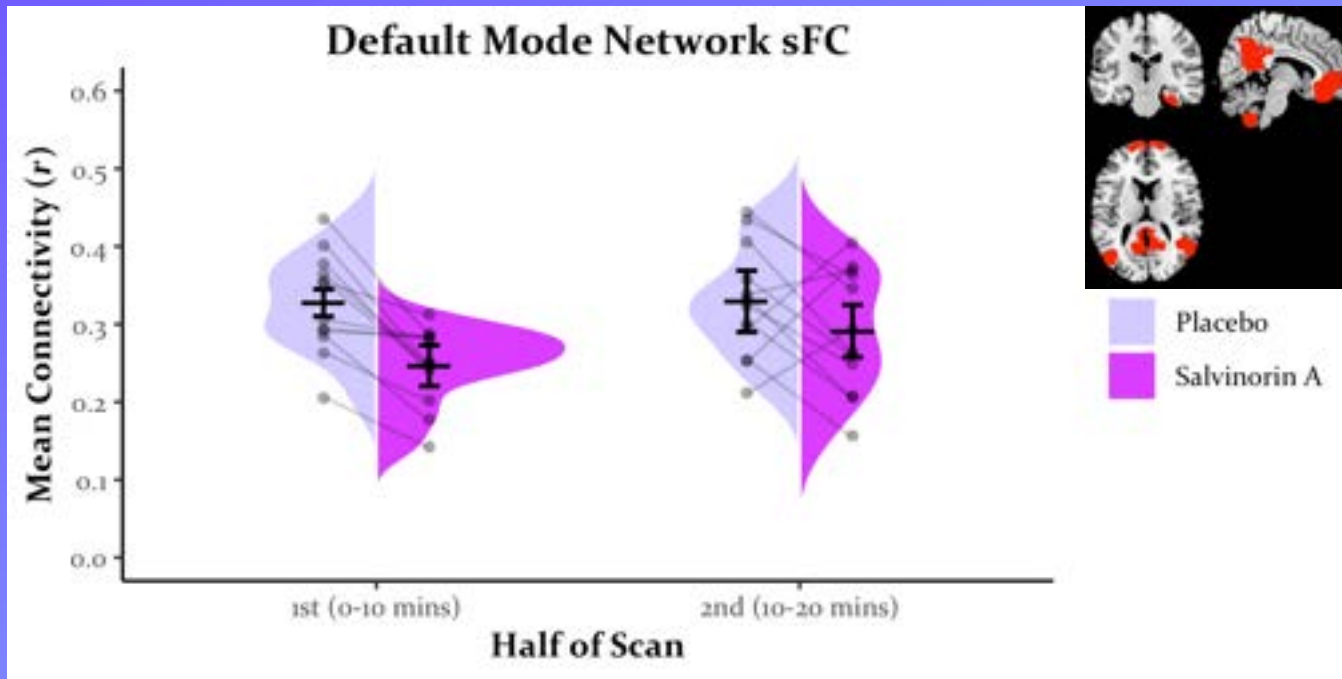
It wasn't always only about the DMN...

- Correlations with ego dissolution did not replicate (Müller et al., 2018).
 - Loads of activation patterns correlate with ego dissolution (Millière et al., 2018).
- DMN involved in more than the self (e.g., episodic memory, theory of mind, future simulation).
- Increases and decreases in activity found within and outside of the DMN (Daumann et al., 2008, 2010; Gouzoulis-Mayfrank, 1999; Hermle et al., 1992; Vollenweider, 1997, 1999).
- Stronger decreases in sFC outside of DMN (Carhart-Harris et al., 2016; Mason et al., 2020; Müller et al., 2018).



◆ **LSD-Induced Entropic Brain Activity** ◆

Network		<i>T</i>	<i>P</i>
N	Description	Drug	Drug
1	Secondary Visual	4.698	<0.001***
2	Primary Visual	6.019	<0.001***
3	Superior Sensorimotor	6.209	<0.001***
4	Inferior Sensorimotor	1.238	0.219
5	Superior Parietal	4.961	<0.001***
6	Posterior Sensorimotor	5.971	<0.001***
7	Posterior Salience	1.651	0.102
8	Anterior Salience	4.020	<0.001***
9	Anterior MTL	-0.710	0.479
10	Orbitofrontal	0.651	0.517
11	Precuneus	6.068	<0.001***
12	Inferior Frontoparietal	6.401	<0.001***
13	Superior Frontoparietal	5.171	<0.001***
14	Auditory	0.511	0.610
15	Hippocampal	2.531	0.013*
16	Default Mode	3.594	0.001**
17	Frontotemporal	1.560	0.122

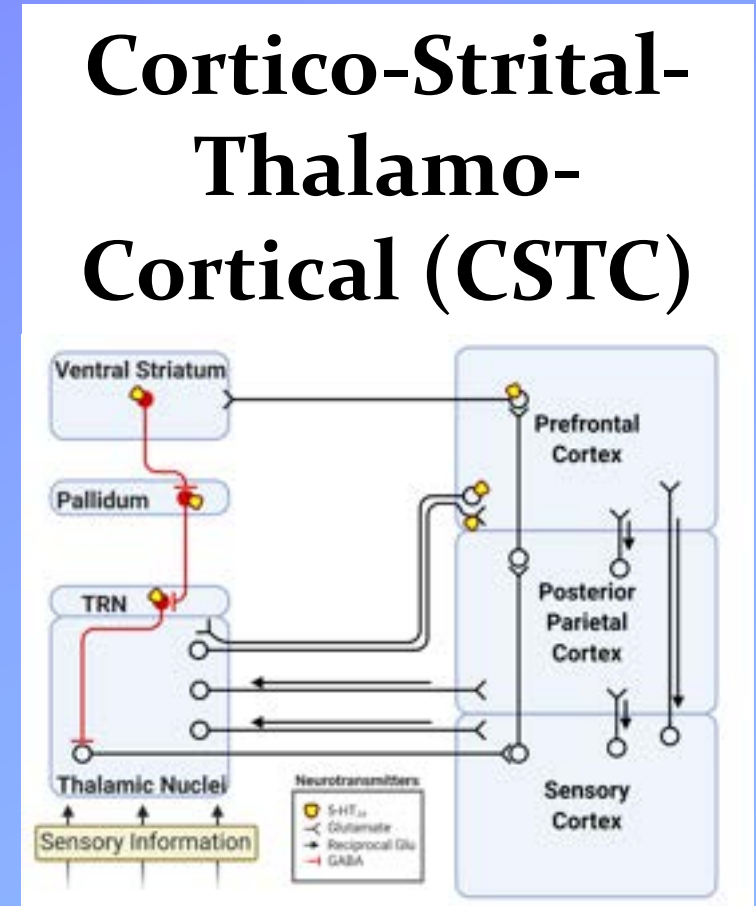
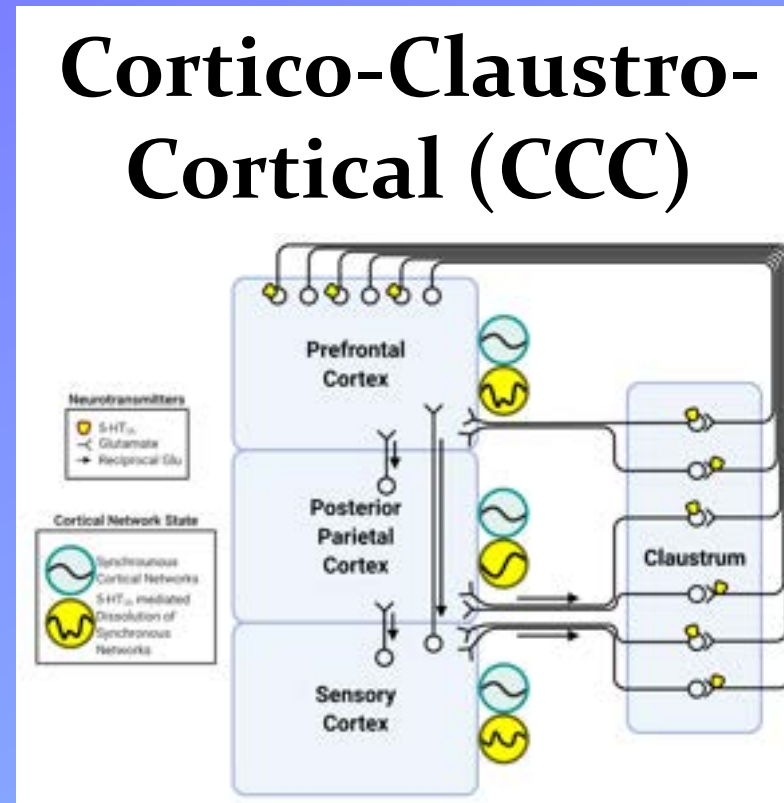
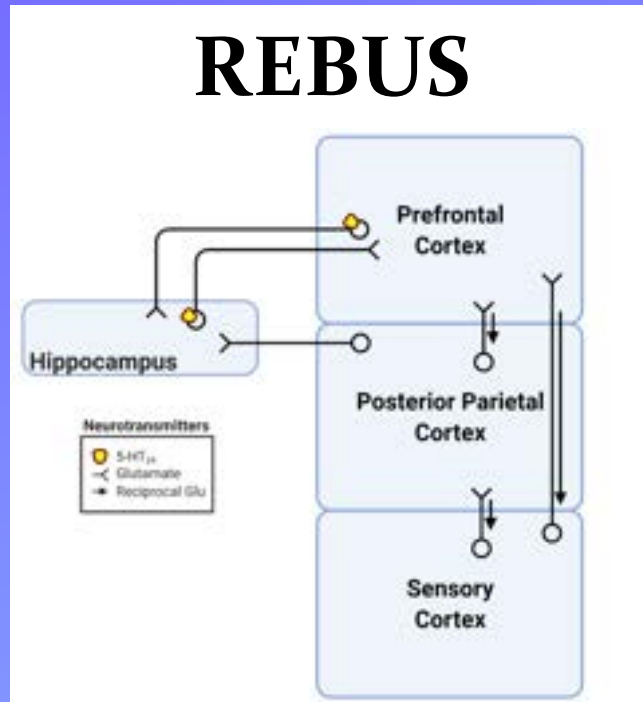


Are reductions in functional connectivity within the DMN specific to hallucinogens?

