

Two-Eyed Seeing: Honouring the Roots of Psychedelic Medicine

by

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Abstract

Psychedelic medicine is surging in popularity, and the Western world seems poised at the brink of legalizing specific psychedelics for therapeutic use. However, in its current form, psychedelic medicine replicates the same power structures and inequities as does the Western medicalized framework from whence it came. Applying the conceptual framework of *etuaptmunk*, Two-Eyed Seeing, this paper challenges the supremacy of Western biomedical approaches to psychedelic medicine and instead advocates for a new way of seeing that honours the global cross-cultural roots of psychedelic medicine and elevates Traditional and Indigenous Knowledges as fully developed systems of knowledge whose ontologies and epistemologies stand equally alongside their Western counterparts. I will explore the origins of sacred plant medicines, select principles of Traditional Knowledge, and examine the history, evidence base, and current practices of the Western psychedelic biomedical model. Two-Eyed Seeing helps one see with one eye from the strengths of Traditional Knowledge and from the other with the strengths of Western approaches. This project offers a practical framework to help counsellors in the field of psychedelic-assisted therapy braid together the best of both in a way that is integrative and complementary.

Keywords: psychedelics, psychedelic-assisted therapy, psychedelic medicine, Indigenous knowledge, Two-Eyed Seeing

Dedication or Acknowledgement

To my husband and life partner, Jarris, thank you for your unconditional love, patience, and commitment to me on this long journey. You were my rock through it all and I appreciate you beyond words. Thank you to my mum-in-law, Mary, for your unwavering support. I could not have done this without you.

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Chapter One: Introduction and Overview of the Topic

Psychedelic-assisted therapy is a fast-growing field in Western medicine and research. At the time of writing, contemporary psychedelic research seems to be at the brink of opening the doors for legal use of medicines such as 3,4-methylenedioxymethamphetamine (MDMA) and psilocybin mushrooms for psychiatric problems such as posttraumatic stress disorder, treatment-resistant depression, and existential distress. However, in its current form, psychedelic therapy is complicit in and perpetuates the same inequities for Black, Indigenous, and People of Colour (BIPOC) as does the Western medicalized framework from whence it came (George et al., 2020). Psychedelic research thus far reflects predominantly White researchers and participants. A literature review by Michaels et al. (2018) (N = 282) showed that in 18 studies on psychedelics from 1993 to 2017 in a broad range of countries, 82.3% of participants were non-Hispanic White, reflecting a poor representation of participants of colour as compared to country-level representation (Michaels et al., 2018). The failure to include BIPOC in psychedelic research trials neglects the ethnic, racial, and cultural factors that may impact responses to psychedelic-assisted therapy but also shows an overall replication of existing power structures and systemic issues (Fogg et al., 2021; Morales et al., 2022). Western approaches reflect Western values: individualism, personal transformation, and medicalization (Fotiou, 2019). Individualizing and medicalizing plant medicines without considering the wider body of Traditional Knowledge does a disservice to the Indigenous peoples who first allowed Western researchers to contact these sacred medicines, erases the traditions from which the medicines were appropriated, and may cause us to miss important lessons in ontology and epistemology that could potentially transform the way we do science (Fotiou, 2019).

The root of the replication of power in this case is cognitive injustice – an “unjustified lack of equity between different ways of knowing and different forms of knowledge that stem from Eurocentric epistemologies” (Fotiou, 2019, p. 19). Psychedelic therapy, with its cross-cultural roots and its ability to induce non-ordinary states of consciousness, is in a position to challenge the supremacy of the Western scientific and biomedical paradigm. It is an area of research that is challenging Western objectivism and marginalization of subjectivity through powerful experiences of openness, connection, and healing. At a time of growing commitment to reconciliation and broader initiatives to decolonize practices and advance equity for Indigenous peoples within the field of healthcare, it seems apt to rewrite harmful narratives and create systemic change at the beginning of the psychedelic movement while it is still young.

Western science typically approaches Indigenous science and Traditional Knowledge (see definition of terms below) as subjective, symbolic, and constructed rather than as its own fully developed and complete system of knowledge. Disrupting this hierarchy challenges Eurocentric supremacy of knowledge (Dev, 2018). Although Western science has many strengths, seeing only from the eye of Western science limits one’s ontological understandings and epistemological assumptions, restricting the questions we ask, the methods we use, and how we interpret information (Dev, 2018). The belief that science is better than all other ways of knowing presents a problematic paradigm that is limiting for science as well as subjugating and marginalizing for other forms of knowledge. As Dev (2018) aptly states, “What is at stake is not only who gets to exist in the world... but also whose worlds get to exist, as well as whose knowledges get to count” (p. 188). I argue that Indigenous epistemologies and ontologies have as much to offer psychedelic research as does the objectivist, positivist, biomedical framework.

Purpose Statement

The purpose of this capstone project is to honour the roots of psychedelic medicine and disrupt the hierarchy of Eurocentric knowledge supremacy by applying the principles of *etuaptmumk* (pronounced ed-do-up-dim-moomk), Two-Eyed Seeing to psychedelic-assisted therapy. This project will explore principles of Traditional Knowledge and the global Indigenous roots and ancestral practices of sacred plant medicines, examine the history of the Western psychedelic biomedical model, its evidence base, and current practices, and bring together the best of each in a way that strengthens the other.

Etuaptmumk is a model of integrative science that aims to bring Indigenous and Western stories, cosmologies, philosophies, worldviews, knowledges, and sciences together (Humber College, 2020). It is to see from one eye with the strengths of Indigenous ways of knowing and from the other eye with the strengths of Western ways of knowing, and to use both these eyes together for the benefit of all (Bartlett et al., 2012). It is the gift of multiple perspectives that applies to all aspects of life – what we do, what responsibilities we have, and how we should live our lives – bringing together the best of our knowledges equally in a way that is enriching and complementary. *Etuaptmumk* may provide a crucial missing link in the fast-moving world of psychedelic medicine. As the Western world seems poised on the brink of legalization and medicalization of psychedelic plant medicines, more and more therapists are being trained to work with the anticipated influx of clients seeking psychedelic-assisted therapy. However, where Western science is experienced at the isolation, synthesis, and pharmacological application of psychoactive compounds within discrete parameters, less is known about extra-pharmacological factors that may be therapeutically critical, including the role and impact of the guide, therapist, or shaman, ritual and ceremonial factors, and mystical, transcendent, or consciousness-raising

experiences (which have been shown to be fundamental in the healing process and enduring positive change in research participants (Griffiths et al., 2016)) (Lutz, 2022). The biomedical model to date is preferentially biased toward its own paradigm of healing.

We need to start acknowledging the limitations of scientific knowledge (Fotiou, 2019). I believe that not valuing and learning from thousands of years lineage of Indigenous knowledge and experience in this field may restrict the depth and breadth of what is possible in psychedelic medicine. Further, as psychedelic medicine becomes more popular and political, there is an urgent need for counsellors to be aware of the broader ethical implications of widespread use of psychedelic-assisted therapy such as biopiracy, appropriation of culture and resources, and oppressive practices. By applying the lens of Two-Eyed Seeing, this paper seeks to capture the strengths of both worldviews in a practical framework for counsellors who are entering the field of psychedelic-assisted therapy.

Theoretical/Conceptual Framework

This project will apply the conceptual framework of *etuaptmumk* (Two-Eyed Seeing) and use a decolonizing lens.

Etuptmumk (Two-Eyed Seeing)

Etuptmumk is a Mi'kmaw word that has been part of Mi'kmaq collective consciousness since the early colonial period, but that has more recently been taught and published as a new paradigm of integrative science by Elders Albert Marshall and Murdena Marshall (both Eskasoni First Nation) (Bartlett et al., 2012; Sylliboy et al., 2021). It recognizes Traditional or Indigenous Knowledge as a whole and distinct knowledge system that coexists with Western science equally, allowing for the viewing of the world through two eyes – through one eye with the strengths of Traditional Knowledge and through the other with the strengths of Western

knowledge (Bartlett et al., 2012). The concept evolved deliberately and gradually with the impacts of colonialism – as Mi'kmaq people were forced to adapt to coexistence with settler people, they innovated their ways of thinking to draw the best from each culture and put them together as one (Humber College, 2020; Sylliboy et al., 2021). Elder Albert Marshall emphasizes that etuaptmunk is a method of co-learning – embarking on a transcultural, collaborative learning journey, weaving back and forth between Indigenous and Western knowledges (Bartlett et al., 2012; Humber College, 2020).

According to Elder Albert Marshall, knowledge “is spirit, a gift passed on through many people... It is living and we are the conduit” (Marshall et al., 2010, p. 73). He emphasizes that Traditional Knowledge was never meant to stay in the past – rather, bringing it into the present and applying it to modern issues makes it meaningful to the collective. Etuaptmunk has been applied in numerous areas of research, such as exploring Indigenous health research practices, developing cognitive assessments for use with Indigenous older adults, developing physical literacy in early childhood, and merging land-based and online learning for youth (Bujold et al., 2021; Jacklin et al., 2020; Peltier, 2018; Riley et al., 2023; Sylliboy et al., 2021).

