Exploring Psychedelic-Assisted Therapy and Sex Therapy Through the Lens of Optimal Sex and Attachment: A Potential for Transformative Healing

by

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A capstone submitted in partial fulfillment of the requirements for the Degree of

Masters in Counselling (MC)

City University of Seattle

Vancouver, BC, Canada

December, 2022

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Acknowledgement

To my capstone advisor, Dr. Bruce Hardy and faculty reader, Dr. Elenora Joensuu, thank you for your guidance, encouragement, and support with this project.

To my classmates, the BC-22 cohort, thank you for learning, growing, laughing, and crying with me through this journey.

To the residence of the DTES both living and those who have passed due to the overdose crisis, thank you for teaching me about compassion, community, suffering, and resilience. You inspired me to embark on this adventure and I would not be who I am without the years spent together.

To my colleagues and mentors at Vancouver Coastal Health, thank you for the invaluable professional education. Thank you for the support, understanding, and flexibility you provided.

To the plant medicines and psychedelic spirits, thank you for your wisdom, unconditional love, and acceptance. You taught me how to love myself.

To all the psychedelic-assisted therapists, researchers, and policy advocates, thank you for putting your careers at risk in pursuit of the psychedelic renaissance. The accumulation of all your tireless work is making a quantum difference in many lives.

To my friends, family, and partner, thank you for your patience, reassurance, love, and care.

To Greg Gurel, thank you for your tireless mentorship and for being my biggest champion over many years. I owe you more than words can ever say.

Lastly, to all those who are still suffering, hold onto hope because transformative healing is possible

Abstract

Psychedelic-assisted therapy and sex therapy are two fringe disciplines within psychology that have yet to be merged. However, psychedelic-assisted therapy is showing promising results in healing underlying issues related to sexual concerns such as anxiety and avoidance. Exploring optimal sex (Kleinplatz et al., 2009) and barriers to optimal sex through an attachment lens reveals that psychedelic-assisted therapy could potentially produce transformative healing. The key to transformative sexual healing with psychedelics may be connected to the attachment system and the unique way psychedelics stimulated the 5-HT2A receptors in the brain. There are several significant barriers to psychedelic-assisted sex therapy such as legalization, stigma, and an absence of foundational research to overcome before such results can be actualized.

Keywords: psychedelic-assisted therapy, sex therapy, optimal sex, sexual well-being, adult attachment

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Chapter 1

Overview of the Topic

This paper attempts to bring together two fringe topics in the field of psychology- sex therapy and psychedelic-assisted therapy. Sex therapy involves supporting clients through aspects of their sexuality that hold suffering for them. Sexuality is an umbrella term for gender, gender expression, sexual orientation, relationship style, sexual behaviours, sexual thoughts, and sexual energy. Sex is how one enacts their sexuality and is commonly an intra and interpersonal endeavour that is physical, emotional, cognitive, and even spiritual. Sex is a relational act influenced by many parts of one's identity and the culture and family in which they were raised. Every culture and family have different rules around sexuality. For those who operate within the rules, they are regularly socially rewarded, and for those who fall outside the rules, there are frequently social consequences. As a result, many people hold relational injuries because of aspects of their sexuality.

Given that humans are social animals, people who experience social consequences often are plagued with ongoing mental health difficulties such as anxiety and depression that unfortunately only serve to reinforce relational and sexual struggles. Interestingly, people also hold relational wounds that end up presenting themselves sexually through various forms of sexual dysfunctions. Given that sexuality touches everyone and sex has a vital interpersonal component, I think the field of psychology must give sex and sexuality the weight it deserves. Furthermore, I believe there is significant societal value in supporting people to invest in healing that allows for a rich and fulfilling sex life. This paper hopes to expand the reader's understanding of how the qualities that make for optimal sexual experiences are similar qualities

that make for healthy, secure relationships and offers an innovative holistic healing intervention using psychedelic-assisted therapy.

Researcher Peggy Kleinplatz (2009) has highlighted eight qualities that make up optimal sexual experiences. In reviewing her research, I was struck by how these eight components have tremendous overlapping attributes with those of healthy relationships. It made me curious if exploring optimal sexual experiences more fulsomely could provide a window into more profound relational healing because I think healthy relationships are essential for sustainable societies. For example, long-lasting nourishing parental relationships provide the foundation for parents to raise well-adjusted and securely attached children-this is the foundation for attachment theory. Attachment theory proposes that the quality of the bond between an infant and their primary caregiver directly correlates to their beliefs of safety and worthiness to be loved across their lifetime (Salter Ainsworth & Bowlby, 1991). There is an abundance of evidence indicating that securely attached individuals fare better in nearly every area of life.

In contrast, insecure attachment has been observed to underly most, if not all, mental health, sexual, and relationship issues. The more a person's socialization and personal history incline them to feel insecure, the less optimally their attachment, caregiving, and sexual behavioural systems will operate (Mikulincer et al., 2014). Therefore, it seems prudent to address attachment-based injuries as the root of most other physical, psychological, and relational issues. Currently, much of psychology is focused on remedying individual diagnoses, and sex therapy is not immune to this approach. However, I think there is much more value in exploring treatments that can heal many conditions. For example, when used in psychedelic-assisted therapy, psychedelics show an unprecedented capacity to provide profound healing for various psychological ailments. Though research currently has not been completed around using

psychedelic-assisted therapy for sexual issues, I am curious if it could be an effective treatment modality.

Given that psychedelic-assisted therapy is effective in treating many disparate issues, I am curious if psychedelic-assisted therapy supports people to move towards secure attachment or what is known as earned secure attachment. Moreover, this more secure way of relating to self and others allows for challenging symptomology to dissipate. Psychedelics get to the root of the issue (Doblin, 2019), which is why I believe they can be helpful when paired with an attachment-based therapy model and sex therapy to heal sexual and relational concerns and move people towards more optimal sexual experiences. To prevent mental health and relationship issues in future generations, we need to focus on supporting adults to have secure, lasting, satisfying, and pleasurable relationships.