- Ketamine - decreases (Bonhomme et al., 2016; Zacharias et al., 2020), no effect (Mueller et al., 2018; Niesters et al., 2012), increases (Fleming et al., 2019).
- THC - decreases (Wall et al., 2019)
- Amphetamine - decreases (Schrantee et al., 2016)
- Alcohol - decreases (Weber et al., 2014)
- SSRI - decreases (Klaassens et al., 2015)

Unconstrained cognition under “resting state” conditions is likely an issue...

Other Models of Psychedelic Drug Action (Doss et al., 2022, *Brain*)



Also need 1) **DMN-dependent behaviors** (e.g., self-referential processing, episodic memory, and theory of mind) and 2) **causal manipulations** (e.g., TMS, lesion patients, and animal models).



Michael Pollan ✓
@michaelpollan



A revisionist take on the neuroscience of psychedelic experience: 5 Questions for Manoj Doss - by jane c. hu
- The Microdose



themicrodose.substack.com

5 Questions for Manoj Doss

The Microdose talks to Doss about the neuroscience of mind-altering drugs.



Manoj Doss not exist
@ManojDoss



There you have it. The man himself said it.



Robin Carhart-Harris @RCarhartHarris · Oct 30, 2020

Replying to @MGirnNeuro and @michaelpollan

Good vid. Narratives have been too DMN centric. "Shutting off" DMN is worst example. Correlations with DMN 'disintegration' & ED are likely nonspecific but not wrong as such. Reset thing is an extrapolation. It's true.

Outline

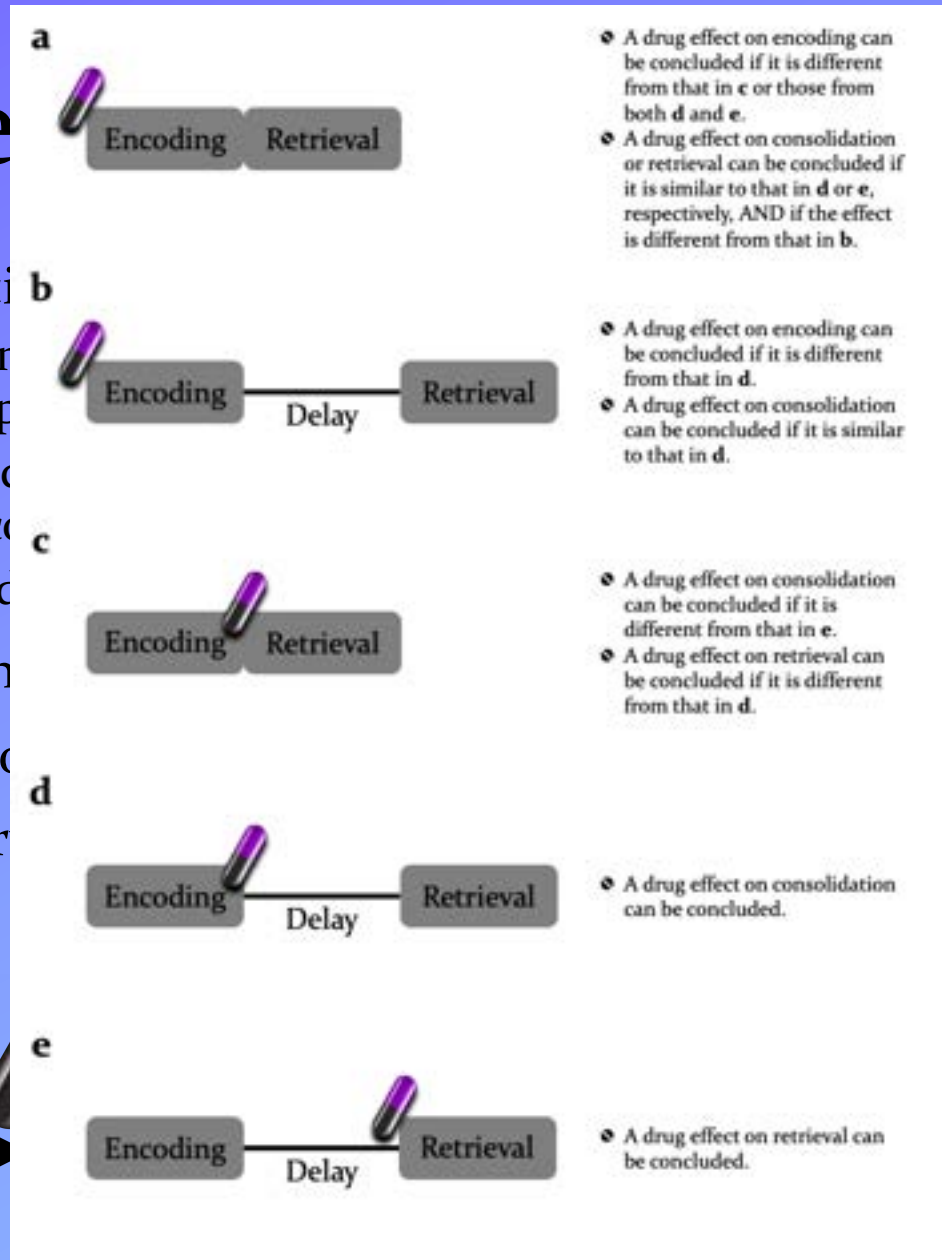
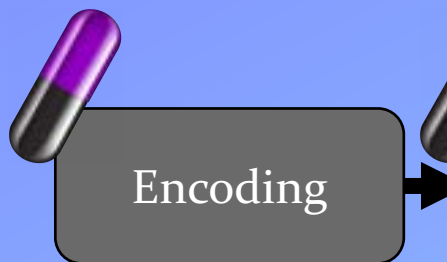
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Psychedelics and Cognition

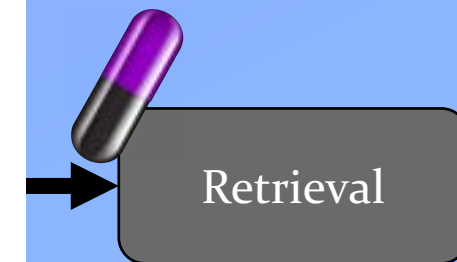
- Psilocybin enhances semantic priming (Spitzer et al., 1994).
- *R*-MDEA enhances the “pop-out” effect (Spitzer et al. 2001).
- Psilocybin impairs high level motion perception (Carter et al., 2004).
- Psilocybin impairs time perception (Wittman et al., 2007; Wackermann et al., 2008).
- Psilocybin impairs inhibitory processes (Quednow et al., 2012; Gouzoulis-Mayfrank et al., 2006)
- Psilocybin increases threshold for detecting fearful faces (Schmidt et al., 2013).
- Psilocybin impairs psychomotor function (Barrett et al., 2018).
- LSD reduces cognitive flexibility (Pokorny et al., 2019).
- Psilocybin and LSD impair WM (Barrett et al., 2018, Pokorny et al., 2019, Wittmann et al., 2007).
- Psilocybin and MDMA impaired some measures of episodic memory (Barrett et al., 2018; Doss et al., 2018).

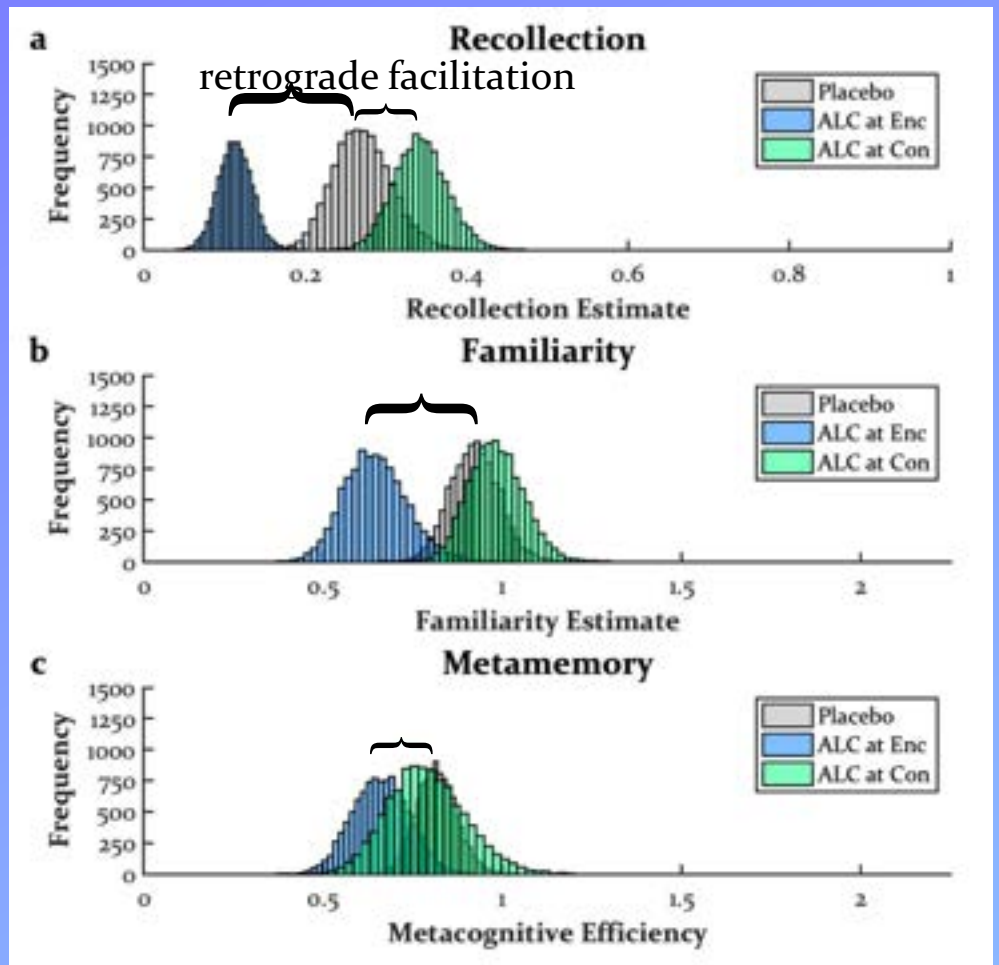
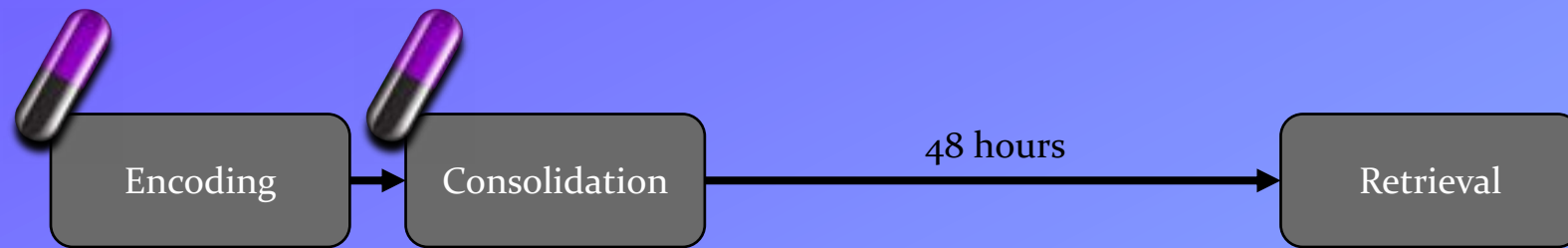
Episodic Memory