Decolonizing Lens

Colonization is the process of one group seizing the lands and resources of another group and taking control of their languages, cultures, and relationships (Attas et al., 2024). It is an ongoing process of domination and dispossession from territories and a normalization of the supremacy of the dominating group (Nahanee, n.d.). Decolonization is the process of undoing colonial impacts through analyzing and dismantling colonial structures, unbalanced power dynamics, and problematic dominant discourses as well as examining individual hidden beliefs and biases, where they come from, and who or what systems they serve (Antoine et al., 2018;

Nahanee, n.d.). It involves valuing and revitalizing Indigenous knowledge and ways of being. According to Nahanee (n.d.), “*Decolonizing* is a lot like the word *healing*, it is different for everybody every day, there is no final end point, and it’s not easy. Nobody knows exactly what it looks like but that doesn’t mean that we shouldn’t work towards achieving it” (p. 2).

In this project, I apply a decolonizing lens by subverting the hierarchy of Eurocentric knowledge and including sources of knowledge such as teachings, presentations, and publications by Indigenous Elders and community members whose voices are typically suppressed in academia. These sources include oral teachings, podcasts, presentation slides, webpages, and books by Indigenous authors and their allies.

Contribution to the Field

I have no doubt that the leaders in this field, the researchers, the therapists, and the participants, are reaching for something that is tangible, promising, and healing, and that this comes from a place of heart and helpfulness in the face of our current mental health crisis. However, it is with the privilege of a Western, Eurocentric eye that we are able to focus on these positive impacts. The reality is that plant medicine is a profitable industry that has piqued the interest of pharmaceutical companies. Patents for plant medicines that Indigenous peoples and people around the world have been using for thousands of years are now being submitted and approved (Marks & Cohen, 2022). Biopiracy, sustainability, and the commodification of spiritual practices are all very real issues that affect Indigenous peoples and communities behind the screens of White research (Ovies & Bautista, 2021). Indigenous peoples are being left out of the concretization of knowledge and some fundamental components of healing are being left behind. These issues are beyond the scope of this paper, but I believe it is important for readers to

consider them as part of the wider web of Eurocentric hegemony that needs to be dismantled if we are to work toward equity.

Etuaptmunk is a framework that both disrupts Eurocentric hegemony and looks clearly toward a hopeful future. In the words of Te'ta-in Shane Point, "Positive healing energy will move us forward hand in hand with those who have hurt us" (Addressing Racism Review, 2020, p. 4). The contribution of this project is to advocate for a new way of seeing that honours Indigenous ontologies and epistemologies, and to offer a practical framework to help counsellors do so. Two-Eyed Seeing has been applied in research and invoked as a conceptual framework, but there are few practical applications or clear steps on how to achieve it. According to Elder Albert Marshall, "if we're going to invoke that concept, one has to be prepared, some action has to be taken" (Humber College, 2020, 21:48). My goal is to take etuaptmunk from theoretical concept to practical application in a way that feels approachable to counsellors in the field of psychedelic medicine. There is no simple way to braid these worldviews together, but I hope through this project that the spirit of etuaptmunk – of curiosity, reflexivity, and collaboration – may be reawakened in the reader.

Reflectivity and Positionality Statement

I am an adopted female settler of Chinese ancestry residing on the Unceded Traditional Territories of the K'ómoks First Nation, whose traditional keepers include the Sahtlout, Sasitla, Ieeksun, Xa'xe, and Pentlatch Peoples (also known as Comox Valley, Vancouver Island, British Columbia). Psychedelic medicine is a passion of mine that stems from personal experience. I first learned of the power of psychedelics as a young adult when my adolescent curiosity about party drugs led me to experiment with MDMA and lysergic acid diethylamide (LSD). I quickly realized that although these could certainly lead to a good time, there was great power there in

healing. I say with sincerity that psychedelics saved my life, ultimately helping me to heal from a history of trauma and depression – an efficacy which has since been corroborated through clinical trials for both of these medicines respectively.

In June 2023, I went on a psilocybin-assisted therapy journey in an exploration of ancestry, lineage, and belonging. Prior to the journey, I had written several academic papers on psychedelic medicines focused on the Western scientific evidence base and pharmacological clinical trials. As I approached my own journey, however, I realized I wanted to know more about the global cultural roots of plant medicines and if and where I fit into the psychedelic world as a Chinese person and a person of colour. I knew that much of the ethnobotany of psychoactive plant use was rooted in work on or with Indigenous groups in North, South, and Central America such as the Shipibo in the Amazon, Wixárika of the Sierra Madre, and Mazatec of southern Mexico. However, in all of my research, I had never seen mention of psychoactive plant use in East Asia. Eventually, I came across an obscure article titled “Hallucinogen use in China” (Chen, 2021), which describes the use of psychoactive plants by ancient Chinese shamans, including datura, cannabis, and psychoactive mushrooms. The realization that psychedelic medicine was also used by my people in ancient times – that it is a cultural birthright I can reclaim – struck me deeply and gave me a sense of belonging to the psychedelic world. My interest in psychedelic therapy shifted to privileging the voices of Indigenous peoples and original holders of knowledge around the world. As I read more about the ancestral practices and long lineages of shamans and healers worldwide, I started to feel strongly about the superiority of Traditional Knowledge in this field. If cultures across the world have used psychedelic medicines for healing for time immemorial, how is it that Western science privileges its own approach, mere decades old, over thousands of years of knowledge and experience?

Curious and eager to continue on this path, in December 2023, I completed didactic training with TheraPsil (a Canadian non-profit organization) in psilocybin-assisted therapy and at the time of writing, am continuing to complete requirements for full certification. I had my doubts about a training so rooted in the Western biomedical model but surprised myself by enjoying it immensely. Clearly, Western approaches have strengths as well, and I was struck by the genuineness, openness, and heart of the leaders of the Western psychedelic movement. The literature is flush with arguments about which perspective should be privileged, which one is “right”. I realized there needs to be a bridge in knowledge. Both ways of knowing are powerful, and both have strengths. I believe etuaptmunk, Two-Eyed Seeing, offers that bridge.

My position in this research is heavily influenced by my social location as a BIPOC woman and a settler as well as my positive experiences recreationally and therapeutically with psychedelic medicines. As a BIPOC therapist, I looked to the evidence base to show me best practices. What I saw were best practices tailored to a White middle-class population with little consideration of diverse ethnoracial backgrounds and ongoing colonial issues such as systemic racism, carceral, medical, and research injustice. The lack of inclusivity and racial diversity left me with a sense of not belonging to this movement and no guidance on how to move forward. To find my place in this practice, to find where it felt “right” for me, I had to ask big questions that were overwhelmingly met with silence: how should I practice ethically, with cultural humility, in a culturally safe and trauma-informed way? How can I decolonize psychedelic practice, not as a researcher, but as a therapist? How can I honour Traditional Knowledges and at the same time draw the best from the Western evidence base? The work I have done here is my answer to these questions.

Definition of Terms

Indigenous

Refers to members of ethnic groups who were the original settlers of or native to a particular region, as opposed to more recently settled groups who may have colonized the area (George et al., 2020). I sometimes refer to “Indigenous peoples” in a general way. The intent is not “cultural or tribal glossing” (the assumption that all Indigenous communities are culturally the same), but rather acknowledging that there are common root metaphors that many Indigenous cultures share and that may resonate on the level of the collective unconscious (Duran, 2019).

Psychedelics, Hallucinogens, or Psychedelic Medicine

Are Western terms associated with pharmacological and psychiatric research and experimental drug use (George et al., 2020). Psychedelics include plant-based medicines as well as synthetic substances that act predominantly through serotonergic agonism and exert similar physiological and psychological effects. The terms psychedelic, hallucinogen, and psychedelic medicine are used interchangeably in this paper.

Psychedelic-Assisted Therapy

Refers to the clinical use of psychedelics in a controlled setting in order to facilitate a therapeutic process (George et al., 2020). Psychedelic-assisted therapy typically involves preparatory sessions, dosing session, and integration (Schenberg, 2018). During dosing sessions, clients are supported and continuously monitored by therapists. The structure of the dosing session varies according to the specific psychedelic medicine given, which differ in effect and duration. Generally, clients are supported by a comfortable environment, music, and eyeshades, and are encouraged to remain introspective and open to experiences.

Sacred Plant Medicine or Plant Medicine

Sacred plant medicine refers to psychoactive plants that have been used as sacraments and in spiritual and religious rituals and ceremonies by cultures around the world (e.g., psychoactive mushrooms, peyote, iboga, ayahuasca) (Labate & Cavnar, 2018; Lutz, 2022).

Traditional Knowledge or Indigenous Knowledge

Encompasses Indigenous worldviews, beliefs, traditions, practices, institutions, guidelines, and core values (Mistry et al., 2020). Indigenous Knowledge has roots in a particular location and in the experiences of the people who live there. It is generally transmitted orally (storytelling, dialoguing, or teaching), and through practice and ritual. Indigenous Knowledge is held as collective experience and shared understanding; it is thus constantly evolving over time and through everyday life experiences. Indigenous ways of knowing are generally rooted in process: observation over time, discussion, questioning, and analyzing. They are holistic and collaborative within a community, which includes all living things, nonliving things, and spiritual beings (Mistry et al., 2020). I follow Bartlett et al. (2012) in using the terms Traditional Knowledge and Indigenous Knowledge interchangeably. I have chosen to primarily use the term Traditional Knowledge in recognition that sacred plant medicine use can be traced globally to cultures on every continent. Traditional Knowledge passed down by witches of the Pagan tradition in ancient England is no less valued than knowledge passed down by Shipibo healers in Amazonia.