Sex is Powerful

I have focused this paper on optimal sexual experiences because sex is powerful, and if we do not harness the power of sex for good, then sex is more likely to be used for harm. I think sex is worth looking at because sexuality is an essential aspect of most people's lives (Byers & Rehman, 2014). Positive sexual well-being is significantly linked to increased psychological well-being, relationship well-being, and life satisfaction (Wampold, 2014). Sexual well-being is more than the absence of diseases, dysfunction, and sexual violence (Byers & Rehman, 2014). Sexual well-being refers to how individuals feel about and cognitively appraise their sexual lives, including satisfaction with their sexual functioning, sexual relationships, sexual behaviours, sexual pleasure, and sexuality (Mollen & Abbott, 2022). Sex and connection are what motivate people in countless areas of their lives. Sex can bring people together, create new life, and be the most intimate and transformative moment for couples. However, when sex is used maliciously or

selfishly, it can cause tremendous harm. Sex is powerful. It is powerful because of the profound emotional impact it has on people. I wish the field of psychology would encourage more fulsome conversations around sex and sexuality because it will bring the impact of sex out from the shadows into the light. I believe it is the fact that sex is left in the shadows that allow for harmful sexual behaviour to proliferate.

When sex is left in the shadows, the shadow aspects of sex are perpetuated, such as childhood sexual abuse (Kelley & Gidycz, 2017), incest (Asao et al., 2022), sexual coercion, rape (Kelley & Gidycz, 2017), and infidelity (Blow & Hartnett, 2005). These shadow aspects of sex cause devastating and heart-breaking effects that can transcend generations, including depression, anxiety, PTSD, and suicidality (Kelley & Gidycz, 2017). It breaks my heart to hear that one in three to four women experience adolescent sexual assault, and one in five women in college report histories of childhood sexual assault (Kelley & Gidycz, 2017). The 2017 #MeToo movement highlighting sexual assault in the Hollywood film industry indicates how sexual assault continues to be an ongoing issue even for those most affluent (Mendes et al., 2018). These shadow aspects of sex are devastating to me! I am dumbfounded that, as a profession focusing on well-being, we are not making more of an intentional effort to come up with innovative solutions to this global issue. I do not think people want sexualized violence to continue. I think that field of psychology reflects the current attitudes and beliefs about sex in the culture in which it operates. I do not think we can tackle the prominent shadow aspects of sexuality because, as a profession are still working to understand and find solutions to the more subtle and insidious sexual issues such as sexual dysfunction.

Sexual Dysfunction and Relationships

Beyond the ominously negative aspect of sexual assault, sexual dysfunction and sexual dissatisfaction are also significant issues partly because of their impact on intimate relationships. As much as 50% of the general population experience sexual dissatisfaction (Péloquin et al., 2014), and sexual dysfunction is significantly associated with relationship stress (McCabe & Connaughton, 2017). Similarly, relationship conflict influences, maintains, and can cause sexual dysfunction (Metz & Epstein, 2002). I can see that people have emotional wounds related to sexuality that deserve our attention. Commonly known as sexual dysfunction, I prefer to refer to sexual difficulties as sexual functioning concerns because I do not believe aspects of one's sexuality are dysfunctional. Often, one's sexuality is functioning appropriately to challenging or dysfunctional circumstances. For example, one's body might not be able to relax into an appropriate sexual response because a person does not feel safe in themselves or within their partnership. In this case, the sexual concern is the symptom, not the underlying issue. In the second chapter, I will explore more of the connection between optimal sexual experiences, barriers to those experiences, and how psychedelics could potentially help facilitate healing. However, before we get there, to expand our understanding, let us explore sexual functioning issues.

I recently heard in an Andrew Huberman (2022) podcast that there are two types of scientists "lumpers and splitters." Lumpers find more value in grouping similar conditions, and splitters find more value in separating things into nuanced differences. I am more of a lumper, and through this paper, I lump together similar sexual functioning concerns and psychedelics into one whole group instead of individual substances. Below I highlight how I define various sexual difficulties. Sexual functioning concerns include disturbances in one of the three phases of the

sexual response cycle: desire, arousal, orgasm, and sexual pain disorders (Corretti & Baldi, 2007; McCabe, 2005). Difficulties in the desire phase manifest as low sexual desire, reduced interest in sex, decreased sexual thinking or fantasies and decreased initiation of sex (McCabe, 2005). Difficulties in the arousal phase results in an interruption in the neurophysiological processes that promote blood flow to the genitals resulting in erectile concerns, vaginal lubrication issues, preventing the lengthening and widening of the vaginal canal, diminished engorgement of the clitoris, and can be associated with painful vaginal intercourse (McCabe, 2005; Velten et al., 2018). Difficulties in the orgasm phase can include difficulties achieving orgasm (delayed orgasm), inability to achieve orgasm (anorgasmia), or orgasming too soon (McCabe, 2005). To this day, there are ongoing debates within the field of sex therapy around the different diagnoses and if there is value in differentiating between arousal and desire (Kleinplatz, 2011).

Commonly there is overlap between the sexual functioning concerns, and difficulty in one area will frequently lead to difficulty in another area (McCabe, 2005). Much work has been invested into separating the different sexual functioning concerns and organizing them based on gender. However, given the overlapping nature of sexual functioning concerns and the understanding that the affective, physiological, and relational processes are similar across genders, there might be more value in examining the underlying cause associated with sexual functioning concerns as opposed to getting caught up in the symptomology (McCabe, 2005). I agree with McCabe (2005) and colleagues. I am frustrated that the field of sex therapy continues to be intent on separating people based on gender. I think a way in which psychology can be more inclusive is to discuss sexual concerns based on which phase of the sexual cycle is impacted. Therefore, in this paper, you will hear me refer to the orgasm, arousal, and desire phases as opposed to different sexual dysfunctions as they are outlined in the diagnostic and

statistical manual. I think adding gender detracts from the overall message of the paper- that sex is an embodied, intra and interpersonal experience and the components of optimal sex have universal applicability. Therefore, finding a treatment that can be universally applied would show innovative promise for the field.