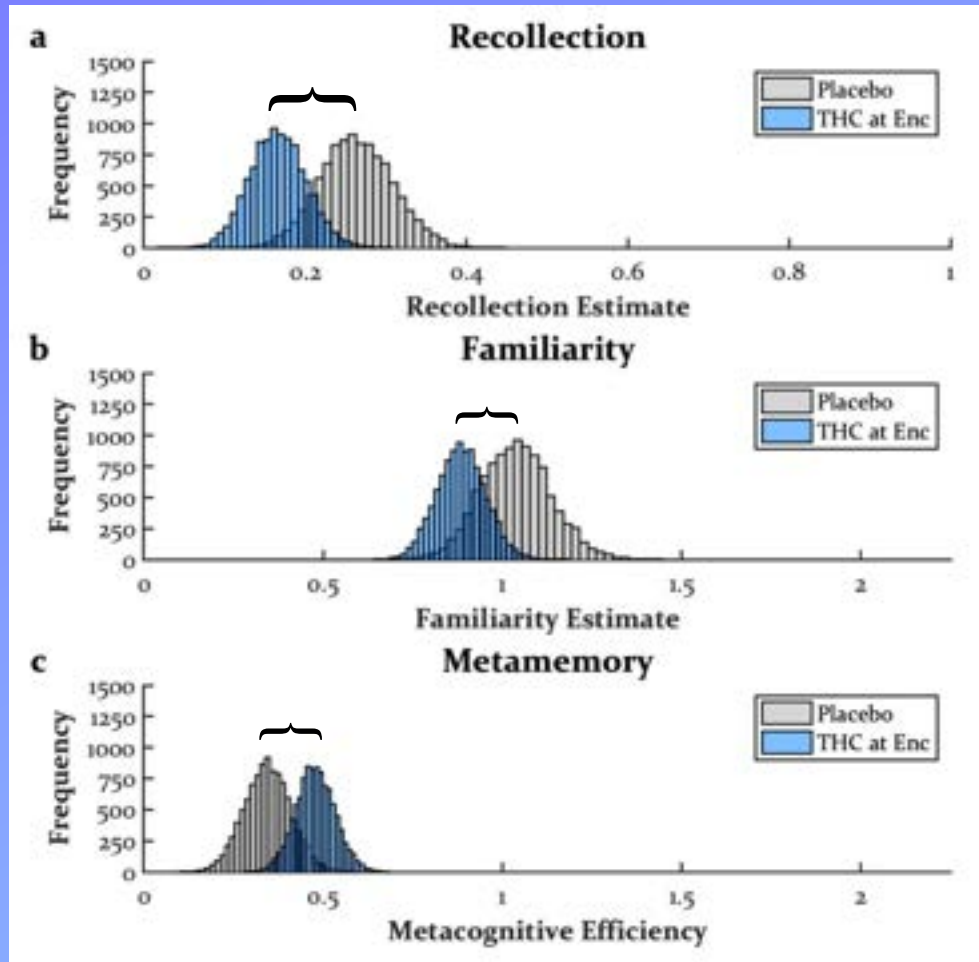
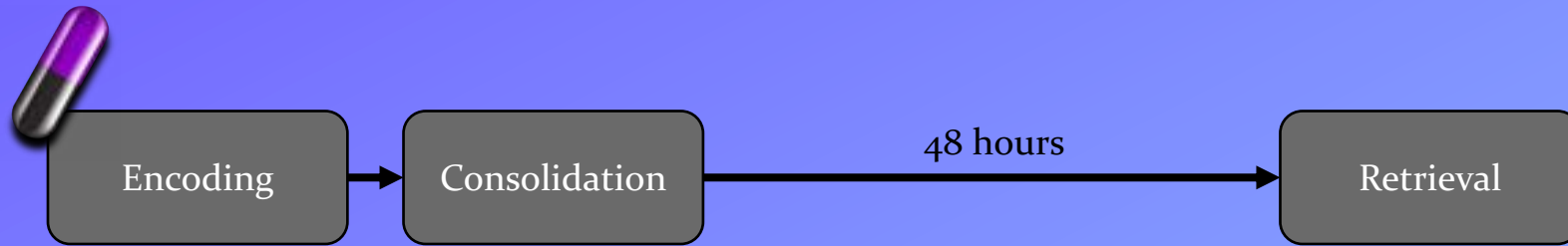
- The conscious reexperiencing of a specific event (e.g., remembering your first kiss)
 - **Recollection** - Hippocampal-dependent; involves conscious awareness of the specific details of the event (e.g., "I remember seeing her in the park")
 - **Familiarity** - Cortically-dependent; involves a sense of familiarity without specific details ("noetic consciousness")
 - **Metamemory** - Knowledge about one's own memory
- **Encoding** - studying/learning
- **Consolidation** - post-encoding
- **Retrieval** - testing memory