Outline of the Capstone Project Chapters

Chapter two of this paper will explore the global cultural origins of sacred plant medicine including a brief overview of sacred plants and offer a selection of principles and practices of Traditional Knowledge. Although Indigenous and traditional communities are unique in their ways of knowing, traditions, and languages, some teachings could be seen as common threads

that highlight the ontologies and epistemologies of Traditional Knowledge as fundamentally different from those that are Eurocentric. Following that, I will summarize Western approaches to psychedelic medicine including Western research, history, and clinical approaches. Finally, chapter three will offer a framework to help counsellors practicing psychedelic therapy reconcile these two eyes and apply etuaptmunk in practice.

Chapter Two: Literature Review

The purpose of this chapter is to review the literature on the origins of sacred plant medicine and the cultural use of sacred plants and offer a glimpse into the two eyes of Traditional Knowledge and Western approaches to psychedelic medicine.

Origins of Sacred Plant Medicine

Sacred plant medicine has been integral to the spiritual and healing practices of human cultures across the world for thousands of years. Archaeological and archaeochemical evidence of psychoactive plant use points to the more commonly recognized cultures of Mesoamerica, South America, and the Amazon basin, but also to cultures of Canada (Inuit), East Asia, Pamirs, the Turpan Basin, northern and western China, Mongolia, Tibet, Central Asia, the Hindu Kush, Hunsa peoples, Ethiopia, South Africa, India, Israel, Spain, Greece, Romania, ancient Caucasus, ancient Egypt, and areas inhabited by the Christian Gnostics (Bennett, 2014; Buhner, 1998; Carod-Artal, 2015; Chen, 2021; Eliade, 2020; George et al., 2020; Jiang et al., 2016; Lutz, 2022; Miller et al., 2019; Muraresku, 2020; Ren et al., 2019; Sidky, 1994; Soni et al., 2012; Wasson, 1971). George et al. (2022) state that the practice was “so ubiquitous in the ancient world that it should effectively be considered a species ‘norm’” (p. 891).

Sacred plant medicine is so named because of global cultural views of the medicine containing a Divine intelligence (Lutz, 2022). Participants and healers commune with the plant spirit through ritual, who then imparts knowledge and healing. Ritual aspects may include singing, chanting, music, dancing, prayer, offerings, sacred objects, sacred gathering places, and invoking intentions (Lutz, 2022). Music in particular is fundamental to the experience, serving as an emotional modulator and helping to facilitate meaning-making as well as serving as prayer, vibrational healing, and spiritual song (Fogg et al., 2021). For example, the violin-like *xaweri* is

played during Wixárika peyote ceremonies (Barnett, 2018) and *icaros* are sung by shamans in Amazonian ayahuasca ceremonies (Gonzalez et al., 2021). Ceremonies are facilitated by a healer, shaman, or priest and medicines were and are often taken in community (Lutz, 2022).

The reasons for sacred plant use vary by culture, but common uses include for diagnosis and healing, preventative health and protection, spiritual and religious ceremonies, divination and prediction of the future, increased self-awareness, for learning divine knowledge and benefiting community, to honour nonphysical beings, and to increase connection to nature and the spiritual plane (Carod-Artal, 2015; Chen, 2021; Lutz, 2022). Participants of sacred medicine rituals in ancient history and in modern times hold the perspective that mind, body, spirit, and environment come together in an experience of health and spirituality (Lutz, 2022).

A Brief Cultural Overview of Sacred Plants

The plants best known to the Western world include ayahuasca, psilocybin mushrooms, peyote, ibogaine, and ololiuhqui (morning glory), but many other lesser-known psychoactive plants and admixtures are and have been consumed throughout human history (e.g., balché, soma, datura, shenma (spirit hemp), cannabis, poke root, ubulawu, bufotoxins (Carod-Artal, 2015; Chen, 2021; Williams et al., 2020)). For brevity's sake, I will cover only the better-known plants here with the addition of traditional use of saffron and saffron oil, one of the natural precursors to methylenedioxyamphetamine (MDA). There are many traditional names for each plant, but for the ease of the reader, I will use the names most commonly known and accepted from a Eurocentric paradigm.

Ayahuasca

Ayahuasca has been used by Indigenous peoples of the Amazon for at least several hundred years. It is considered a sacrament in the Santo Daime, União do Vegetal, and

Barquinha religions (Labate & Cavnar, 2013). Ayahuasca has many traditional uses including aiding in the identification of illness (physical and spiritual), extraction of pathogens, and elimination of disease, solving interpersonal conflicts, for artistic inspiration and during storytelling, and for consumption during warfare (George et al., 2020). It is traditionally offered in group ceremony or in community, and the preparation of the brew can be in itself part of the ceremony (for example, in the Santo Daime religion (Leite, 2023)). Ayahuasca ceremonies commonly include specific *dietas*, chanting of *icaros* (medicine songs) by the *ayahuasqueros*, clearing of dense energies using tobacco, and cleansing of energies using steam baths and flower baths (Gonzalez et al., 2021). Indigenous groups distinguish at least six different botanical sources of ayahuasca (Stafford & Bigwood, 1992), but two main components are typically *Banisteriopsis caapi*, a vine, and *Psychotria viridis* (also known as chacrona), both of which produce the psychoactive compound N,N-dimethyltryptamine (DMT) (George et al., 2020; Varani et al., 2022).

Psilocybin Mushrooms

Psilocybin mushrooms, also known as sacred mushrooms, have been found worldwide on every continent (Guzmán et al., 1998; Strauss et al., 2023). Their use in ceremony has been best documented in Mexico and Central America, where religious practices with sacred mushrooms are thought to be at least 3500 years old (Carod-Artal, 2015). Sacred mushrooms were and are used by Aztec (known as *teonanacatl*), Maya (known as *k'aizalaj Okox*), Mazatec, Huastec, Totonac, and Mixtec peoples for medicinal, religious, and recreational purposes. The Aztecs believed sacred mushrooms allowed healers to enter “the world beyond” and bring back knowledge that would benefit the community (Barceloux, 2012). For Mazatec shamans, they provide the healer the ability to both diagnose and cure disease (Labate & Cavnar, 2018). In

Mazatec rituals, mushrooms are harvested during the new moon and at dawn, after which the mushrooms are blessed and purified with tobacco and incense (Carod-Artal, 2015). Participants fast and abstain from sex and alcohol prior to consumption and treatment by the shaman.

The best-known psychoactive mushrooms belong to the genera *Psilocybe*, *Panaeolus*, and *Stropharia* (Carod-Artal, 2015). The *Psilocybe* genus is the most commonly known, and includes some 230 mushroom species, at least 54 of which are found in Mexico (Carod-Artal, 2015).

Peyote

Peyote is native to Mesoamerica, namely Mexico and southwestern Texas, and has been used by Indigenous Americans in spiritual and medicinal practices for more than 5000 years (George et al., 2020). Traces of peyote in ritual contexts have been found in Cuatro Ciénagas, Coahuila, Mexico, and in the Shumla Cave in Texas, together with shamanic artefacts; however, numerous Mesoamerican and Andean cultures including the Maya and Aztecs were known to consume peyote and other cacti that contain mescaline (e.g., San Pedro cactus) (Carod-Artal, 2015). It is currently used by the Tarahumara, Tepehúan, and Huichol (Wixárika) peoples of northern Mexico, as well as the Navajo and Comanche peoples in the southern United States (Barnett, 2018; Carod-Artal, 2015). Peyote is traditionally used in ceremony for religious reasons, to promote communication with the spirit world, and to treat numerous ailments ranging from toothache and common cold to rheumatism and diabetes (Carod-Artal, 2015; George et al., 2020). Mescal buttons from the cactus may be chewed or drunk in an infusion resulting in a six-hour sensory phase of visual hallucinations, altered physical sensations, and altered perception of time and space. Peyote is derived from *Lophophora williamsii*, a rounded spineless cactus that

contains more than 60 hallucinogenic alkaloids of the phenylethylamine family, namely mescaline (Carod-Artal, 2015).

Ibogaine

Ibogaine has been in use as sacred medicine for thousands of years by practitioners of the Bwiti religion in Western Africa. Iboga rootbark is traditionally consumed dried as strips or ground into powder (Underwood et al., 2021). Iboga ceremonies (*ngoze*) take place collectively as a community during Christmas and Easter periods and individually as an initiation rite of passage for those who wish to become Bwiti (George et al., 2020; Underwood et al., 2021). Ceremonies typically include offerings to nature, ritualistic bathing, and other practices, and provide a direct experience of communion with ancestors and spirits. Ibogaine is extracted from plants of the *Tabernanthe* family, including *Tabernanthe iboga*, native to Western Central Africa (George et al., 2020).

Ololiuhqui (Morning Glory)

Ololiuhqui is used by healers of the Maya, Aztec, Mixtec, and Zapotec peoples in Oaxaca in curative and divination ceremonies (Carod-Artal, 2015). It is most often taken alone with the healer and results in a trance state followed by intense serenity and sedation. The Spanish conquistadors associated these effects with witchcraft, believing it caused madness and reflected the tricks and lies of the devil. One of the ergot alkaloids found in morning glory seeds of *Turbina corymbosa* (ololiuhqui) and *Ipomea violacea* (tlilitzin), lysergic acid, provides the precursor for lysergic acid diethylamide (LSD) (Beaulieu et al., 2021). The seeds are colonized by clavicipitaceous fungi which translocate the ergot alkaloids and cause the associated psychoactive effects (Steiner & Leistner, 2018).