Sexual Functioning Concerns and Attachment

I take the above stance on sexual functioning issues partly because attachment theory appears universally applicable across cultures (Mikulincer & Shaver, 2007). Below we will explore the connection between attachment and sexuality to frame why I chose attachment theory as the basis for this paper. Caregiving, adult attachment, and the sexual behavioural system are interrelated in adult romantic relationships (Péloquin et al., 2014). Essential constituents of secure attachment are emotional regulation, low avoidance, and low attachment anxiety. Emotion regulation refers to the neurophysiological processes responsible for monitoring and modifying emotional reactions to accomplish one's intra and interpersonal goals (Christ et al., 2019). Connected sex is a highly complex intra and interpersonal behaviour; therefore, it makes sense that individuals who have improved emotional regulation skills will be more successful in achieving sexual and bonding goals.

Conversely, people with disrupted emotional regulation skills struggle in many ways, including being more susceptible to anxiety and avoidance. In chapter two, I will demonstrate how anxiety and avoidance impair sexual functioning and relational connection. I think psychedelic-assisted therapy may assist in supporting people to move from a place of sexual dysfunction towards optimal sexual experiences in part through the ability for psychedelics to impact parts of the brain that influence emotional regulation.

Below I highlight how positive sexual experiences are connected to secure attachment and sexual issues are more often connected to insecure attachment styles. Given the relational context of sexual satisfaction, it is not surprising that research has found that most individuals in a romantic relationship report higher sexual satisfaction (Byers & Rehman, 2014). Secure attachment and high-quality relationships are congruent with sexual well-being (Stephenson & Meston, 2015). In research into what makes great sex, older couples who were married for over 25 years provided some of the most valuable insights into what makes an optimal sexual experience (Kleinplatz et al., 2009). High sexual satisfaction or secure attachment bonds appear to maintain emotional regulation within relationships that promote relational longevity (Stephenson & Meston, 2015). High attachment security also decreases the degree to which unsatisfying sexual experiences are associated with decreases in life satisfaction (Stephenson & Meston, 2015).

Interestingly, high levels of sexual satisfaction also diminish the adverse effects of attachment anxiety (Stephenson & Meston, 2015). Securely attached individuals are often more satisfied in their relationships and less likely to engage in infidelity than insecurely attached individuals (Cohen, 2005). Furthermore, couples who manage conflict in a way that includes compassion and trust instead of anxiety or avoidance are more likely to have satisfying relationships and not divorce (Metz & Epstein, 2002). As I suspected, sex and attachment go hand in hand. Secure attachment appears to be closely linked to satisfying sexual experiences. Is the inverse true too? This question is, in part, what formed my basis for wanting to explore optimal sexual experiences. Perhaps understanding optimal sexual experiences will give us insight into how to foster more secure attachment in our clients.

Contrary to their secure counterparts, insecurely attached individuals have been found to have a more complicated relationship with sex and relationships. People with higher attachment anxiety are more likely to use sex to achieve attachment needs not met by other forms of connection and comfort (Stephenson & Meston, 2015). For insecurely attached people, negative sexual experiences may be interpreted as the relationship's downfall (Stephenson & Meston, 2015). People who are more anxiously attached tend to have sexual experiences filled with more anxiety, and the sex takes on a level of importance that supersedes that of pleasure (Stephenson & Meston, 2015). Given the everyday discourse that denotes that sex is to be performed rather than savoured for intense pleasure, it is no wonder we see such a high prevalence of sexual issues (Kleinplatz, 2011). For those who are insecurely attached, worsening sexual well-being is associated with more significant decreases in overall life satisfaction than those who are more securely attached (Stephenson & Meston, 2015). I do not believe that people with insecure attachments are doomed to a life of less-than-satisfying sex or relationships. However, I think they must work much harder to unlearn maladaptive relating and put conscious effort into learning more adaptive, secure ways of being. I think this work is important because relationship dissatisfaction does not only affect the immediate people in the relationship; some bystanders are also impacted.

Relationship dissatisfaction is a prominent reason for infidelity. About 25% of married couples will experience at least one infidelity in their relationship (Blow & Hartnett, 2005). Infidelity is the nail in the coffin of relationships that are already struggling. Infidelity remains the most common reason why married and unmarried relationships end (Blow & Hartnett, 2005). Children are the bystanders in dissatisfying and dysfunctional relationships. High parental conflict can be particularly distressing to children. It can lead to children's emotional needs

being neglected (Troxel & Matthews, 2004). As the role of the parent is to provide sensitive, attuned, timely emotional and physical nurturance to their children (Mikulincer & Shaver, 2007), when parental, romantic relationships end, children suffer the greatest consequences. Children who grow up in homes with parental relational dissatisfaction and conflict are more likely to develop insecure attachment leading to anxiety, depression, and other physical health challenges (Troxel & Matthews, 2004)—perpetuating the cycle of insecure relating. Therefore, it seems prudent that in addressing sexual and relationship issues, we also seek to repair the underlying attachment system. I believe psychedelic-assisted therapy paired with an attachment-based therapeutic model will provide enduring and extensive benefits to the attachment system. Then there will be a downstream effect of benefit in the sexual functioning system.