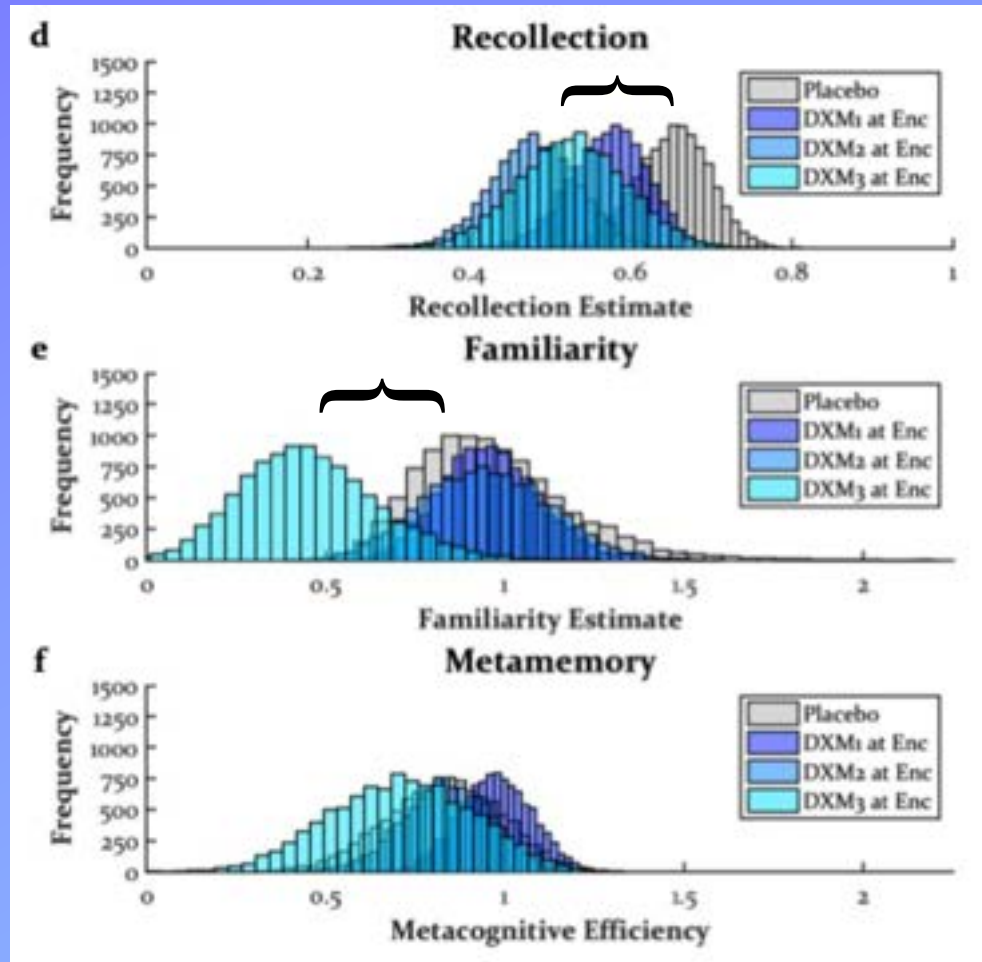


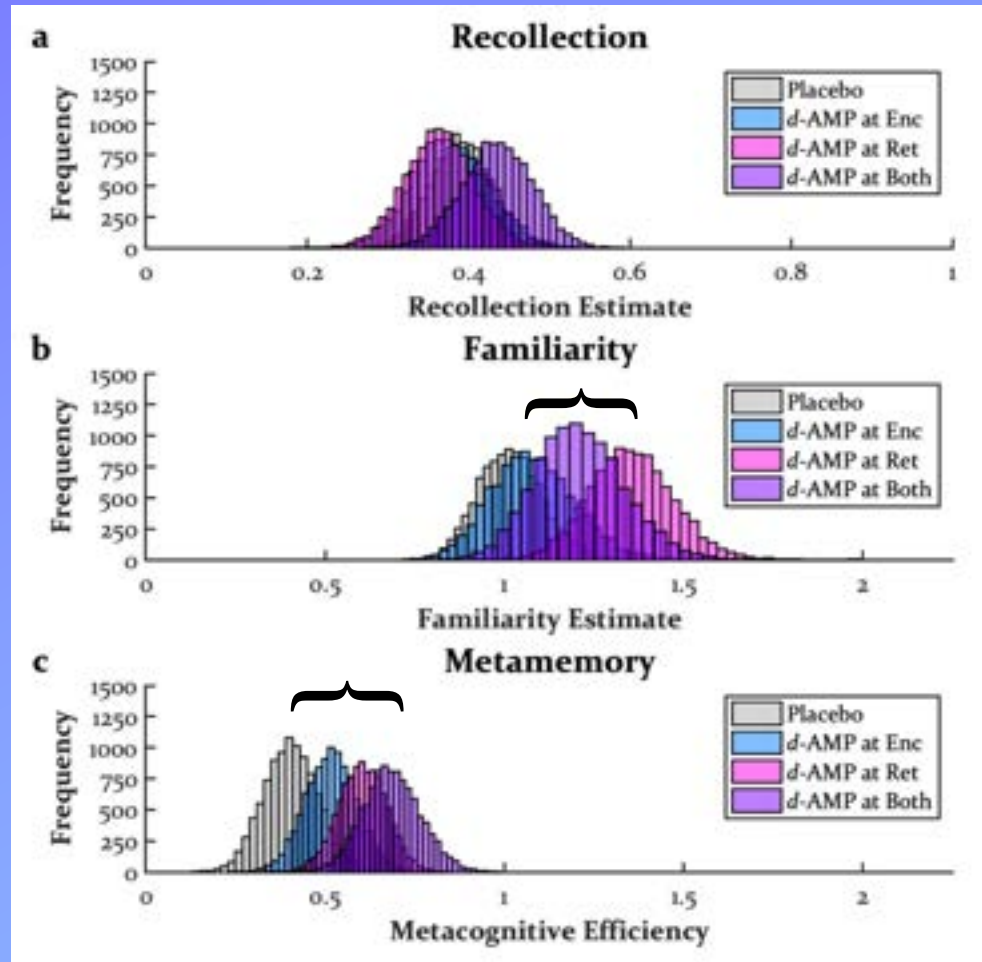
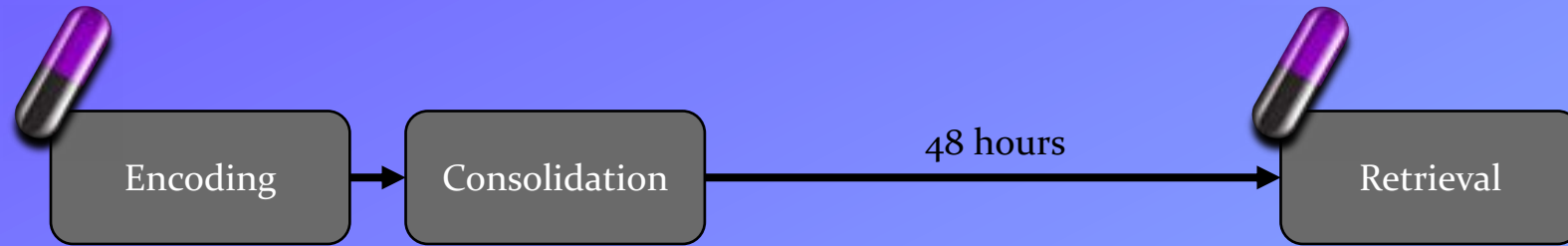
time travel” –Endel Tulving)
 from an event like where and
 been experienced without

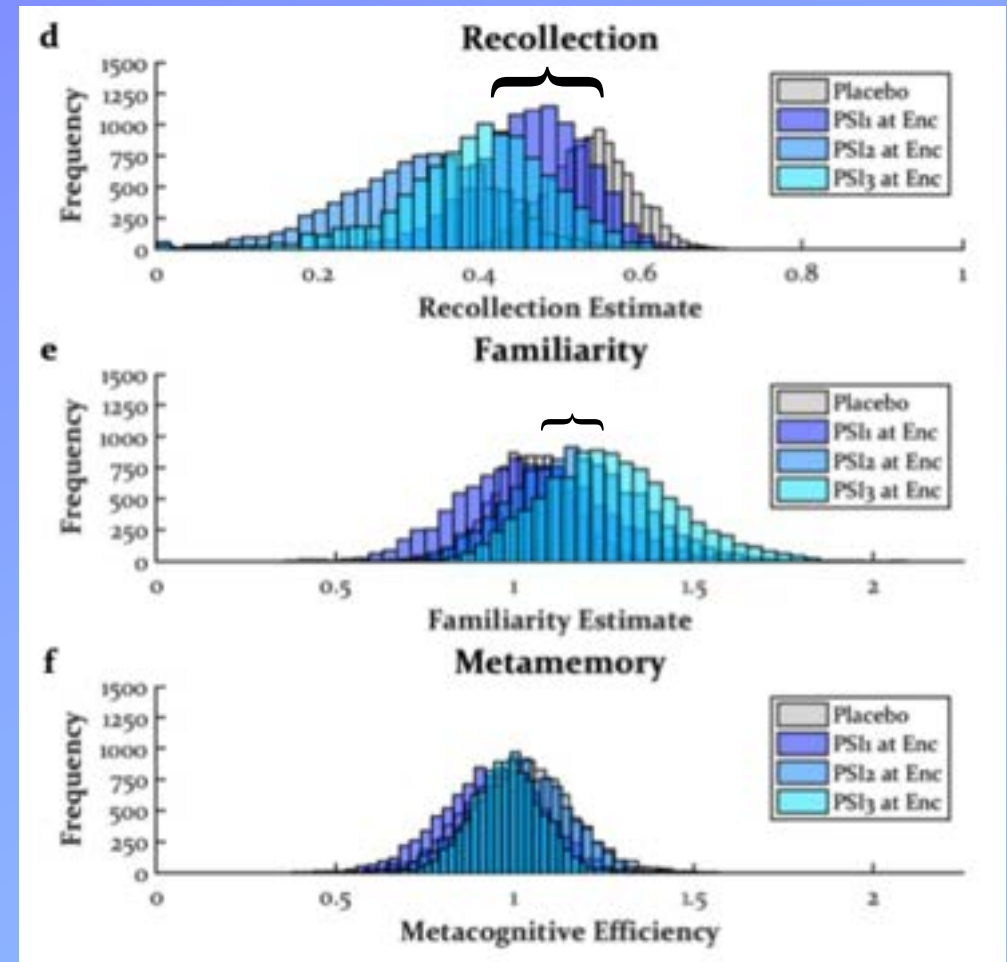
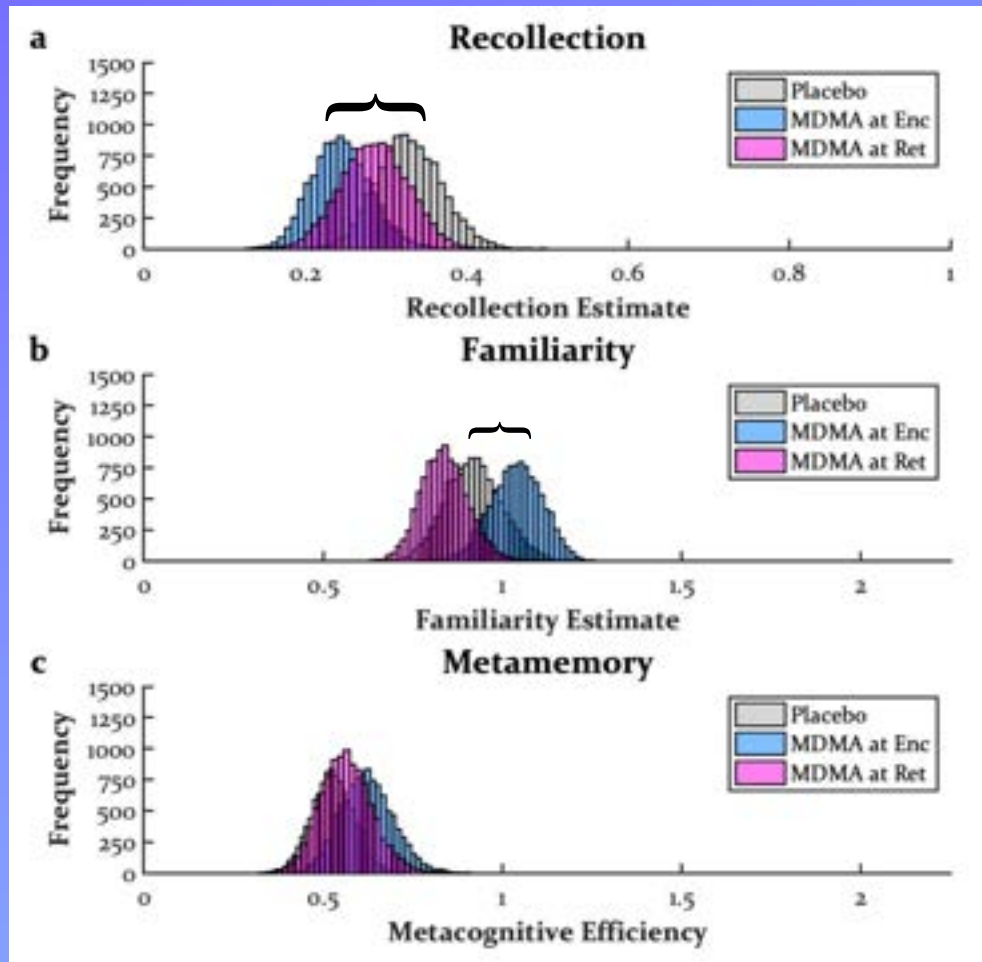
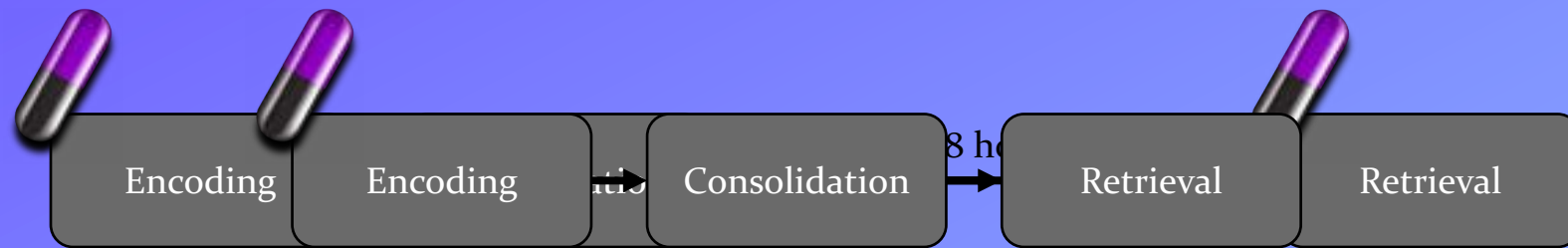












Why are these effects on episodic memory interesting? The good...