Sassafras

Sassafras is used traditionally by the Cherokee, Chippewa, Creek, Delaware, Iroquois, Seminole, and other Native American tribes within the East Coast range of the tree *Sassafras albidum* (Cummings, 2012). The Eastern Band of Cherokee Indians in Western North Carolina is best known for preserving and passing down traditional knowledge of sassafras. Safrole, the aromatic compound associated with the strong and sweet smell of the sassafras root (Cummings, 2012), is an inexpensive synthetic precursor to MDA and MDMA (Kempriai et al., 2020).

Traditional Knowledge: Principles and Practices

Although communities are unique in their ways of knowing, traditions, and languages, there are some common threads that tie many Traditional Knowledge systems together. I will cover some of these common threads and principles of Traditional Knowledge with the acknowledgement that this project is limited and will not do justice to many others.

Traditional Knowledge systems, just like systems of Western science, rely on empirical, deductive approaches to inform ways of knowing and engaging in the world. These approaches are generally rooted in process: study and observation over time, discussion, questioning, analysis, experimentation (Mashford-Pringle & Shawanda, 2023; Mistry et al., 2020). Knowledge is often transmitted through stories, songs, craft, practices, family, community, language, ceremonies, and connectivity with the land (Bartlett et al., 2012). Principles of Traditional Knowledge are rooted in ontologies, epistemologies, cultural imperatives, and values but they are not static or resistant to change (Younging, 2018). Rather, they are dynamic teachings that are very much present and alive, and that exist in a continuum between past and future generations of Indigenous peoples (Younging, 2018). The principles I will cover here include relationality, peoplehood, reciprocity, concepts of sickness and healing, traditional Eastern knowledge, and Medicine Wheel teachings.

Relationality and Peoplehood

According to Elder Murdena Marshall, Indigenous knowledge systems can be conceptualized as four concentric circles and an unnamed medicinal plant (Bartlett et al., 2012). The circles, from outermost to inner, represent “physical knowledge of the medicine, personal connection to the medicine, respect for the medicine, and sacred nature of the medicine” (Bartlett et al., 2012, p. 6). Where Western science and Traditional Knowledge are able to easily share understandings is at the outermost circle, which represents largely empirical data and physical knowledge. The middle two circles require having a personal relationship with and respect for the plant. The innermost circle, according to Elder Murdena Marshall, can only truly be understood within the language of the Indigenous peoples of the area (Bartlett et al., 2012).

The concept of having a personal relationship with a plant, in which the plant is a living spirit who may offer teachings, healing, songs, or other communication, marks an inherent ontological and epistemological tension between Traditional Knowledge and Western science. Western science identifies plants by observable characteristics (distinguishing between the observer and the observed), and plant medicines as complexes of chemical compounds that simply exert physiological effects on our bodies (Dev, 2018). Plants, trees, bodies of water, and lands are seen as “resources” – commodities to be taken, transformed, and turned into profit. There is an explicit hierarchy between *Homo sapiens*, the “privileged knower” (Dev, 2018, p. 187), and those entities Western science has decided are excluded from the ontological status of knowing, agency, and selfhood. Though Western science is aware of the intelligence of other species and their communicative abilities, their inability to speak human languages places them lower on the hierarchy. The concept of personally relating with plants or other more-than-human entities as teachers may be intuitive for some but may cause bodily or intellectual discomfort in

others. This perspective clearly challenges the way that Westerners are accustomed to understanding plants and the natural world – as inanimate, or at least very low on the animacy hierarchy. Disrupting this hierarchy and granting peoplehood to plants may mean unseating oneself from a position of being a privileged knower, and it fundamentally questions human supremacy and Eurocentric knowledge (Dev, 2018).

Traditional Knowledge recognizes the animacy and agency of other-than-human beings and our relational and collaborative existence within a community which encompasses all living things, nonliving things, and spiritual beings (Antoine et al., 2018; Mistry et al., 2020).

Traditional Knowledge sees the life force present in other-than-human beings as meaning they are deserving of dignity and respect, even if they do not speak our language. Rather, it is our job to listen and understand what they are saying. A concept shared by most Native American cultures is that all beings and elements in the universe are sacred and each being is interdependent on others for survival and existence (Eriacho, 2020). All things are therefore connected and what affects one affects the other; humans are seen as participating in a wider community of living beings (Fotiou, 2019). This inherent relationality fosters a sense of interconnectiveness with the natural world (Dev, 2018; Fotiou, 2019; Marshall et al., 2010). The Mi'kmaw word *netukulimk* (“sustaining ourselves”) reflects the Indigenous concept of all our relations – co-existence, interrelativeness, interconnectiveness, and community spirit (Marshall et al., 2010). Relationality helps us as human beings locate ourselves in the circle of life (Kimmerer, 2013) which fosters a sense of humility, responsibility, and stewardship to each other, but also to the other-than-human persons who live in a place. According to Kimmerer (2013), “knowing that you love the earth changes you, activates you to defend and protect and

celebrate. But when you feel the earth loves you in return, that feeling transforms the relationship from a one-way street into a sacred bond” (p. 125).

Some Indigenous languages, such as Potawatomi, embed the ability to see the life that pulses through all things through using verb-based language. Potawatomi’s language of animacy asks, “*Who* is that being?” instead of “*What* is it?”, inferring an extension of family, a kinship with the living world and with it the values of respect, compassion, collaboration, stewardship, humility, and the ability to think of other-than-human beings as our teachers and guides (Kimmerer, 2013). The animacy of the world is something we often intuitively know and feel when we are children, but this language gets lost when our minds are trained into a world of objectivity.

Traditional Knowledge is produced from, and evolves in, relationship (Sylliboy et al., 2021) – meaning, that understanding and meaning-making occur through direct communication and collaboration with other people as well as other-than-human people (Dev, 2018). Traditional Knowledge is usually therefore taught orally, often through storytelling, and healers learn through direct experience and teachings from both elder healers/shamans and the plant spirits with whom they work (Barnett, 2018; Dev, 2018). According to Juan José Ramírez, a Wixárika mara’akame (shaman), “the medicine is teacher, master... he teaches us to speak, how to heal, how to make cures, and that is why this is very sacred. Through the messages of the medicine, we cure ourselves in the ceremony” (Barnett, 2018, para. 1). Dev (2018) found when asking Shipibo healers who their teachers were and how they learned, many began by describing their plant teachers even before describing a relationship with a family member or elder. In Amazonian cosmologies, peoplehood is granted to humans, animals, and plants (Vivieros de Castro, 1998) and sacred medicine plants have their own knowings, produce their own worlds,

and choose whether and how they teach (Dev, 2018). Humans are seen as the “younger brothers of Creation” (Kimmerer, 2013, p. 336), lesser beings in the democracy of species who must learn from our elders who have lived on this earth for a much longer time. Such personal relationships with plant spirits or plant beings are possible when seeing with the eye of Indigenous ontology, which acknowledges the life force and therefore peoplehood that exists in all entities, human and non-human.

Reciprocity

Reciprocity is the give and take – the giving back in return for all the gifts the world offers us (Garrett et al., 2011; Kimmerer, 2013). Reciprocity is about balance and gratitude. When seen from the eye of peoplehood and relationality, there is an understanding that we are part of and are in relation with our holistic environment and therefore need to take care of it, understand it, and see it as sacred (Bartlett et al., 2012; Eriacho, 2019). Traditional Knowledge teaches us to survive in the natural world, but also to connect to it. Without this reciprocal caring, “we are alone and do not have the support of the universe” (Eriacho, 2020, p. 70).

The principle of reciprocity is reflected in Indigenous teachings that collectively govern our taking, shape our relationship with the natural world, and ask us to give back. The Haudenosaunee Thanksgiving Address is one well-known protocol that reflects the principles of reciprocity and gratitude (Stokes & Kanawahienton, 1993). Known in the Onondaga language as the Words That Come Before All Else, the Thanksgiving Address reminds us that we live in abundance and offers gratitude to the ones who share their gifts with the world – the earth, waters, plants, animals, winds, thunder, sun, moon, stars, teachers, and Creator. The principle of Honourable Harvest directly guides the harvesting of plant medicines with teachings such as to ask for permission first, to never take the first plant you see, to take only half of what is there,

and to leave something in return (Kimmerer, 2013). The Honourable Harvest asks us to give back and show gratitude, through ceremony, land stewardship, science, art, and in small, everyday acts.

Although the principle of reciprocity may seem out of place in relation to psychedelic therapy, it is a call to care for and give back to the earth that has given us the gift of plant medicine. How can we use medicines responsibly and sustainably, while respecting the plants, the land, and the people who are in relationship with them? Medicalization of plant medicines and subsequent legalization and industry control over production and sales create a disconnect from the earth from harvest to ingestion. Rather than honouring plant medicines as gifts from the earth which should be respected and reciprocated with gratitude (Kimmerer, 2013), there are increasingly attempts to patent psychedelics by Western corporations (Marks & Cohen, 2022) which not only bring the potential for destructive ecological impacts on the areas where they are sourced but also embed a “right way” of using them – ultimately, a clinic-based, profit-driven pharmaceutical way (Noorani, 2019). This is a far cry from the balance and gratitude required by the principle of reciprocity.