Sexual Issues and Mental Health

This paper will explore not only sexual issues and relationship concerns but how both have their root in mental health difficulties. Mental health issues have become one of the most significant contributing factors to morbidity and mortality in the western world, and the burden can be felt in the workplace, in the healthcare system, in social support systems, in our homes, and by individuals (Sbarra, 2015; Vollenweider & Kometer, 2010). Two of the most common mental illnesses are anxiety and depression. Anxiety is a feeling of fear paired with avoidance characterized by affective, cognitive, physiological, and neurochemical changes (Corretti & Baldi, 2007). In the context of a threat or danger, these reactions are adaptive. However, these changes become maladaptive when anxiety is disproportionate to the environment, becomes unmanageable, results in prolonged distress, or impairs one's capacity to connect relationally (Corretti & Baldi, 2007). Depression characterized as low mood, decreased motivation and pleasure in normal activities and is often a result of prolonged chronic stress or anxiety resulting

in modifications to the brain's neurons, neurotransmitters, and neuroendocrine system (Reynaert et al., 2010). Anxiety and depression are repeatedly comorbid with sexual functioning issues. Most mental health problems, including anxiety, depression, eating disorders, substance misuse, and sexual dysfunction, are rooted in childhood relational trauma (Mikulincer & Shaver, 2007; Read et al., 2014; Stevens, 2014). We need to work towards preventing these traumas from occurring. To help prevent future mental health problems in children, I believe we need to focus on supporting adults to have lasting, satisfying, and pleasurable relationships.

Mental health, sexual dysfunction, and relationship issues are all interrelated. Therefore, sustainable treatment would ideally address all three areas. Healing intervention should address aspects of one's attachment system, as insecure attachment appears to be the common thread across all issues. Healing interventions that directly address attachment-based needs and emotional regulation strategies are necessary to shift an individual along the spectrum towards secure attachment and healthier, happier, more fulfilling sexual and bonding relationships (Marmarosh, 2015). I believe that psychedelic-assisted therapy paired with an attachment-based model holds the potential to address all three of these interconnected systems. I hope that the reader will see a similar potential by the end of this paper.

Purpose Statement

This paper will take an in-depth look at the eight components of optimal sexual experiences outlined by (Kleinplatz et al., 2009), the potential barriers to each of the indicators, and how attachment-based psychedelics-assisted therapy may provide an innovative solution. There will be an intentional focus on the intra and interpersonal barriers to satisfying sexual relationships that appear to stem from insecure attachment. This approach assumes that most people, excluding extreme outliers, can experience a full range of emotions and that humans

have an innate desire and need for authentic interpersonal connection. This assumption includes the understanding that people have nervous systems capable of responding to threats and safety in a socio-relational context. Optimal sex is any positive sexual experience that radically differs from the ordinary (Kleinplatz et al., 2009). The eight components of optimal sex outlined by Kleinplatz (2009) that are addressed in this paper are:

1. Embodiment, focus, and absorption in the present moment
2. Connection and attunement
3. Deep erotic and sexual intimacy
4. Deep empathy and extraordinary communication
5. Authenticity, transparency, and genuineness
6. Vulnerability and surrender
7. Exploration, Fun, and interpersonal risk taking
8. Transcendence and transformation

I chose to base my work on Dr. Peggy Kleinplatz's optimal sexual experiences for several reasons. One, I was fortunate to be trained by Dr. Kleinplatz in 2015 at Guelph University when I completed my Sex Therapy certificate. I was impressed by Dr. Kleinplatz's critical feminist perspective on the criteria for various sexual disorders in the Diagnostic and Statical Manual. She was not shy to point out the gender-biased representation of different sexual disorders. Dr. Kleinplatz espoused a perspective on sex that I have been wrestling with for years. Her question to clients is, "What is sex worth having?" (Kleinplatz et al., 2009). This question is juicy to me as it addresses the more qualitative aspect of sex. I entered psychology through the medical field and have always struggled with this notion of supporting clients or patients in going from a negative place to a neutral place, be it in mental, physical, emotional, or sexual

health. What excites me is supporting clients on the journey from a place of disempowerment through neutral into authentically empowered thriving! I believe Dr. Kleinplatz's research helps provide a road map of sexual possibility. Dr. Kleinplatz's research has been the most exciting I have come across in my career because it helped me see a sexual potential that was previously out of sight. Another reason why Dr. Kleinplatz's research enthralled me is that the participants are historically and typically sexually marginalized groups, including those over age 60 in relationships more than 25 years, lesbian, gay, bisexual, transgender, polyamorous individuals and BDSM practitioners. I find it liberating that those who lie on the sexual fringes are those who can perhaps teach us the most valuable information we have on what can make optimal sexual experiences. Her work continues to inspire me in the seven years since completing the training with Dr. Kleinplatz in 2015. I see Dr. Kleinplatz's work as instrumental in changing the lens through which we assess and treat sexual-related concerns. Her vulnerability and willingness to examine sex from a new perspective have inspired me to do the same. To explore a potential treatment modality that has yet to be examined within sex therapy, psychedelic-assisted sex therapy.

Theoretical Framework

Attachment Theory

This paper is based primarily on attachment theory, one of psychology's most studied and widely accepted theories (Mikulincer & Shaver, 2007). I chose attachment theory because of the established connection between the attachment system and the sexual functioning system. Below I will explore attachment and how it is a helpful theory for addressing sexual and relational concerns. Attachment theory, a collaborative theory developed by Bowlby and expanded by

Ainsworth, proposes that the quality of the bond between an infant and their primary caregiver directly correlates to their beliefs of safety and worthiness to be loved across their lifetime (Salter Ainsworth & Bowlby, 1991). The theory's premise is that the quality of bonds we form in early childhood echoes throughout our adult romantic relationships (Hazan & Shaver, 1987). The attachment system, governed by the autonomic nervous system, is designed to detect threats and to motivate a person to seek proximity and safety from an attachment figure (Mikulincer & Shaver, 2007). Development of attachment is based on how available, responsive, and supportive the developing child subjectively perceives their attachment figure to be, and it forms the basis for emotional regulation, the concept of self, psychological well-being, and social functioning into adulthood (Mikulincer & Shaver, 2007; Slater Ainsworth & Bowlby, 1991). Individuals who develop strong bonds with their primary caregiver and receive appropriate attunement and reassurance in a nurturing environment develop what is known as a secure attachment (Lahousen et al., 2019; Salter Ainsworth & Bowlby, 1991; Stevens, 2014; Vrtička & Vuilleumier, 2012). Securely attached individuals comprise approximately 60% of the population (Hazan & Shaver, 1987).