- Ego dissolution ~ disruption of auto-noetic consciousness (experience of recollection)
- Noetic quality (undeniable sense of knowing) ~ enhancement of noetic consciousness (experience of familiarity)
- Computationally, recollection involves threshold processing and familiarity involves graded processing.
 - Other “thresholds” break down (like self and other) and more continuous form of information processing facilitated (“oneness”).
 - Perhaps related to “flattening” of energy landscape proposed by REBUS.
- Cortex is a slow learner, so encoding new memories into the cortex may disrupt maladaptive “crystallized” memories.
 - Perhaps related to increased cortical plasticity (Inserra et al., 2021).

Why are these effects on episodic memory interesting? The less good...

- When recollection fails and familiarity is high, *déjà vu* (Cleary et al., 2012), feelings of premonition (Cleary & Claxton, 2018), *presque vu* (illusory insight; Kostic et al., 2015) can occur.
- No evidence that metacognition improves under psychedelics.
- Feelings of insight can be misattributed to unrelated ideas (Laukkonen et al., 2022).
- Familiarity unconstrained by recollection can be misattributed to unrelated stimuli (e.g., Doss et al., 2016; 2018; 2020; Roediger & McDermott, 1995).
- Most drugs increase false memories upon retrieval (Doss et al., in review).
 - Psychedelics enhance mental imagery and suggestibility.
 - Freudian narratives of repressed memories are not supported by memory researchers (Otgaar et al., 2021).
- Enhanced feelings of insight (encoding effect) + enhanced memory distortion (retrieval effect) = great recipe for false memories and delusions.
- Memory distortion may be good for rewriting maladaptive memories (i.e., reconsolidation).
- MDMA, specifically, induces stereotyped lateral eye movements like EMDR.
 - Lateral (but not vertical) eye movements associated with enhanced memory retrieval and distortion.
 - Saccades drive hippocampal theta phase resetting associated with memory formation/plasticity.

Microdosing

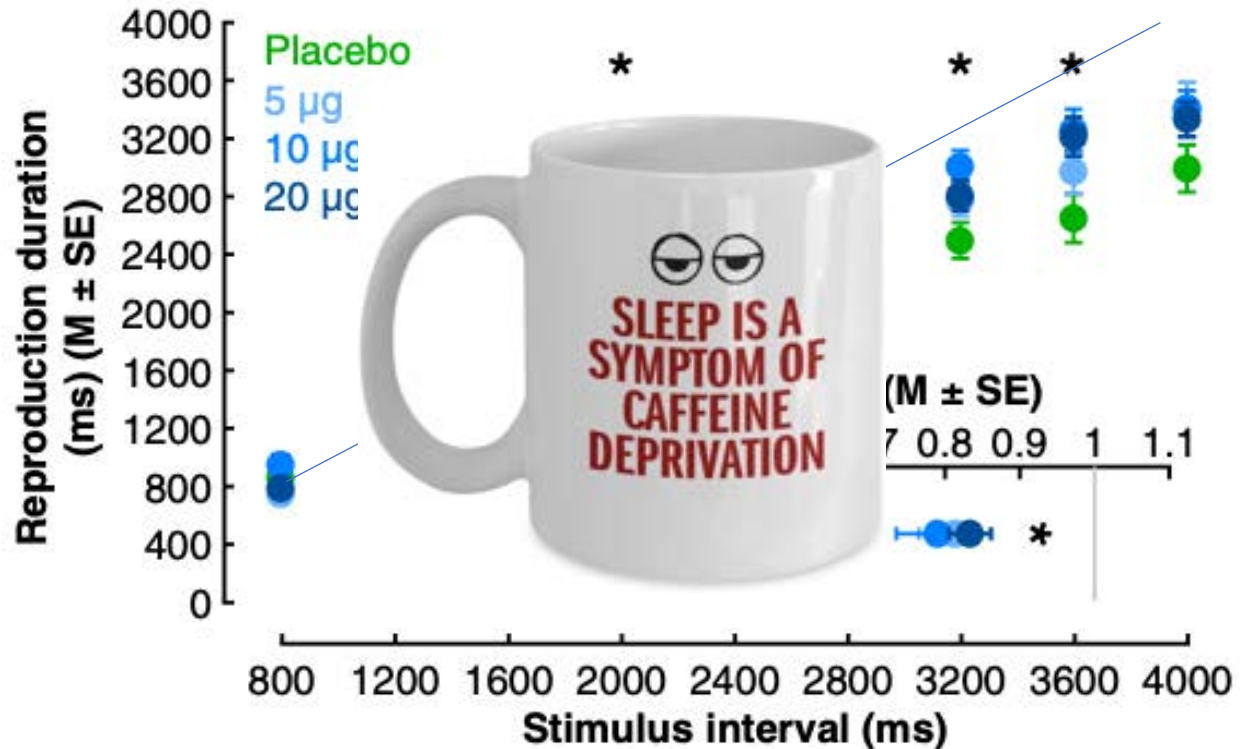
- $\approx 1/10$ of a standard dose
 - e.g., 10 μg of LSD, 1.5 mg of psilocybin, .2 g of dried mushrooms
 - 1/4 of a standard dose might be considered a “low dose”
- In the wild, many practices involve variable days on and days off.
 - e.g., 1 day on, 2 days off
- Microdoses of LSD increase stimulant-like effects and positive affect (Bershad et al., 2019; de Wit et al., 2022; Family et al., 2020; Hutten et al., 2020; Murray et al., 2021).
 - But also increase anxiety.
 - Repeated dosing did not improve mood off drug (de Wit et al., 2022; Family et al., 2020).
- Placebo effects on mood with self-blinding (Szigeti et al., 2021).
- Psychedelics stimulate 5-HT_{2B} receptors
 - Associated with cardiac toxicity.

Effects of Microdosing on Cognition

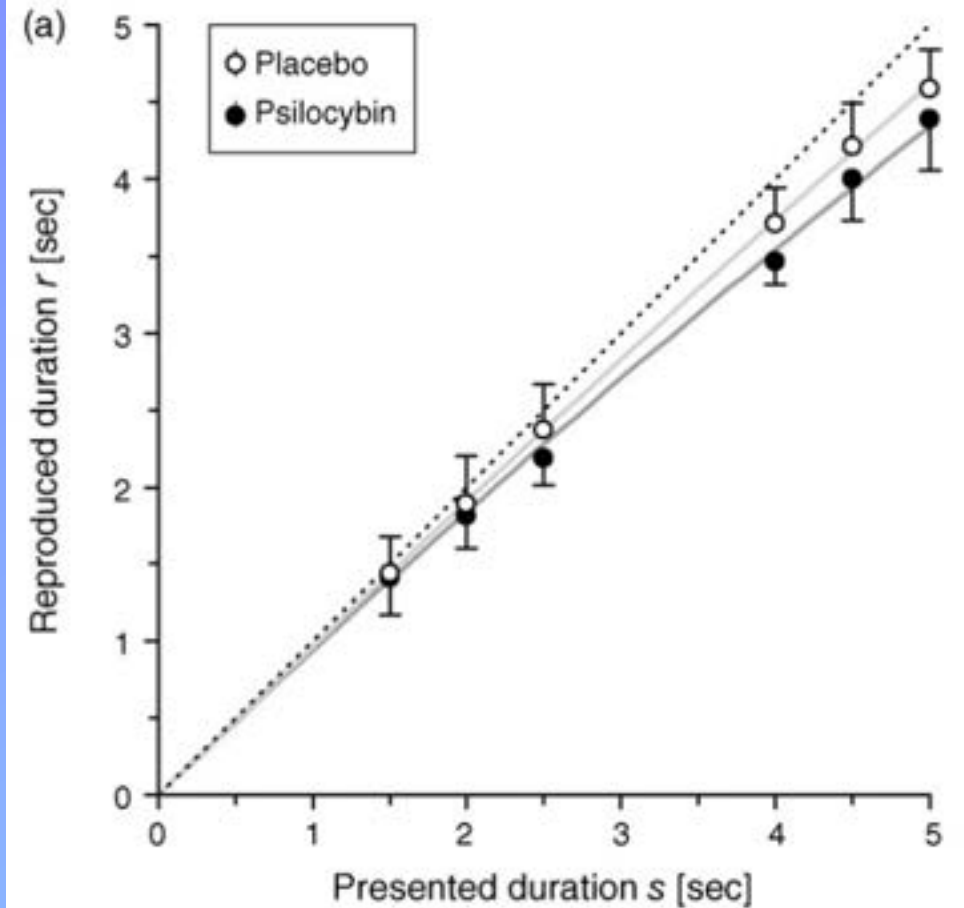
- LSD did not impact WM, emotional processing, social exclusion, or convergent thinking (Bershad et al., 2019).
- 4 microdoses of LSD did not impact WM, emotional processing, or social exclusion (de Wit et al., 2022).
- 6 microdoses of LSD did not impact reaction time, paired associates learning, rapid visual information processing, spatial WM (Family et al., 2019).
- Psilocybin improved convergent and divergent thinking (Prochazkova et al., 2018).
 - Psilocybin retreat, not placebo-controlled, probably practice effects.
- Enhanced sustained attention and positive mood but also increased anxiety (Hutten et al., 2020).
 - Caffeine deprived

Temporal Reproduction

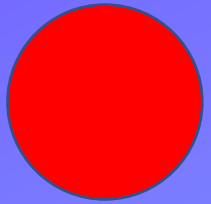
Yanakieva. (2019)



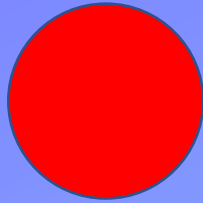
Wackerman et al. (2008)



Temporal Dilation?



2 seconds



2 seconds



2 seconds

Why would observing a red dot on the screen feel longer under LSD but not yourself holding down a button?