Concepts of Sickness and Healing

Traditional Knowledge holds a very different view of sickness and healing than does Western knowledge. Where Western medicine conceptualizes illness or disease as having an external cause that then requires outside intervention or “curing”, Indigenous peoples, and traditional cultures from around the world conceptualize illness as “dis-ease” or disharmony – the lack of balance and harmony in the relationships between mind, body, spirit, family, community, or environment (Eriacho, 2019; Garrett et al., 2011; Lutz, 2022). This may reflect being out of synchrony with the universe and its sacred rhythms, being out of balance, having

energies that are unfocused or poorly focused, or losing sight of our place in the universe (Garrett et al., 2011). Sickness may be seen as spiritual injury, loss of soul or soul sickness, or soul wounding (disconnection from self, community, culture, and language) (Duran, 2019). Duran (2019) also speaks about earth wounding, which is a wound experienced at a very deep soul level that occurs when people become destructive to the natural environment and disturb the natural order.

“Curing”, from a Western standpoint, is getting rid of something (D. Grady, personal communication, December 14, 2023). Healing, from an Indigenous viewpoint, does not imply curing or getting rid of suffering, but is related to wholeness, harmonizing with, and being in right relationship with suffering (D. Grady, personal communication, December 14, 2023; Duran, 2019). Being in harmony means “being in step with the universe and with its sacred rhythms; this is what many Native people refer to as ‘good medicine’” (Garrett et al., 2011, p. 319). Well-being occurs when we seek and find our unique place in the universe and our unique gifts. We experience the continuous cycle of receiving and giving through respect and reverence for the beauty of all living things (Garrett et al., 2011). The concept of health and wellness is therefore not only a physical state, but a spiritual one as well.

The understanding of healing as related to wholeness leads to an honouring of experiential modes of learning through the body, heart, and spirit, not only the head (Fotiou, 2020). Traditional use of sacred plant medicine therefore often invokes an all-encompassing sensory experience that may include music, smell, language, and touch (Fotiou, 2020). The sensory and mystical experience these medicines invoke is such that it is near impossible to isolate the effects of elements from each other. This synergistic experience gives access to emergent mechanisms that are more than the sum of each part and results in healing on multiple

levels of existence, including forwards and backwards in time (Duran, 2019; Lutz, 2022).

Traditional Indigenous wisdom teaches us that time is circular and shapeshifting, not linear (Duran, 2019). Each moment of healing in the present is therefore said to heal seven generations of ancestors as well as seven generations into the future.

Sweat Lodge. One traditional method of healing that has been used across cultures since before recorded history is sweat baths, houses, or lodges (Garrett et al., 2011). In Indigenous cultures, sweat lodge ceremony is the cleansing of the mind, body, and spirit and the joining with the powers of Mother Earth. Ceremonies generally take place in community, reflecting again the importance of relationality. Sweat lodge ceremony among Indigenous peoples has traditionally served many purposes, including warmth, socialization, teaching of history, heritage, language, culture, myths, and religion; celebration; ceremonial cleansing; healing; physical doctoring; spiritual training; and preparation for war, hunting, trips, marriage, vision quest, and other rites of passage (Garrett et al., 2011). Sweat lodges are usually small, turtle-shaped dwellings constructed in a sacred place. Originally, many sweat lodges were covered in animal skins; in modern times, blankets or tarps are sometimes used instead. The opening of the lodge is usually low so that participants must get down on hands and knees to enter, symbolic of returning to the womb of Mother Earth in a humble manner (Garrett et al., 2011). The flap that covers the entrance symbolizes liberation from the darkness of ignorance and ego to return to the world of truth, light, and goodness as a rebirth of spirit. Inside, a rock pit is formed at the centre of the designated sacred spot and materials are placed in relation to the four sacred directions (east, south, west, and north) (Garrett et al., 2011). The stones that are placed in the pit are known as the “grandfathers” and they are heated in a sacred fire located to the east (New Brunswick Aboriginal Peoples Council, n.d.).

Sweat lodge ceremony is one of many different ceremonies used across Indigenous Nations for healing, giving thanks, celebrating, clearing the way, and blessing (Garrett et al., 2011). The main purpose of such healing ceremonies is to keep oneself in good relations. This might mean honouring or healing a relation or connection with oneself, others, the natural environment, or the spirit world. The purpose is to offer thanks in order to create and maintain a strong sense of connection through harmony and balance.

Traditional Eastern Knowledge

The understanding of healing as balance in the whole has been a core principle not only of sacred medicine healing, but of other ancient healing practices that are thousands of years old such as Traditional Chinese Medicine (TCM), Qigong, shamanic healing, yoga, and Ayurveda (Eriacho, 2020; Moodley & West, 2005). TCM and Ayurveda are considered two of the world's most ancient yet living traditions (Elahee et al., 2019). TCM emphasizes the relationship between humans, their environment, and the cosmos (celestial and earthly elements) in teaching how to live life in balance and harmony. Yin (passive) and yang (active) are two complementary forces that must be balanced in the body as they are balanced in the universe as a whole. Health is then when harmony exists between these two forces. Ayurveda sees health as “a gracious, tranquil, content, joyous, bright, and clear state of the body, senses, mind, and spirit, including the balanced state of one's natural constitution” (Elahee et al., 2019, p. 105). Both TCM and Ayurveda follow five elements theory, in which five elements are considered fundamental physical substances that exist at all times in all things in the universe but are also seen as energetic patterns (Elahee et al., 2019). Both also have spiritual components such as connection to ancestors and cosmic forces and concepts of sickness as being caused by intrusion of spirits. Although not well studied, sacred plant medicine has been used to access healing and spiritual

connection in both ancient China and India (Jiang et al., 2016; Ren et al., 2019; Wasson et al., 1971).

The Medicine Wheel

The Medicine Wheel is a teaching of wholistic living used by many Indigenous communities in North America (Mashford-Pringle & Shawanda, 2023). It is visually represented by a circle divided into quadrants that illustrates balance and wholeness, with no one part more important than another. All aspects are considered sacred, equal, and interrelated (Mashford-Pringle & Shawanda, 2023). There are numerous Medicine Wheel teachings that are unique to specific Nations, but Mashford-Pringle and Shawanda (2023) emphasize that there is no right or wrong way to engage with the circle, only preferred ways. As a circular way of knowing, the Medicine Wheel reflects connection to the natural world (e.g., cycles like time, life, seasons, celestial bodies) and is essential to Traditional Knowledge teachings (as reflected in tipis, sweat lodges, powwows, drums, ceremonies, dream catchers) (Mashford-Pringle & Shawanda, 2023). “Broken circle” is an Indigenous concept indicating the potential neglect of traditional ways that can result in dis-ease or disharmony within the individual, family, or community (Garrett et al., 2011).

According to Dr. Duncan Grady, an Elder of the Siksika, Sauk, and Mesqwaki Nations, Relationship, firstly with self, and then with others, is foundational (D. Grady, personal communication, December 14, 2023). The Medicine Wheel can be used to explore these relationships from the perspectives of spiritual (east), heart/emotional (south), physical (west), and mind/intellectual (north). It can also highlight the illusions of the four separations: self and other, life and death, mind and body, and image and shadow. These aspects of being are often

seen as separate and opposite each other; however, the incongruity or denial of their wholeness can result in spiritual pain.

“Medicine” is the energy that brings healing. Healing means being in “right” relationship (“whole” relationship); not getting rid of something but going in and down and embracing it with kindness, with forgiveness. Wholeness as reflected in Medicine Wheel teachings is a balanced relationship between spirit, heart/emotion, body, and mind. Wholeness reflects the uniting of self and other, life and death, mind and body, and image and shadow. According to Dr. Grady, we know healing is happening when we experience being more than our condition and begin relating *to* our pain instead of *from* it. The purpose of sacred plant medicine is to help point us in the direction of in and down, where we find the medicine that is always in us (D. Grady, personal communication, December 14, 2023).

Western Approaches to Psychedelic Medicine

Research and History

The Western era of psychedelic therapy and research began in the early 1950s after Albert Hofmann synthesized and ingested LSD for the first time (Phelps, 2017). What followed was a period of over two decades of burgeoning interest and research into psychedelics as potential medicines for Western-defined psychiatric diseases as well as swelling recreational use focused on *autognosis*, self-exploration of the human psyche (Carhart-Harris & Goodwin, 2017; Móró et al., 2011). Promises of psychoactive plants such as peyote, ayahuasca, and psilocybin mushrooms (among many others) drew Western researchers to travel to areas remote to them in search of these traditionally used plants and the Indigenous healers and knowledge-keepers who communed with them (Schultes, 1963; Wasson, 1961). Using the experiences, information, and samples shared by Indigenous peoples, Western scientists were able to isolate the alkaloids and

psychoactive compounds of plant medicines and study their effects, thus forming the roots of the Western biomedical model.

Much research was published throughout the 1950s and 1960s showing clinical potential, however early studies were fraught with issues ranging from methodological inconsistencies and poor study design (e.g., lack of controls, blinding, or follow-up), to ethical issues (e.g., National Institute on Drug Abuse (NIDA), 1978; Wheelis, 2012) (Garcia-Romeu & Richards, 2018). Research was brought to an abrupt halt by the signing of the Controlled Substances Act by United States President Richard Nixon in 1970, classifying psychedelics such as LSD, psilocybin, and MDMA as Schedule I drugs. Research in the Western world paused until the twenty-first century, when decades of lobbying by researchers and organizations such as the Multidisciplinary Association for Psychedelic Studies (MAPS), the Beckley Foundation, and the Heffter Institute resulted in legally sanctioned research with promising results at Johns Hopkins University and Imperial College London (e.g., Griffiths et al., 2006) (Petranker et al., 2020). At the time of writing, the Western world seems poised at the edge of teetering into the legalization of medicines such as psilocybin and MDMA, which have shown promising results for psychiatric conditions such as end-of-life distress, treatment-resistant depression, substance use disorders, and post-traumatic stress disorder (Agin-Liebes et al., 2020; Bogenschutz et al., 2022; Carhart-Harris et al., 2021; Griffiths et al., 2016; Mitchell et al., 2021; Mithoefer et al., 2019).