Attachment Theory- Insecure Attachment

However, insecurely attached individuals comprise 40% of the population (Hazan & Shaver, 1987). Parents who do not provide the necessary circumstances for their children to bond with them and then separate and individuate from them develop what is known as an insecure attachment (Mikulincer & Shaver, 2007). Insecure attachment is characterized by anxiousness about rejection or abandonment and avoidance of dependency or intimacy (Ainsworth & Bowlby, 1991; Mikulincer & Shaver, 2007; Péloquin et al., 2014; Vrtička & Vuilleumier, 2012). The basis for attachment anxiety is a negative belief system of self, where one believes in their

core they are somehow unlovable or unworthy of love, therefore, are less likely to be cared for lovingly (Péloquin et al., 2014). Attachment avoidance involves a negative belief of others as untrustworthy or unreliable resulting in discomfort with interpersonal closeness and extreme self-reliance (Péloquin et al., 2014). These internal working models of relationship with self and others as loveable, trustworthy, and reliable form the basis for future intimate relationships (Mikulincer & Shaver, 2007; Vrtička & Vuilleumier, 2012). Insecurely attached individuals commonly have impaired emotional regulation systems. An impaired emotional regulation system has a host of downstream implications. These include low engagement in health promotion behaviours leading to poor health outcomes, weight issues, increased mental health challenges, increased sexual dysfunction, and increased likeliness of divorce, to name only a few (Mikulincer & Shaver, 2007). People can move towards secure attachment in response to another person's secure tendencies (Flores, 2010). In attachment-based psychotherapy, the counsellor acts as the bigger, stronger, wiser, secure person, much like a parent, and offers a place for clients to develop a secure attachment with the psychotherapist. The therapist offers guidance, support, and unconditional positive regard that supports the client in developing an internal working model of worthiness. I think this model is best used with psychedelic-assisted therapy because of the increased vulnerability that comes with the use of psychedelics. Below I will describe a bit about psychedelic-assisted therapy. Though not formally an official theory of psychology, psychedelic-assisted therapy provides structure and guides the intention of the practice.

Psychedelic Assisted Therapy

Psychedelic-assisted psychotherapy combines psychedelics with psychotherapy to ensure individuals are entering the psychedelic with the right mindset and are in a safe, supportive, and

caring environment. Psychedelic drugs are a class of substances, including psilocybin, lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), and mescaline (Mason et al., 2020). Within psychedelic-assisted therapy, various treatment modalities are being explored: a standard single dose or repeated standard doses (Carhart-Harris et al., 2016; Krebs & Johansen, 2013; Mason et al., 2020), single macro doses around 5-8 times a standard dose (Haden & Woods, 2020), and micro-dosing, which uses sub-perceptual doses (Anderson et al., 2019). As mentioned previously, for the sake of this paper, I will be pooling research on the psychedelics mentioned above into one group instead of discussing them separately.

Since knowledge of psychedelics is only recently making its way into the public sphere, I think there is value in providing a short history and description of efficacy. Plant medicines containing psychedelic properties have been safely used in shamanic practices for healing, celebration, and religious purposes for thousands of years (Krebs & Johansen, 2013). The oldest dated psychedelic, in association with a medicine man, is in the Amazon of South America around 2000-3000 B.C. (Sayin, 2017). Psychedelics also have a history in Western medicine through psychiatry and palliative care in the 1950s and 1960s (Dyck, 2015; Liechti, 2017). Before psychedelics became illegal in 1971 by the U.N. Convention on Psychotropic Substances, more than a thousand studies linked psychedelics to beneficial effects (Anderson et al., 2019; Carhart-Harris et al., 2016). The context in which psychedelics were made illegal is an interesting story but beyond the scope of this paper.

In recent years methylenedioxymethamphetamine (MDMA) and psilocybin for therapeutic healing reached a breakthrough status with the U.S. Food and Drug Administration (FDA) for the treatment of PTSD (Doblin, 2019). For the sake of this paper, MDMA is concerned out of scope as it is not a classic psychedelic. Today, these substances are showing

promising results in healing many different psychopathologies, including anxiety, depression (Anderson et al., 2019; Carhart-Harris et al., 2016; Krebs & Johansen, 2013; Mason et al., 2020), bipolar (Haden & Woods, 2020), addiction (Anderson et al., 2019; Dyck, 2015; Haden & Woods, 2020), and chronic pain (Haden & Woods, 2020; Kaj & Saadabadi, 2020). These effects can be seen at the macro-level (population study) (Krebs & Johansen, 2013), sample level (Anderson et al., 2019; Carhart-Harris et al., 2016; Mason et al., 2020), and micro-level (case study) (Haden & Woods, 2020). Positive shifts are also identified across a full dose range (Haden & Woods, 2020; Carhart-Harris et al., 2016; Anderson et al., 2019). These studies concluded that there is no significant association between the lifetime use of psychedelics and declining mental health. However, there were various aspects of self-reported improvements in well-being. I include this piece to indicate psychedelics' safety as psychedelics are working to overcome a bad reputation from the '70s, where false propaganda was used to criminalize them (Dyck, 2015).