El Greco Fallacy

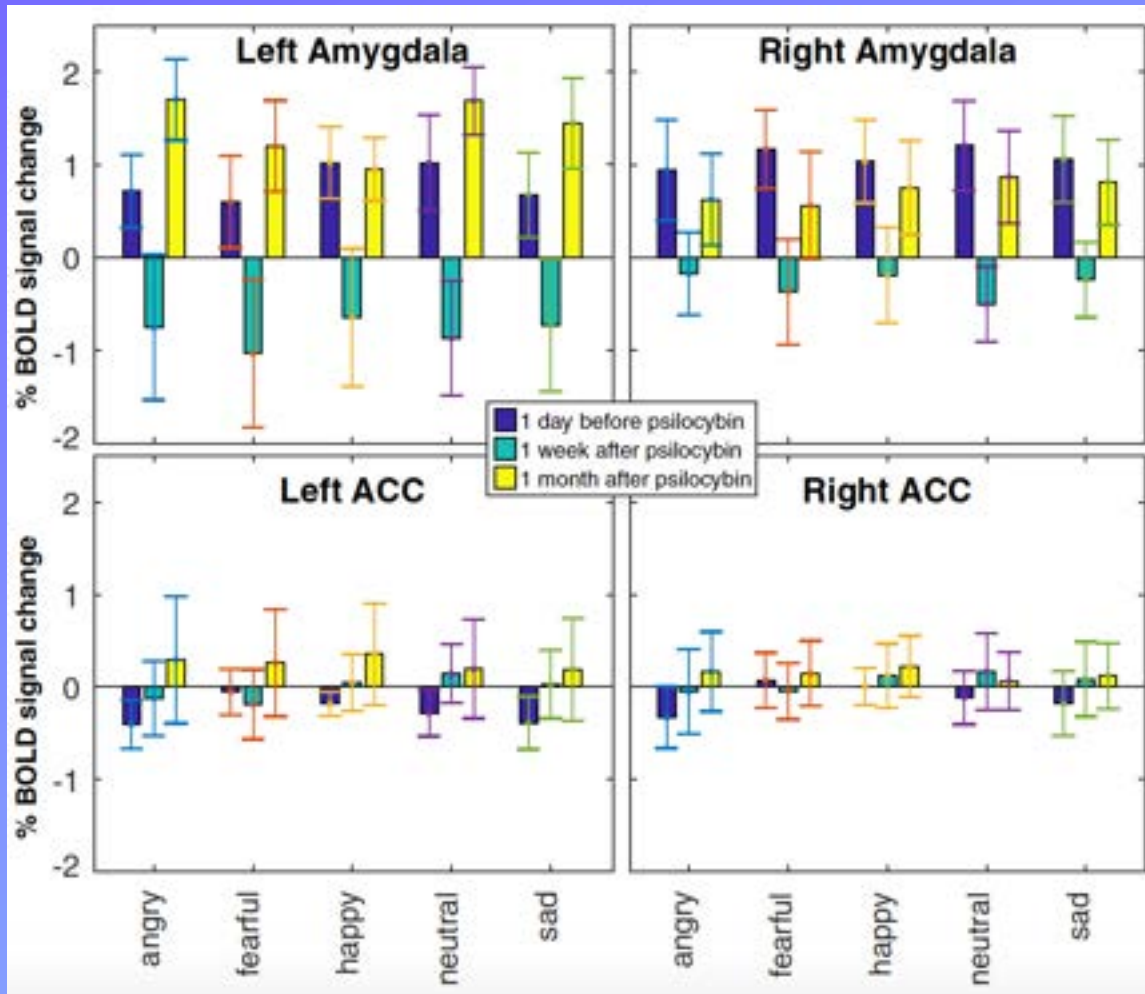
- Assumption that particular perceptual abnormalities will influence interactions with the world of a similar nature.
- Firestone & Scholl (2013)
 - Holding a rod horizontally doesn't actually make a hallway look narrower.
 - Thinking darker thoughts doesn't actually make the world look darker.



Outline

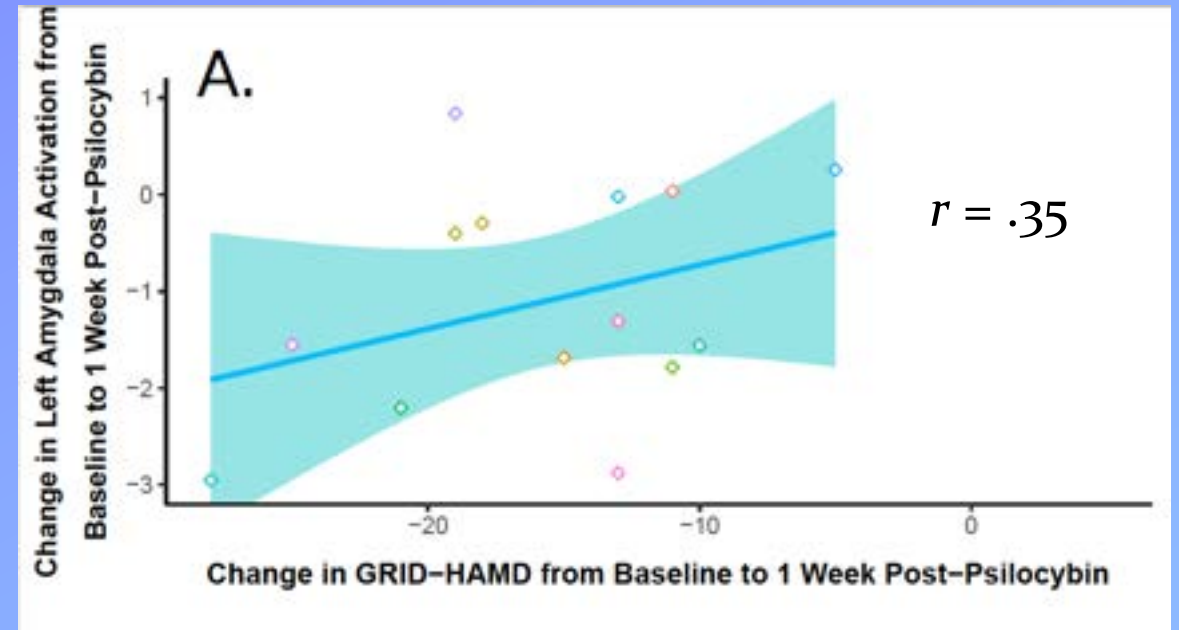
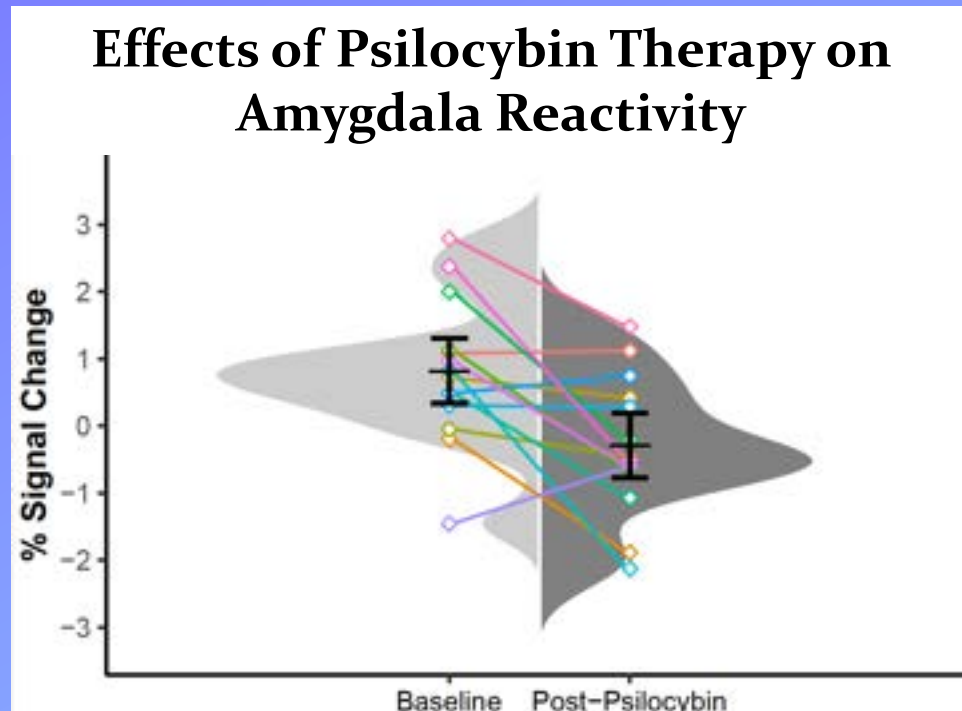
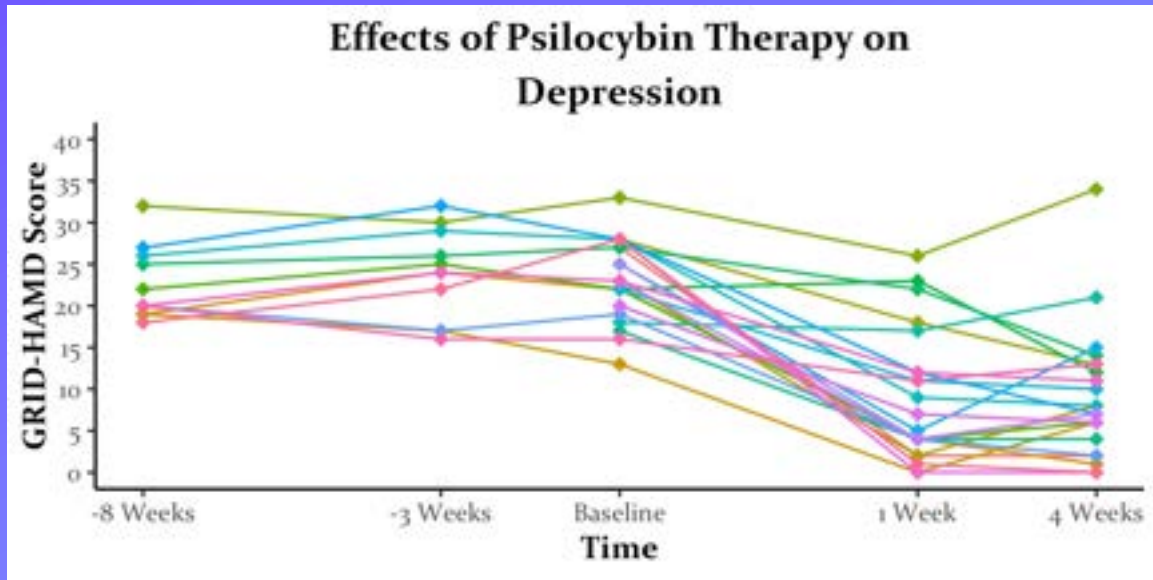
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Psilocybin Blunt Amygdala Reactivity 1 Week After a Single High Dose



- Reductions in negative affect:
 - DASS stress
 - PANAS negative affect
 - STAI state, trait
 - POMS tension, depression, mood disturbance
- Increases in positive affect:
 - DPES content, pride, compassion, amusement

Also in patients with depression...