The present biomedical approach to psychedelics prioritizes the treatment of Western-defined psychiatric diseases in individuals, conceptualizes plant medicines as pharmaceutical medications (i.e., as drug products), and roots its evidence base in their pharmacological profile (e.g., efficacy, safety profile, tolerability) (Carhart-Harris & Goodwin, 2017; Lynch, 2022). Research has generally focused on controlled medical use and approval through pharmacological

trials, likely in part due to its checkered past (Petranker et al., 2020). However, it cannot be denied that for-profit pharmaceutical companies have a vested interest in psychedelic-assisted therapy launching legally on a large scale (Noorani, 2019). Petranker et al. (2020) argue that increasing public and political interest in psychedelic medicine puts researchers in a position of needing to focus on rigour, transparency, and efficacy in order to avoid sensationalism and quick-fix hype, warning that the field could easily swing back toward prohibition. A conservative and methodologically focused approach to research has been cautioned in order to prevent questionable research practices and replication of the ethical and methodological issues of the past.

Clinical Approaches

Contemporary models of psychedelic-assisted therapy are client-centred, primarily nondirective, and emphasize clients developing awareness of their own inner wisdom and healing (Podrebarac et al., 2021). In general, Western approaches fall into three phases: preparation, dosing, and integration. Preparation sessions are focused on assessment, medical and therapeutic indications and contraindications, readiness, establishing safety and trust, shaping intentions, and preparing for the dosing session (Johnson et al., 2008; Mithoefer, 2015). Johnson et al. (2008) emphasize developing rapport and trust with the client and discussing meaningful aspects of the client's life and history, which helps shape an understanding of the client as a whole person and the context in which they live. Salient themes or patterns in the person's life might show up in session or in integration. Preparation sessions should also be used to discuss the broad range of possible subjective experiences (physical, physiological, psychological, perceptual, proprioceptive, and synesthetic), that may be encountered, to give guidance on how to handle difficult experiences, to explain logistics of the session and go over

day-of procedures, and to go over any dietary restrictions or medical contraindications. Dosing sessions take place in a therapeutic environment, usually with two therapists/guides offering physical and psychological support (often a male/female dyad, and most often recommended that both therapists not be opposite sex of the client (Mithoefer, 2015)). Clients are encouraged to relax into a reclined or semi-reclined position and are provided with an eye mask and headphones through which a specially designed music playlist is delivered (Spriggs et al., 2021). Integration sessions are client-centred, following the inner healing intelligence of the client, with a focus on exploring themes that came up during the dosing session and assisting clients to integrate new knowings into their life (Podrebarac et al., 2021). According to Timmermann et al. (2022), an important aspect of integration is the empathic resonance of the therapist/guide – their ability to validate, deepen, and guide the processing of the psychedelic experience of the client in an experiential and embodied way. Through integration, or “the process of becoming aware” (Timmermann et al., 2022, p. 698), tensions between new psychedelic insights and knowings become rooted in the client’s greater lived experience, social, historical, and cultural reality.

MAPS’ manual for MDMA-assisted psychotherapy, now on its seventh version, and Johns Hopkins University guidelines for safety have become well-known references for psychedelic treatment for researchers and therapists alike (Johnson et al., 2008; Mithoefer, 2015). MAPS’ approach emphasizes that therapeutic effects are not simply due to physiological effects of the medicine, but rather a combined effect of the medicine, therapeutic setting, and mindsets of clients and therapists (Mithoefer, 2015). Although originally designed for research, its protocols have been adopted outside of research settings and adapted for various psychedelic medicines. The important elements of psychedelic therapy outlined in the manual are client safety and well-being; having a qualified therapist with appropriate training, experience, and

thorough understanding of the nature of the medicine; the client's preparation and orientation to the therapy; the creation of an appropriate set, setting, and support system; the development of therapeutic alliance and trust; a nondirective approach to therapy based on empathetic presence; encouraging the participant to trust their inner healing intelligence; therapeutic intervention in the form of guidance or redirection during difficult therapeutic moments; and ongoing support for the client after the dosing session via integration, seen as a process essential to the success of psychedelic therapy (Mithoefer, 2015).

Elements of Safety. Both guidelines focus first and foremost on safety, rooted in the concepts of “set” and “setting”. Popularized by Timothy Leary in the Harvard Psilocybin Project (Wark & Galliher, 2010), set and setting emerged out of the idea of programming a psychedelic experience (Metzner & Leary, 1967). According to Leary, “the program need not be followed exactly, but it can be of great help in orienting oneself in unfamiliar territory or finding one's way if lost in rough weather” (Metzner & Leary, 1967, p. 5). “Set” refers to the internal state of the person having the experience – their personality, mindset, mood, expectations, preparation, intentions, and personal history; “setting” refers to the external conditions of the experience – the physical environment (music, lighting, décor, furniture, artwork, and interior design) and sociocultural elements including the relationship with the guides, therapists, or any others present (Hartogsohn, 2022; Leary et al., 1963). It must be noted that set and setting are not novel or contemporary ideas; Indigenous and traditional healers have held safe, protected spaces for sacred plant medicines for thousands of years, using frameworks of ceremony and ritual in place of the Western structure of preparation, dosing, and integration.

Johnson et al. (2008) and Mithoefer (2015) both emphasize a private, quiet, non-clinical setting that is comfortable, aesthetically pleasing, and well-furnished – similar to a comfortable

living room. A private bathroom is essential to avoid contact with others outside the therapeutic environment. Johnson et al. (2008) notes that physical safety has been an issue in the past, citing cases where research participants evaded therapists/guides and left study sites during dosing sessions. Therapists and guides should be in contact with clients at all times, escort them to the bathroom if/when needed, and meet any attempts to leave the session with gentle but firm direction to return. A strong, reassuring presence of comfort and calm is key when a client is exhibiting signs of anxiety or negative psychological reaction. During very intense moments when verbal reassurance may not be enough, physical comforting (“interpersonal grounding”) such as holding the hand of the client, can provide a sense of stability and connection (Johnson et al., 2008). All forms of therapeutic and interpersonal support that may be offered during dosing sessions, including verbal reassurance, verbal prompts, options for therapeutic touch, connecting to the breath, and turning toward or surrendering to the process should be discussed and consented to during preparation (Johnson et al., 2008; Mithoefer, 2015).

Therapeutic Use of Music. Music has historically played an important role in guiding medicine journeys (Lutz, 2022). In psychedelic-assisted therapy sessions, music is played through client headphones and through speakers in the room (to provide continuity should the client remove their headphones at any point) (Johnson et al., 2008). Special music playlists are designed to support emotional experience while minimizing suggestion and distress. Typically, there is a progression from music that is relaxing, to more emotionally evocative, to calming and meditative (Mithoefer, 2015), following the arc of the psychedelic journey. Music has varying subjective effects, depending on the psychedelic substance, with psilocybin especially shown to enhance music-evoked emotion such as wonder, transcendence, and peacefulness (Shukuroglou et al., 2023).

Therapeutic Relationship. Therapeutic relationship with the therapist or guide has been suggested as a key part of setting, as the trust, witnessing, acknowledgement, and support of the therapist helps form a container of safety and helps the participant move through the psychedelic session (Phelps, 2017). Cultural competency and cultural humility of the therapist(s) has also emerged as an important factor. In a clinical trial designed for MDMA therapists-in-training, three Black therapist participants experienced nervousness or resistance to trusting their guides with the cultural themes that were emerging during the dosing sessions, and two participants experienced active harm via culturally insensitive comments made by therapists in session (Williams et al., 2020). The nature of psychedelic medicine is such that the client may not be able to access their typical defenses to protect against emotional harm. Physical and psychological vulnerability (e.g., increase in openness and suggestibility, decrease in amygdala activation) are very real concerns in psychedelic medicine.

Phelps (2017) has compiled six competencies of psychedelic therapists and 12 domains of training in psychedelic-assisted therapy and proposed that these might form a set of best practices and fundamental core knowledges, attitudes, and skills of therapists in the psychedelic therapy field. The six competencies include empathic abiding presence, trust enhancement, spiritual intelligence, knowledge of the physical and psychological effects of psychedelics, therapist self-awareness and ethical integrity, and proficiency in complementary techniques (such as Holotropic breathwork, somatic work, meditation, narrative, and expressive arts). The 12 domains of training include: 1) history of clinical research and current legal status of psychedelic-assisted therapy; 2) neurobiology, neuropharmacology, drug disposition, and drug interactions; 3) best practices in sets/settings including preparation, dosing session, and integration; 4) psychedelics and therapeutic relationships including transference, boundaries,

ethics, and self-care; 5) supervised observation of psychedelic session videos; 6) variations in therapeutic models; 7) complementary therapeutic techniques; 8) co-therapy methods and interprofessional skills for working on multidisciplinary teams; 9) current models of consciousness, spiritual intelligence, and mystical experiences; 10) ceremonial use of psychedelics in religious and community settings; 11) individual and group clinical supervision during an internship; and 12) personal experience of being guided as a research participant (Phelps, 2017).