Psychedelic Assisted Therapy- Neuroscience

I chose psychedelic-assisted therapy as a healing modality because of psychedelic's unique neurological effects and potential to not only treat but cure people of a wide range of ailments. Through the advancements in neuroscience, our ability to understand the nuanced inner workings of the brain, including how specific substance impacts neurobiology, has blossomed, which is partly why psychedelics are once again being thrust into the spotlight (Dyck, 2015). The ability of psychedelics to improve mood and affective disorders appears to be attributed, at least in part, to their ability to modulate neural circuits (Vollenweider & Kometer, 2010), including repairing the 5-HT2A receptors governing the serotonin system (Carhart-Harris et al., 2016; Kaj & Saadabadi, 2020), as evidence by recent neuroimaging and behavioural science data. During

the acute psychedelic experience, there is increased global connectivity in the brain and a shift out of the default mode network, including increased connectivity seen between the prefrontal cortex (rational thought), amygdala (emotional memory), and hippocampus (long-term memory storage) (Doblin, 2019; Kaj & Saadabadi, 2020). The increased connectivity between these three areas of the brain might explain why psychedelics aid in processing traumatic memories and facilitating emotional release (Vollenweider & Kometer, 2010). Psychedelics also appear to have a critical role in neurogenesis and can induce neuroplasticity involved in learning and memory. Neurogenesis is the process by which new neurons are created in the brain (Robin L. Carhart-Harris et al., 2016). Neuroplasticity is the brain's ability to respond to, restructure itself, and adapt in response to life experiences (Robin L. Carhart-Harris et al., 2016). The ability of psychedelics to endues brain repair and changes is the basis for observed lasting positive behavioural changes and a tendency towards psychological flexibility following the use of psychedelics (Carhart-Harris et al., 2016; Kaj & Saadabadi, 2020). Psychological flexibility is the ability to respond to circumstances in a manner that is flexible, responsive, appropriate to the context, and congruent with one's values. In chapter two, we will see how these unique attributes may help people achieve more optimal sexual experiences through improved vulnerability, authenticity, embodiment, and focus.

There is an abundance of evidence indicating that securely attached individuals fare better in nearly every area of life. Therefore, it seems prudent to address attachment-based injuries as the root of most other physical, psychological, sexual, and relational issues. Again, psychedelics get to the root of the issue (Doblin, 2019). When used in the context of psychedelic-assisted therapy, they are safe. In addition, they have proven to show benefits in various areas due partly to how they interact with the serotonin system and produce neuroplasticity. These are

the reasons why is why I believe they can be helpful when paired with an attachment-based therapy model to heal sexual and relational-related concerns and move people towards more optimal sexual experiences.

Contribution to the Field

History of Sexual Issues in the DSM

To help understand why I decided to address the underlying emotional, physical, cognitive, and relational aspects of optimal sex, I think the reader must have a brief history of sex dysfunction within the Diagnostic and Statistical Manual as it contextualizes my position. Below I will highlight a few of the ways in which I believe the diagnosing of sexual functioning issues has been more harmful than helpful. The field of psychology and sex therapy represent dominant cultural ideas at the time. Therefore, working with clients around sex and sexuality can be particularly challenging as sexual conduct is an area of human behaviour that appears to be universally moralized (Asao et al., 2022). Invariably, psychology and psychiatry have also examined sex through a lens of morality in constructing various diagnoses. Though I believe there is some value in applying a moral lens to sex, primarily when issues of consent or coercion are involved, I believe applying morality without a critical lens has caused harm.

The first edition of the Diagnostic and Statistical Manual (DSM) included homosexuality as a disease and disorder that deviated from normal heterosexual development (Drescher, 2015). These views were laden with the antiquated theories around gendered attributes ascribed to men and women and how violating these attributes contributes to homosexuality (Drescher, 2015). Research now shows that lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals have elevated rates of anxiety, depression, and physiological distress because of marginalization

due to these beliefs that the field of psychology helped perpetuate (Heck, 2015). For example, homosexual men who previously received treatment for their "sexually deviant" behaviour remain deeply emotionally impacted by the treatment they received years later (Dickinson et al., 2012). Thankfully, homosexuality was removed from the DSM in the 1970s but was replaced by other diagnoses outlining distress caused by homosexuality. Unfortunately, various forms of diagnosis relating to homosexuality were removed entirely until 2013 (Robles et al., 2021). To this day, many LGBT individuals do not have the same rights and freedoms as their heterosexual counterparts (Robles et al., 2021).

Homosexuality is not the only aspect of sexuality to be inappropriately pathologized. Transgender individuals were first pathologized in the DSM-III under transsexualism or gender identity disorder (Robles et al., 2021). In the 5th edition of the DSM, the word "disorder" was dropped from the nomenclature and is now referred to gender incongruence in childhood, adolescents, or adulthood (Robles et al., 2021). I think it is problematic that the normal spectrum of gender expression remains within the DSM at all.

Thus far, we have seen that sexual orientation and gender expression have been pathologized; therefore, it is unsurprising that sexual behaviours were also considered problematic. Until the 4th edition of the DSM, people who engaged in bondage and discipline, dominance and submission, and sado-masochism (BDSM) were classified as having a paraphilia and mental illness. BDSM was only removed as recently as 2013 (Powell, 2010). More recent literature has illustrated that individuals in the BDSM community are highly educated, display superior communication skills, exhibit high emotional intelligence, have lasting, trusting relationships, and engage in more health promotion behaviours than the average population (Dahan, 2019; Powell, 2010). BDSM relationships can allow for deeper levels of intimacy due to

the unique and profound levels of trust, transparent negotiation, and above-average communication skills of participants (Kleinplatz et al., 2013; Powell, 2010).