Background for Depression Study

- 🍄 Psychedelic therapy is showing potential for the treatment of depression and other psychiatric disorders¹.
- 🍄 Depression and other disorders are accompanied by cognitive rigidity² and less neural dynamics³.
 - 🍄 Cognitive flexibility - Ability to adaptively switch between different cognitive operations in response to changing environmental demands.
 - 🍄 Neural flexibility - Variability/complexity of brain signals over time.
- 🍄 A potential transdiagnostic mechanism of psychedelic therapy may be enduring enhancements of cognitive & neural flexibility.

¹Carhart-Harris et al. (2016, 2021); Davis et al. (2020), Johnson et al., (2014), Moreno et al. (2006)

²Gruner et al. (2017), Strange et al. (2017), Verdejo-Garcia et al. (2015)

³Goodman et al. (2021), Zheng et al. (2018)

Psychedelics and Cognitive & Neural Flexibility

- 🍄 Cognitive flexibility supported by neural flexibility, especially of anterior cingulate cortex¹ (ACC).
 - 🍄 Neural flexibility ≠ cognitive flexibility
- 🍄 Psychedelics acutely increase some measures of (task-free) neural flexibility (e.g., entropy), especially of ACC² but acutely impair cognitive flexibility³.
- 🍄 In healthy populations, mixed evidence regarding subacute (1 day) effects of psychedelics on cognitive flexibility⁴ and no apparent enduring (1 week) effects on neural flexibility⁵.
- 🍄 What are the enduring effects of psychedelics on cognitive & neural flexibility in patients with major depressive disorder (MDD)?

¹Chen et al. (2016), Fu et al. (2022)

²Tagliazucchi et al. (2014), Lebedev et al. (2016)

³Amodeo et al. (2020), Pokorný et al. (2019)

⁴Murphy-Beiner et al. (2020), Wießner et al. (2022)

⁵Barret et al. (2020)

Study Design

- 🍄 Open-label clinical trial testing psilocybin therapy for MDD
- 🍄 ≤24 patients with MDD (8 males) and limited hallucinogen use
- 🍄 20 and 30 mg/70 kg psilocybin sessions separated by ≈1.6 weeks
- 🍄 Immediate group and 8-week delayed control group
- 🍄 Cognitive testing and 7T neuroimaging (fMRI and MRS) assessed at baseline and 1 week after psilocybin therapy (cognitive testing also 4 weeks post-treatment)
 - 🍄 Cognitive measures assessed twice pre-treatment in delayed group to control for practice effects.

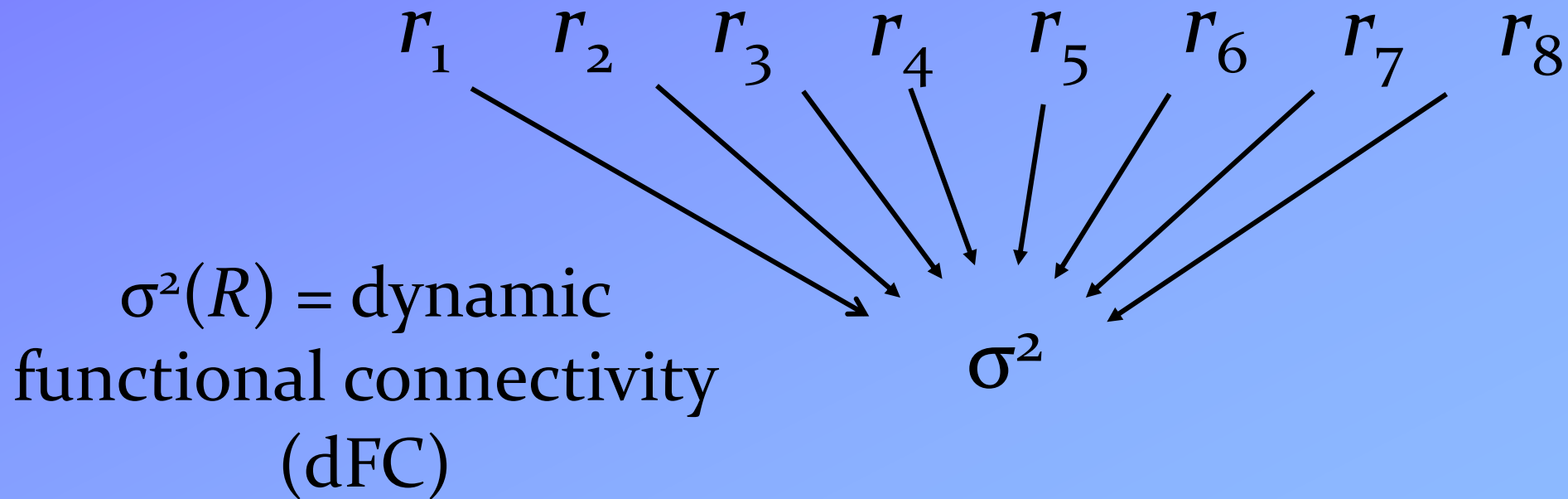
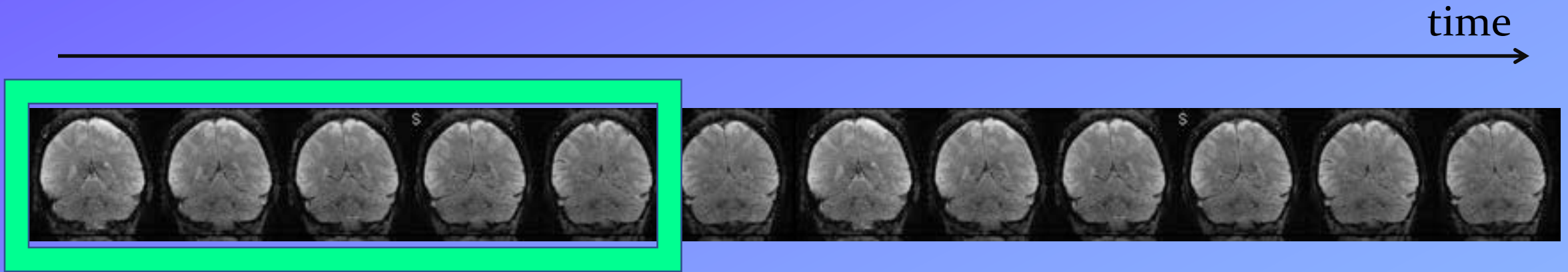
Cognitive Flexibility

🍄 Penn Conditional Exclusion Test (PCET)¹

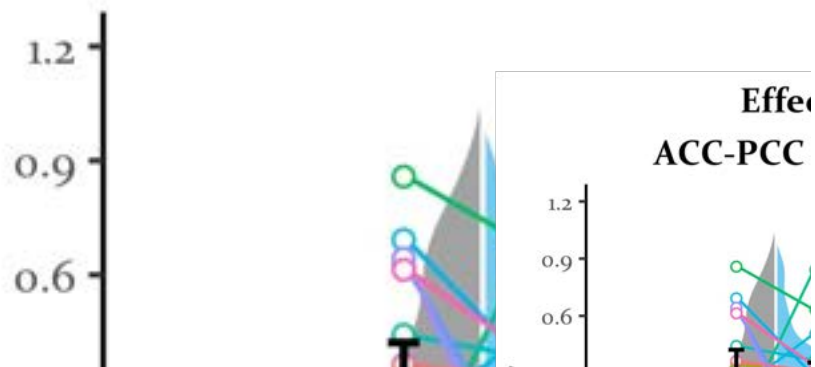


- 🍄 Perseverative errors = 3 errors in a row based on prior rule
 - 🍄 Less errors = **greater** cognitive flexibility
- 🍄 Multiple versions to minimize learning effects.

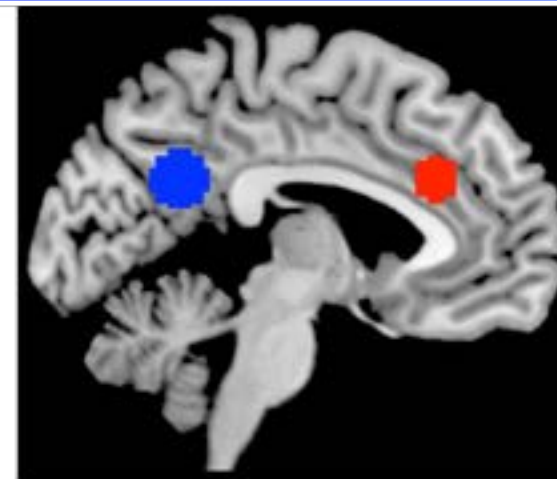
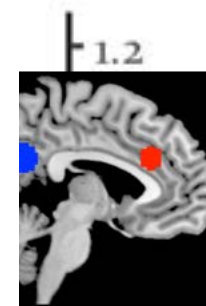
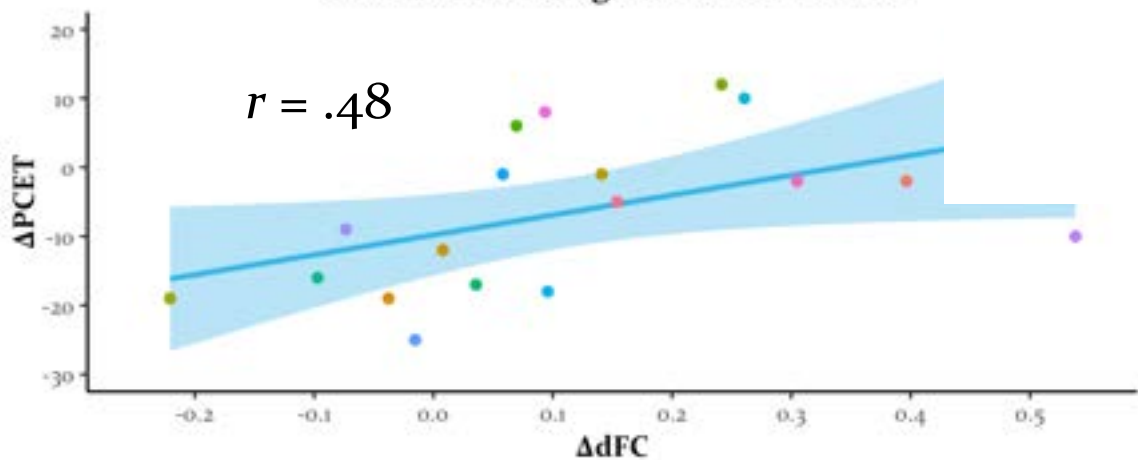
Neural Flexibility



