

Discussion 3.1: Significant or Influential Article

As a counseling graduate student focused on trauma recovery, founder of the Protea Foundation, and author of *The Sovereign Soul: A Field Guide to Blooming on Broken Ground*, and the only Native Hawaiian/Pacific Islander participant in the MAPS Phase 3 trial for MDMA-assisted therapy for moderate to severe PTSD, I selected Yehuda and Charney's (2026) article, "Can Psychedelics Help Us Reimagine Prevention of Posttraumatic Stress Disorder?" because it speaks directly to a tension I hold in balance daily: how to hold the promise of emerging interventions without losing sight of the human infrastructure that makes recovery possible. My own work has centered on translating complex trauma concepts into accessible, somatic tools—grounded in the belief that healing is not merely the absence of symptoms but the restoration of agency, meaning, and connection.

I read Yehuda and Charney's (2026) article with a sense of both recognition and deepening clarity. They assert that "recovery is not simply the absence of symptoms, but also the reorganization of experience into a form that can be carried forward with coherence and support" (p. 2), which mirrors the central thesis of my own work: **that healing from complex trauma is not a return to an undamaged self, but an *architectural redesign* of the nervous system's relationship to its own history.** Where Yehuda and Charney caution against interpreting the Nova festival findings as evidence that psychedelics "prevent" PTSD (although findings are compelling), I find alignment with their insistence that molecules alone are insufficient. In my own clinical training and in the toolkit I developed through the MAPS trial, **I have come to see psychedelics not as interventions that bypass the work of integration, but as catalysts that require what I call the "human infrastructure," which I describe as the relational container, the therapeutic presence, and the community of witnesses.** This fractal relationship from the work that must be done by the individual with the support of the community transforms a neurochemical event into lasting reorganization.

What resonates most deeply with my own framework is Yehuda and Charney's observation that "pharmacological suppression of distress has not consistently prevented PTSD" (p. 1). This echoes my critique of what I term the "Forensic Frenzy" in *The Sovereign Soul*: the Western medical impulse to treat trauma as a hardware failure to be silenced *rather than a survival architecture to be understood.* Their suggestion that early posttrauma symptoms may be "part of an adaptive attempt to recalibrate after threat" (p. 1) aligns with my own insistence—grounded in both clinical training and personal experience—**that the freeze response, hypervigilance, and dissociation are not pathologies but brilliant, costly biological adaptations.** Where I would extend their argument is in naming what this recalibration requires: not only a shift in our conceptual frame, but a corresponding shift in assessment. My graduate work on the Integrated Trauma Spectrum Assessment (ITSA) was born from the same recognition that Yehuda and Charney articulate: that the CAPS-5's reliance on a single "index event" cannot capture the atmospheric reality of polyvictimization, and that Disturbances in Self-Organization (DSO) demand explicit clinical attention. They call to reframe prevention as the creation of conditions that "promote engagement with experience, social connection, and adaptive meaning-making" (p. 2), and that validates the work I have been doing in both clinical practice and advocacy: building the container—whether through the Protea Foundation's equity work or the somatic practices in the *Sovereign Soul* toolkit—that allows the inner healer to be heard.

For other mental health practitioners, Yehuda and Charney's article offers a crucial correction to the enthusiasm that can accompany emerging psychedelic research. It reminds us that our role is not to administer molecules **but to hold space for the meaning-making that follows.** Their emphasis on "set and setting" as determinants of outcome aligns with what I learned in the MAPS trial: that the neurochemical ceasefire is only the beginning, and that the real work of integration—the work of turning a molecule into a map—happens in the weeks and months after the session, in the presence of skilled guides who understand that **recovery is relational.** Practitioners may carry forward their insight that "drugs may facilitate or impede recovery depending on whether they support engagement with experience or promote

avoidance” (p. 1). In my own supervision and clinical work, I have found that distinguishing between these two trajectories (whether an intervention helps a client approach their experience with curiosity versus helping them bypass it, or as I refer to it, going THROUGH the fire without fearing a natural cycle of renewal) is the ethical linchpin of trauma-informed care. Yehuda and Charney’s article further yields language for that discernment, and I share as a reminder that **our most important tool remains the therapeutic relationship itself.**

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Reference

Yehuda, R., & Charney, D. S. (2026). Can psychedelics help us reimagine prevention of posttraumatic stress disorder? *[Journal Title]*, *[Volume]* (issue), 1–2.

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https://www.proteafoundation.org/wp-content/uploads/2026/04/Can-Psychedelics-Help-Us-Reimagine-Prevention-of-Posttraumatic-Stress-Disorder_ScienceDirect.pdf