Sexual dysfunction made its first appearance in the Diagnostics and Statistics Manual (DSM) in 1950, and from inception, sexual functioning issues were organized based on gender (Kleinplatz, 2011). Masters and Johnson were the first sex therapist in America to apply a scientific model to understanding sexual arousal, desire, and orgasm in the 1970s, followed by Helen Kaplan in the 1970s (Kontula, 2011). However, these researchers were also subject to gender-based cultural biases and narrow perspectives on sexuality that can be seen in the history of psychologists defining various sexual functioning concerns. For example, women who were not sexual enough were diagnosed as frigid, and those who were too sexual were diagnosed as nymphomaniacs (Kleinplatz, 2011). On the other hand, men's desire for sex was considered normal and healthy regardless of how often or not they were sexual (Kleinplatz, 2011). As a result, research on men's sexuality has been excessively focused on how effectively they can achieve an erection to "perform" sex (Kleinplatz, 2011). In the 1980s, there was some progress, as some of the gendered differences around desire were removed from the DSM to provide slightly more inclusive language around low desire (Kleinplatz, 2011). However, gender politics have never really disappeared; they continue to be a popular way to categorize and infer that men and women are more different than similar despite there being more inter-group variability than between-group variability around sexuality (Kleinplatz & Menard, 2020).

How sex is defined has also been subject to cultural bias, where historically, sex was only conceptualized as penis-in-vagina intercourse (Kleinplatz, 2011), highlighting the inherent heterosexual bias. Penis-in-vagina sex not only demises the importance of the clitoris for sexual pleasure, but it is also a reductionist definition negating the fact that the brain is the most crucial

sex organ or that connection can be interwoven with pleasure (Kleinplatz, 2011). The development of PDE5 inhibitors, such as Viagra and Cialis, was anticipated to improve all erectile concerns. However, since 90% of erectile concerns are psychogenic and, therefore, only 10% are organic and consistently responsive to PDE5 inhibitors, it is no wonder erectile dysfunction continues long after the development of these medications (Kleinplatz, 2011). Besides, having good erections does not necessarily mean having pleasurable sex (Kleinplatz, 2011). Since the development of PDE5 inhibitors, there have been increases in other sexual function issues for men, including sexual dissatisfaction, low desire, and ejaculation issues (Kleinplatz, 2011).

One of the questions often missing from research on sexual functioning issues is an evaluation of the quality of sex and the type of sex that one's body or mind is not responding to optimally (Kleinplatz, 2011). Often sexual intimacy has become a place of significant disappointment, which is one of the major contributors to decreased desire (Kleinplatz, 2011). Disappointment may not be linked to the failure of one's genitals however is more often associated with sex not being pleasurable or passionate enough to be worthy of the effort (Kleinplatz, 2011). Kleinplatz (2011) refers to this as the sexual death spiral, where increasing episodes of lacklustre sex leads to diminished arousal during sex, resulting in low satisfaction after sex, and dwindled motivation to engage in sex again or rush through sex despite a lack of desire.

These examples highlight how the DSM is not a helpful diagnostic tool for sexual-related concerns as it contributes to more stigmatization than healing. Nor is the standard gendered way in which we view sexual functioning issues. Therefore, this paper will intentionally refrain from getting lost in the potential nuanced differences between sexual function concerns based on

gender for several reasons. First, organizing sexual functioning concerns based on gender or genitals is inherently problematic because it assumes that one's genitals match one's gender and that there are only two genders, male and female. This binary view of gender marginalizes people who are non-binary, transgender, and intersex (Heck, 2015). It seems convenient for research to be based on gender. However, I believe psychotherapists have a moral obligation to deconstruct gender bias because it perpetuates marginalization (Heck, 2015). As someone who identifies outside of the typical gender binary and has friends, colleagues, and clients who embody the full spectrum of gender, this is particularly necessary to me as I have witnessed the distressing effects of erasure. Psychotherapists are positioned well to provide inclusive care to the full spectrum of humans. Therefore, I agree with Dr. Kleinplatz (2011) that exploring sexual satisfaction and sexual well-being may have more benefit in relieving people of sexual difficulties than focusing on objective, physiological, or behavioural aspects of sexuality that have been predominant over the last 30 years. Therefore, this paper will refrain from falling into the traps of nuanced sexual dysfunctions and will explore the emotional, cognitive, and relational components that inform how individuals achieve optimal sexual experiences and sexual well-being.

Throughout my research, I could only find two papers that directly addressed using psychedelic-assisted therapy as part of sex or couple therapy. One paper was a beautiful account of one therapist's observations on healing sexual trauma using psychedelic medicines (Goldpaugh, 2021). The other was a qualitative exploration of four partnered couples experiencing micro-dosing psychedelics while having sex (Jacobs et al., 2022). Unfortunately, there is a lack of evidence from peer-reviewed articles on how psychedelics could support healing sexual dysfunction and improve sexual relationships. Therefore, this paper has the

potential to provide the foundational literature to encourage future research around the use of psychedelic-assisted therapy as part of sex therapy. This paper does not attempt to draw any conclusions. Rather I hope it sparks many more questions. I hope this paper sparks curiosity and expands the possibility in the reader.

Positionality Statement

Before launching into the second chapter of this paper, I would like to contextualize my position. Like many people, I have had a complex relationship with my sexuality. As someone who is neurodiverse, I tend to see the world from a different lens the others. My interpretation of the world appears to be much more geared toward logic than emotion, yet I am very emotional and sensitive. From a young age, I never understood why sex was associated with shame, as I intuitively knew that sex was a natural part of being human. As a white, middle-class Canadian child, I was fortunate to be raised in a small, relatively progressive town with a robust, evidence-based sexual health education program. I was keen to learn the harm reduction rules of sex and sexuality so I could go forth and be merry as a complete sexual being. I was raised in a household where religion was not actively taught or promoted, and I am curious if the absence of strict morality associated with sex perhaps afforded me to have a more open mind.