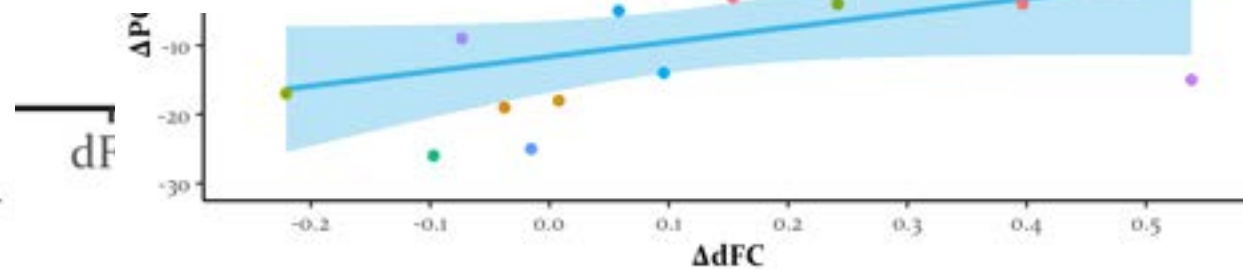
Effects of Psilocybin on ACC-PCC Functional Connectivity

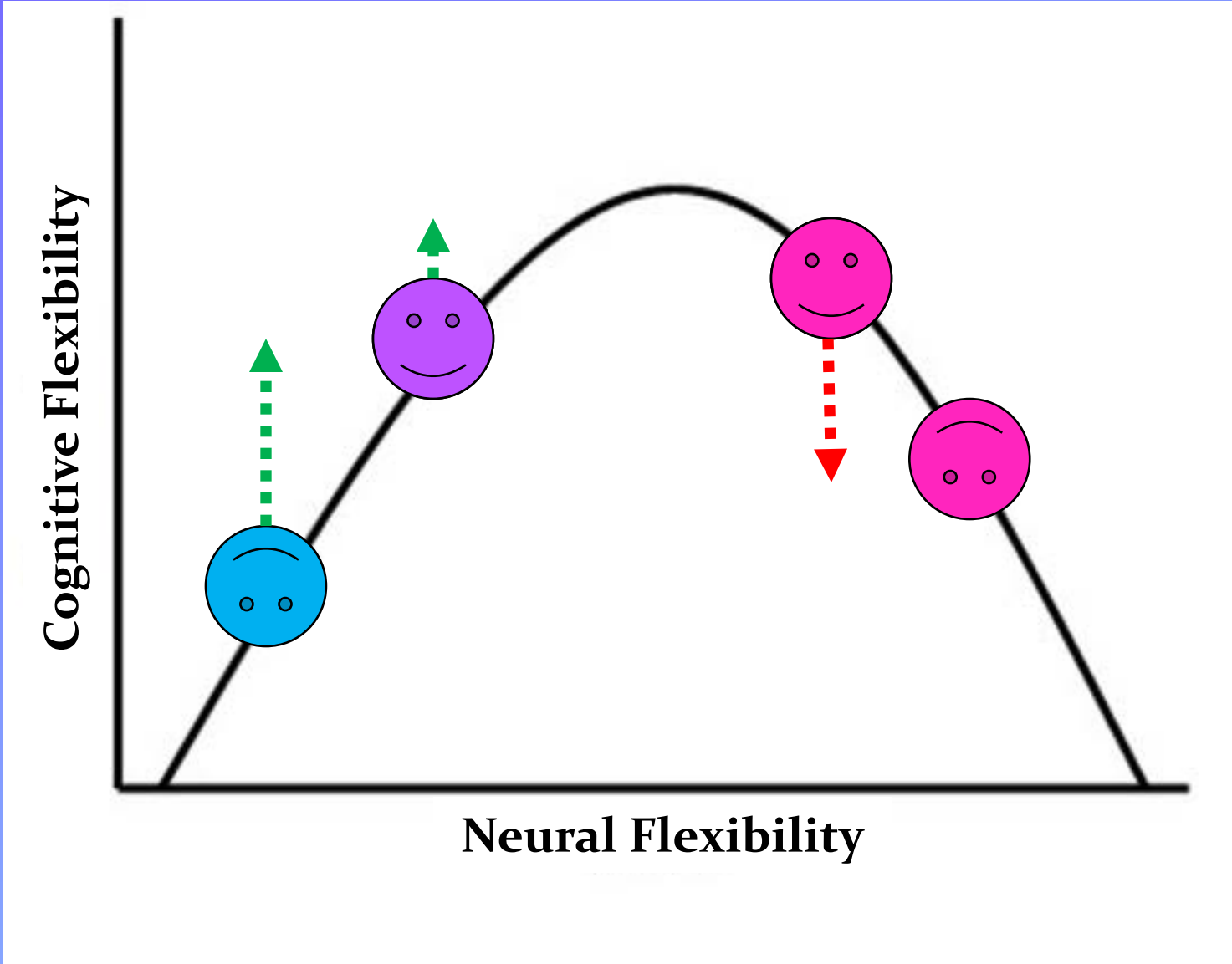


One-Week Change in Cognitive Flexibility Against
One-Week Change in ACC-PCC dFC



One-Week Change in Cognitive Flexibility Against
One-Week Change in ACC-PCC dFC





Increased global integration in the brain after psilocybin therapy for depression

Richard E. Daws^{1,2,3}, Christopher Timmermann^{1,3}, Bruna Giribaldi³, James D. Sexton³, Matthew B. Wall^{4,5,6}, David Erritzoe⁷, Leor Roseman⁷, David Nutt³ and Robin Carhart-Harris^{3,7}

Response to psilocybin correlates with network flexibility. The specific changes in network recruitment observed 1 d after psilocybin therapy in the open-label trial were not replicated at 3 weeks in this DB-RCT (Supplementary Information). However, the faster fMRI scanning protocol adopted in the DB-RCT generated twice as much temporal data per scanning session (Methods). This provided the rare opportunity to examine changes in the **dynamic flexibility** of brain networks following psilocybin therapy.

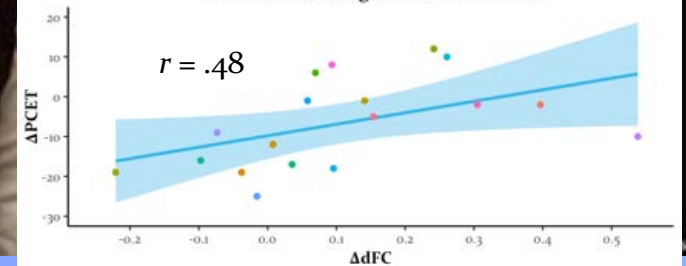
The metric known as **'dynamic flexibility'** indexes how often brain regions change their community allegiance over time, during the course of an fMRI scan^{33,34} (Methods). Reduced functional dynamics have been previously associated with depression symptomatology³⁴. In an exploratory analysis, post-psilocybin therapy

The EN and SN have been associated with tasks requiring cognitive flexibility such as learning and task switching^{18,19,46,47}; impaired functioning of these networks have been reported in depression^{14,37} and other disorders exhibiting **cognitive inflexibility** such as autism spectrum disorder⁴⁸ and obsessive-compulsive disorder⁴⁹. Our results suggest that decreased modularity or **increased flexibility** of these networks following psilocybin therapy is a key component of its therapeutic mechanism of action. We did not formally assess **cognitive flexibility** in the clinical trials reported here but we did observe improvements in general cognitive functioning after psilocybin treatment in the DB-RCT, as well as treatment-specific improvements in 'emotional avoidance' (an inversion of the related construct 'psychological flexibility'²⁶).

Inside the Dispute Over High-Profile Psychedelic Study

Decreased brain modularity for psilocybin but not escitalopram. Reconfirming our primary hypothesis (Fig. 5a,b) and replicating analyses on the open-label trial data, brain network modularity was significantly reduced at the trial's primary end point, 3 weeks after psilocybin therapy (mean difference, -0.39 ; $t_{21} = -2.20$, 95% CI -0.75 to -0.02 , $P = 0.039$, $d = 0.47$). Moreover, for the psilocybin condition, post-treatment decreases in brain network modularity significantly correlated with improvements in depression symptom severity at this primary end point ($r_{20} = 0.42$, $P = 0.025$, one-tailed).

One-Week Change in Cognitive Flexibility Against One-Week Change in ACC-PCC dFC



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Viewpoint

Skepticism about Recent Evidence That Psilocybin "Liberates" Depressed Minds

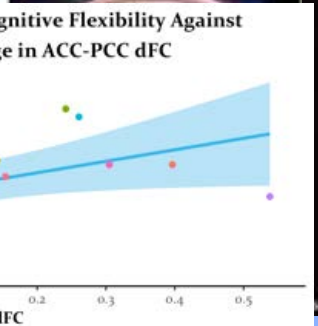
Manoj K. Doss,^{*} Frederick S. Barrett, and Philip R. Corlett

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A critique of: Skepticism About Recent Evidence that Psilocybin Opens Depressed Minds

AUTHORS
Robin Carhart-Harris, Richard E Daws, David Nutt



Conclusions

- Psychedelics reliably reduce *task-free* functional connectivity in the DMN, but so do other drugs, and this effect doesn't seem to be the strongest effect on brain function.
- Full doses of psychedelics broadly impair cognition, but they might enhance selective cortical processes (e.g., familiarity, semantic priming, “pop-out effect”).
- Jury is still out if microdosing is better than a cup of coffee and if the mood enhancements are sustained and safe.
- Psychedelics are promising for the treatment of depression and maybe other disorders but probably not for everybody.

Shout-Outs

Fred Barrett
Roland Griffiths
Darrick May
Matt Johnson
John Clifton
David Gallo
Harriet de Wit
Josh Koen
Jason Samaha
Michal Povazan
Peter Barker
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