Although Phelps' (2017) recommendations are thorough from a Western medicine standpoint, one criticism is that there is limited acknowledgment of the ancient human history of psychoactive plant medicine use and little to no mention of cultural competencies. The recommendations also lack a clear path on which therapists might step in order to achieve these competencies.

In the next chapter, I offer a practical framework that will help therapists begin the process of gaining the self-knowledge, ancestral knowledge, spiritual connection, connection to land and place, humility, and open heartedness to braid Traditional Knowledge into psychedelic practices in a new way. Honouring and integrating the roots of psychedelic medicine will allow us to work safely, with cultural competence, and appropriate reverence for the gift and responsibility that is bestowed on us.

Chapter Three: Reconciling Two Eyes

This chapter is written from a settler perspective, with the assumption that the reader has been trained/recruited into a Western, Eurocentric paradigm by culture, language, education, training, systems, etc. For those of us who are multicultural, mixed race, speak multiple languages, and/or may feel a resistance toward admitting our recruitment for any reason, I want to draw awareness to those things that might tell us we have been recruited, and the reader can decide for themselves. This alone can be a difficult thing to face, and so I want to caution that gentleness and humility are required to see beyond who we think we are and what we have been taught. First, take a deep breath and connect to your body. Bring awareness to your outer and inner senses as you read this chapter. Notice anything that arises as you read – body sensations, heat or cold sensations, emotions, thoughts, judgments, flickering attention. All of this indicates some process is occurring (which is to be expected) so allow whatever is happening to pass through you freely. If something overwhelming is coming up, pause, take care of yourself, and come back to this later.

Western hegemony infuses the systems we live in and the very air we breathe. It is apparent in our educational systems – taught from a settler-colonial perspective and only recently attempting a nod to our true history. It is apparent in our healthcare systems – naturopathic medicine, herbalists, Ayurvedic and Traditional Chinese Medicine practitioners are considered alternative and second-class to Western medicine, despite flourishing for thousands of years. It is apparent in our mental health and psychology – deeply rooted in colonial worldviews, our work in mental healthcare is individualizing, pathologizing and represents a form of power and surveillance that identifies who is “normal” (e.g., “ideal”) and who is “abnormal” (see May

(2006) for more on power, surveillance, and the philosophies of Michel Foucault). It is apparent in our lifestyles, which emphasize individuality and competition (ultimately leading to isolation, loneliness, and disconnect) over relationality and ways of living in community that are inherently healing and preventative (Native Women's Association of Canada, 2007). It is apparent in the ways we use language – we have cultural *beliefs* versus scientific *facts*. Our lived experience and intuitive ways of knowing are trumped by the scientific evidence base, even in discussions of things science cannot yet explain, such as consciousness. Non-Western ontologies and epistemologies are simply not considered valid and equal systems of knowledge.

Etuaptmumk, Two-Eyed Seeing is really about seeing with multiplicity (Bartlett et al., 2012). We do not have to denounce Western paradigms completely, and I hope the previous chapter has shown that Western approaches to psychedelic medicine have strengths and are valuable too. Their strengths lie in taking things apart to see all the inner workings and understand them. But we need to put them all back together now, to create a healing modality that embraces the whole. In reconciling two eyes, I ask if we can privilege other forms of knowing. Can we unlearn the dominant language of objectivity enough to create space to re-learn the language of animacy and sacred connection? Can we ground ourselves in relational accountability, to all our relations? This is not just for the benefit of BIPOC or Indigenous peoples. Any person will benefit from seeing with these two eyes. There is so much that Traditional Knowledge can teach us, if we are open enough to let it in.

In order to implement etuaptmumk, Two-Eyed Seeing, we need to learn not to appropriate existing traditions, but to integrate principles of Traditional Knowledge into our own practices in a new way. I have created the following framework to help counsellors do this. The framework consists of two parts, as illustrated in Figure 1 below: the first is focused on self, the

second on practice. Part one asks you to locate yourself, become native to place, and return to spirit. Part two invites you to practice ethically, in alignment with the ethical principles of traditional Indigenous medicine (Celidwen et al., 2023), to indigenize your practice, to welcome your own intuition and spirituality into practice, to build your healing community, and to work from love and joy.

Figure 1

A Framework for Implementing Two-Eyed Seeing for Counsellors in Psychedelic Therapy



I insist that the reader walk through these steps in the order they are given. This is not a quick-fix – another Western ideology – but rather asks the reader to take a deep, experiential, humble, and reflexive dive into self, ancestry, and spirit. Skipping this deeply personal work is a form of tokenism that washes away the meaning and impact of implementing practical changes. This work may take a long time, and we need to cultivate patience and persistence in pursuing it.

Reconciling Two Eyes: A Framework for Implementing Two-Eyed Seeing for Counsellors in Psychedelic Therapy

Part 1: Self

Locate Yourself. In order to begin the journey, we need to locate ourselves within the settler-colonial matrix. Although the practice of naming our social locations has become more commonplace among counsellors, what I am asking is more than simply listing them off. For the following questions, you can write, journal, draw, or doodle the answers, but let the answers come to you without thinking too hard. Who are you, *really*? What are your gifts? What is your purpose in the world? Who are your people? How do you know? Feel into that. What tells you if and when you belong, and what does that tell you about yourself? Who are your ancestors? What are your ancestral teachings and values? What is your connection to self, ancestry, and land? How is it you have come to know yourself in this particular way, at this particular time? We are all indigenous to somewhere (Kimmerer, 2013), and as settlers, we are always blending our original cultures, colonial cultures, languages, and other diverse teachings into our ways of being. According to Mullan (2023), “the beauty of reflecting on your ancestry, culture, and family patterns is gaining insight into the gifts and challenges we have inherited” (p. 254).

Once we truly know ourselves, what boat we have come from (Reynolds, 2013), who our ancestors are and their teachings, we may have raised our power enough to be able to see a different story about ourselves that was not written by the systems we live and breathe. Once you have reached that place, you are ready for step two.

Become Native to Place. How can we appreciate seeing from an Indigenous eye if we do not have a connection to land or place? We are a nation of settlers – immigrants with a “rootless past” (Kimmerer, 2013, p. 207). According to Kimmerer (2013), Indigenous Elders puzzling

over the settlers who arrived at their shores once said, “The problem with these new people is that they don’t have both feet on the shore. One is still on the boat. They don’t seem to know whether they’re staying or not” (p. 207). Can we, as a settler nation, learn to live here as if we are staying, as if this is our home? If this land is truly our home, and the beings we share it with are our neighbours and kin, how does that shift how we relate to it and them?

To become native to place, we need to recultivate a relationship with the land. All of us are indigenous to somewhere, and we descend from ancestors who lived in deep attunement with the land. In our modern world, we have mostly forgotten this. We distance ourselves from the land’s abundance and forget her gifts, leaving us in a state of isolation and disconnection that has been called species loneliness: “a deep, unnamed sadness stemming from estrangement from the rest of Creation, from the loss of relationship” (Kimmerer, 2013, p. 208). Richard Louv (2019) describes it as “the gnawing fear that we are alone in the universe, with a desperate hunger for connection with other life” (para. 1). We yearn on a soul level to restore our relationship to place, but we have forgotten how. We need to re-member to see the reciprocal and symbiotic relationships that surround and sustain us, to remember that we are not alone, that we are in fact part of an interconnected web of life. We need to re-learn to see with the eye of wholistic living and re-attune to the natural rhythms of life.

To become native to place, we need to re-learn the grammar of animacy and learn about our neighbours. Who are the beings, the other-than-human entities who live in your area (plants, animals, spirits, mountains, bodies of water)? Foster relationships with them. Learn their names, how they live, what their gifts are. According to Kimmerer (2013), “names are the way we humans build relationship, not only with each other but with the living world” (p. 208). Cultivate humility and start allowing yourself to hear the teachings of other-than-human beings. Brown

(1983) says, “Don’t separate yourself from nature. Embrace it and allow yourself to be embraced by it” (p. 27). When we open our awareness, we start tuning in and nature can be experienced with heightened sensitivity (Barrett, 2011). In this way, we may begin cultivating personal relationships with the land we reside on and the sacred plants we use.

If the land you are residing on is not your original homeland, get curious, learn about the history of the land you are on and the culture and languages of the people there. Learn, in a respectful way, the stories of the Original Peoples, if they are available to you in an open, appropriate, and welcoming way. For example, on K’ómoks Traditional Territories which I reside on, K’ómoks First Nation origin stories, detailed history, and language history are all available on their website (<https://komoks.ca>). According to Mullan (2023), “decolonized strategies are not outlined by Western notions and boxes; but by reviving and reopening our practices and perceptions to global Indigenous wisdom (without appropriation) such as the importance of love, prayer, community learning, multigenerational rituals and gatherings, storytelling, and more” (p. 257).

To become native to place, we need to find the sacred places that speak to our souls and hearts. Where do you find yourself mystified by the beauty of life? Where do you breathe easiest, where do you go that helps you find peace and stillness? Where helps you access your inner wisdom? Where instills you with joyful heart and youthful exuberance? Where do you feel alive? Many of us experience our sacred places as an embodied feeling deep within us that calls us back over and over. If you know these places I am speaking of, I ask that you create conscious and sacred intention around connecting with them. If you do not know these places yet, I am excited for you – there is so much for you to discover and explore.

Once you have recultivated your relationship to the land, learned the names of your neighbours, learned the history and the stories of the Original Peoples, and found the places sacred to you, you can continue on to the next step.

Return to Spirit. Humans are spiritual beings and have always been so. We need to remember how to see the sacredness that surrounds us and re-integrate ceremony into our daily lives. Can we realize that we are not separate from this world? Medicine Wheel teachings can be integral in this process. In dominant society, we live primarily in the mental and physical quadrants, which is unbalancing. Can we rediscover and honour the heart and spirit aspects of ourselves?

Re-familiarize yourself with the spiritual practices, rituals, ceremonies, traditions, and stories of your ancestors. Are there certain practices, symbols, ceremonies, etc. that speak to you and that you would like to carry forward? Are there aspects that you would prefer to let go? If there is something about your ancestral spirituality that you resist for any reason, instead of turning away or trying to get rid of it, can you go in and down and embrace it with kindness and forgiveness?

The concept of returning to spirit may be challenging if you are stuck in the zealotry of scientism, but it may begin to come naturally after diving deeply into who you are, becoming proficient in the language of the land you are on, and immersing yourself in relationship with the land, community, beings, and sacred places that surround you. Take this opportunity to critically challenge your beliefs around spiritual practice. Feel into your body, your emotions, your heart, your spirit. Spend some time in one of your sacred places journaling, meditating, or creating art around your ancestral spiritual practices and the spiritual practices you would like to carry forward. Then move on to part two.

Part 2: Practice

Follow Ethical Principles of Traditional Indigenous Medicine. In order for psychedelic practice to move forwards ethically, relationally, respectfully, and with accountability, therapists in this field are obligated to follow the ethical principles of traditional Indigenous medicine as published in an article by a globally represented, Indigenous-led consensus group in 2023 (Celidwen et al., 2023). Although some of the principles speak specifically to an institutional or organizational level, there is work that can be done by the individual as well. Educating oneself, practicing with appropriate acknowledgment and gratitude, and speaking up to shape the future of psychedelic medicine are all within the capacity of the individual therapist.

The eight interconnected ethical principles are Reverence, Respect, Responsibility, Relevance, Regulation, Reparation, Restoration, and Reconciliation (Celidwen et al., 2023). *Reverence for Mother Nature* prompts compassionate living, a commitment to collective care, and sustainability on behalf of plant medicines as well as the environments and peoples they are in relationship with. *Respect Indigenous ways of knowing and being* consists of proper acknowledgement of Traditional and Indigenous Knowledge, relationship building with Indigenous practitioners, knowledge-holders, and organizations, respectfully following traditional Indigenous protocols of a region, and upholding free, prior, and informed consent around use of Indigenous knowledges in new contexts. *Responsibility for use, benefits, and harms* holds Western research and practice accountable for any harmful practices, cultural appropriation, or capitalization off of Indigenous peoples and their cultural practices without consent. *Relevance of Indigenous knowledges in psychedelic medicine* calls for “meaningful and cultural safe spaces for decolonizing pedagogies of learning, in addition to the decolonization of

research and clinical methodologies” (Celidwen et al., 2023, p. 5). To foster relevance, leadership and belonging for Indigenous peoples, as well as Indigenous research and practice methodologies should be prioritized in Western institutions. *Regulation of tangible and intangible uses of traditional Indigenous medicines* call for formal regulation and recognition of Traditional Knowledges. *Reparation and sharing of benefits* call attention to the fact that Western psychedelic research and practice has benefited non-Indigenous peoples at the expense of Indigenous communities and calls for fair and equitable sharing of benefits from their medicinal, genetic, intellectual, and cultural heritages. *Restoration of Indigenous authority* raises Indigenous and Traditional Knowledge systems to stand equally alongside Western systems and acknowledges Indigenous peoples as the rightful guiding voices in the psychedelic renaissance. *Reconciliation of Indigenous-Western relations* calls for the transformative justice that needs to pre-empt the establishment of right relations between Western and Indigenous systems and peoples (Celidwen et al., 2023).

On top of these eight ethical principles, I recommend that all therapists develop basic cultural competencies for working ethically with people of colour. Williams et al. (2020) suggest these might include: identifying cultural variations in the expression of psychopathology and personality; recognizing race-based trauma; being comfortable discussing racial topics; identifying and examining your personal biases related to ethnicity and race; and creating an action plan to address any personal areas of difficulties. Resmaa Menakem’s book, *My Grandmother’s Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* (Menakem, 2017) is an excellent start.

Indigenize Your Practice. Practice caution with Eurocentric pathologizing, “normalizing”, expert-led views, and instead see if you can incorporate Indigenous perspectives

on giftedness, survivance, resilience, and interconnection (Fellner, 2016). According to Dr. Duncan Grady, Elder of the Siksika, Sauk, and Mesqwaki Nations (personal communication, December 14, 2023), we have five physical senses (seeing, touching, smelling, tasting, hearing) and also six non-physical senses. The six non-physical senses are thinking, memory, imagination, dreaming, visioning, and spirit travel. Strength in any of these 11 senses is considered a gift, and similar to how dominant perspectives encourage the development of strong physical senses, Indigenous medicine encourages the development of strong non-physical senses. Sometimes, due to traumatic experiences, we use our gifts to escape instead of to go in and down. For example, the gift of visioning and spirit travel may be used to dissociate. According to Dr. Grady, part of healing is using our gifts in service to ourselves and in service to others. If we can learn to see from the eye of giftedness rather than pathology, we step closer to embodying the concept of healing as related to wholeness.

Therapeutic approaches, case conceptualizations, and treatment can also be approached with the eye of Traditional Knowledge. Fellner (2016) asks us to consider ways our practices can be “collective, intergenerational, spirit-centred, land-based, survivance/resilience/strength-based, client-centred, holistic, community-based, and ceremonial” (p. 328). Incorporating these do not require appropriating practices from any other culture; rather, they require only thoughtfulness, self-reflection, imagination, and the humility to learn from and walk alongside the person you are trying to help. To support this practice, Fellner (2016) suggests that therapists need to take responsibility for self-care and living in a good way, including drawing on personal spiritual resources to assist in the work. My hope is that the previous steps in this framework have helped you begin this process.

Welcome Your Own Intuition/Spirituality. As Mullan (2023) says, “for many of us, ‘spiritual’ is who we are, rather than something we ‘practice or do’” (p. 178). However, even for those who are less spiritually inclined, connecting with therapist’s intuition is often considered a hallmark of counselling practice (Bryant & Luft, 2023). I encourage you to welcome your intuitive senses, holistic practices, and other ways of knowing (as long as they are safe, consensual, and non-harmful to the client (Mullan, 2023)) as we step into the mystical and often transcendent realms of psychedelic therapy. The mystical aspect of psychedelics has been well documented enough that Western psychedelic practice has embraced spiritual intelligence as a core competency of psychedelic therapists (Barsuglia et al., 2018; Griffiths et al., 2006; Phelps, 2017). Being open about your own intuition and spirituality lets the person you are working with know that you resist the Western tendency to be cognitively set and clinically detached, and that you are capable of seeing sickness as disharmony, dis-ease, or spiritual injury, and wellness as a spiritual state as well as a physical one. It lets them know that you see them as sacred, the work as sacred, the medicine as sacred. You are not offering a “cure”, as in getting rid of something, but rather you are there to help them find healing and wholeness.

Build Your Healing Community. Welcome in others in your community who have diverse approaches to healing. This might include expressive arts and movement practitioners, somatic practitioners, energy healers, sound healers, bodyworkers/craniosacral therapists, breathwork practitioners, Elders, traditional healers, shamans, or spiritual or religious folks who align with the journeyer. Build up your healing community to incorporate diverse cultural teachings that meet the needs of your community. Remember the principle of relationality – each being is interconnected and interdependent. No one person can embody everything someone needs, and no-one should be doing this work alone. Traditionally, most sacred plant medicines

are taken in community. Although this is not yet a common practice in the Western world, we as therapists have a responsibility to ensure those we are working with are supported and connected within the wider healing community. Connectedness in healing involves facilitating connection with friends, family, community, culture, and all our relations (McCormick, 1996).

Work From Love and Joy. Love. I can feel the squirming of the reader as I write the word. Love is a dirty word in therapy. In Western education, we are taught not to love our clients, or at least never to tell them that. However, I believe the fear of love is a tool of the colonizer. Because if we realize more love in our lives and in our work, we are less likely to see those around us as “othered”, and it becomes harder to be okay with the injustices that surround us.

For the Anishinaabe, nehiyawak, M'ikmaw, and many other Nations, love is one of the seven sacred gifts of life (also known as the Seven Grandfather Teachings) (Fellner, 2016, Marshall et al., 2010). Love emerges out of spiritual connection and a true sense of being related. In a modern world of chronic loneliness, disconnect, and spiritual isolation, we all crave love and belonging. As Fellner (2016) says, “Unconditional love is powerful medicine” (p. 179). I ask that we approach our clients with love and do our work with joy. Psychedelic medicine is a powerful journey of courage and trust. Our love for our clients may be felt energetically, emotionally, physically, or in other ways when they are in non-ordinary states of consciousness. It is our responsibility to hold the space with sacredness and with love, remembering that it is truly an honour to accompany someone on this journey.

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