However, fortunate as I was around sexual health information, I was not entirely as fortunate around attachment to my parents. My parents were very loving and caring; however, due to my neurodiversity, I see the world differently and learn differently than my neurotypical family members. As a result, I often missed that felt sense of being known and understood. My parents also had their own family-of-origin challenges that influenced how they parented. I am also a child of the 80s, and my parents raised me without endless parenting tips available at the touch of a button. As a highly sensitive child, my parents' prolonged and complicated separation

also profoundly impacted me. Unfortunately, I did not receive the emotional support I needed during that highly stressful time. As a result, I developed an insecure attachment style and struggled with separation and individuation. As a person with an anxious attachment style, I can relate to many of the difficulties outlined in this paper associated with insecure attachment. The lack of trust in myself, the pain of relationship breakdown, the feeling of helplessness of being caught in an anxiety state and having a significantly impaired emotional regulation system. I have also historically used sex to meet my unmet attachment needs and felt the devastating experience of loss when relationships end.

As a Registered Nurse, I have spent over a decade working with severely traumatized individuals who have been entrenched in opioid, cocaine, and amphetamine drug addiction. My work as a nurse has been deeply rooted in the philosophy of harm reduction, which reduces the emotional, mental, physical, social, and economic impacts of illicit substance use. When I started working in the Downtown East Side (DTES), the heart of Vancouver, B.C.'s devastating addiction endemic, I was shocked by how much I felt I could relate to their suffering. What was it in me that allowed me to resonate with these people who have experienced trauma? At that point, I did not understand my experience of my parent's separation as a prolonged traumatic event. In addition, my physical circumstances differed significantly from the clients I worked with, as I held significantly more privileges and many more advantages. Nevertheless, there was an emotional resonance that was palpable to me.

In 2010, I was struck by a car while cycling and was considerably impaired by chronic pain, depression, and anxiety for the years following. Through years of therapy, I began to unravel and understand the source of my anxiety, depression, and suffering and what it was that resonated with the clients of the DTES. Here, I learned about attachment theory and how our

early relationships set the basis for our future relationships with ourselves and others. Unfortunately, though I received many benefits from therapy, I hit a plateau at many moments in my healing journey that I could not get past—halted by a belief system relating to my worthiness and lovability. Fortuitously my journey happened to involve using psychedelics for recreation. Through psychedelics and therapy, I saw significant improvements in how I related to myself and the world. However, I was still suffering from chronic pain that would pull me back into the depression and anxiety cycle. So, in 2018, I took the leap of faith and connected with a practitioner to receive psychedelic-assisted therapy with a macro dose of psychedelics.

I was terrified leading up to the session; however, I intuitively knew it would be helpful as I had already experienced the positive effects of psychedelics. The experience of being witnessed and emotionally held to the full extent of my pain and suffering was transformative. After this experience, the chronic pain that plagued me for eight years dissipated, and I could implement changes in my life that I had not previously. I could witness myself relating to people more positively and was no longer interested in having disconnected sex with strangers. It took several more years to integrate the changes from that psychedelic-assisted therapy session, but I do not think I would have been able to get to where I am now without it. I can now relate to myself more compassionately; I have more stable relationships and a rich and fulfilling partnership where we have the tools to create beautiful, connected, satisfying sexual experiences. In addition, I have what is commonly known in attachment theory as an earned secure attachment.

There has always been an optimistic part of me that knew there was a life waiting for me that was full of joy, connection, love, and great sex. My healing journey has coincided with professional development. Each difficulty I faced motivated me to learn and understand

everything I could about why I felt the way I did and how I could heal and thrive in life. As a female-bodied person, I have also experienced various unwanted sexual experiences ranging from catcalling to sexual assault. Through this experience, I finally understood the relationship many had before me between sex and shame. Once again, I embarked on a healing journey to reclaim my sexuality and step into the unapologetic, sexually empowered being that I am. I see my sexuality as my life force energy, and I am acutely aware of how my emotions, thoughts, and feelings in my body impact my sexuality.

When working in the DTES, I became morally distressed by addiction's devastating toll. Even though I fully heartedly believed in harm reduction, I knew we needed to work on preventing people from experiencing suffering so intensely that they must use substances to escape. It was here that I realized the answer the suffering and addiction is love, but how do you get people to engage in a conversation about love? People are skilled at using various tools and behaviours to prevent themselves from engaging in deep and difficult conversations. However, based on my experience of adverse sexual experiences, I learned that sex is one place you cannot hide. Due to the emotional intra and interpersonal nature of sex, if someone is struggling with some aspect of themselves or their partner, it is going to present itself sexually in a way that is difficult to ignore.

It is time the field of sex therapy invites more of the intra and interpersonal aspects of sex that focuses on pleasure, desire, embodiment, intimacy, connection, communication, and bliss (Kleinplatz, 2011). This paper responds to Kleinplatz's call for innovative ways of providing sexual and relationship healing. The development of sexual skills to support optimal sexual experience appears to be in the development of intra and interpersonal relating skills. Given the relationship between secure attachment and relation quality and sexual connection for

individuals, it feels prudent to explore psychedelics as a potential healing modality. The paper will explore the eight components of optimal sex and potential barriers to each of these eight factors to conceptualize how psychedelics may work on the deeper relational aspects of sexual well-being instead of strictly on sexual functioning. Though sex therapy alone may be effective for some individuals, for those characterized by anxiety and avoidance, psychedelic-assisted sex therapy may accelerate the healing process. This paper will explore how psychedelics uniquely work on developing the foundations that support secure intra and interpersonal relationships supporting the healing journey. An accelerated healing journey affords individuals a shorter duration of suffering, less cycling of trauma, improved workforce attendance, and a lessened burden on the healthcare and social support systems resulting in an improved sense of individual and community well-being (Carhart-Harris et al., 2016).

Definition of Terms

Anxiety

A feeling of fear paired with avoidance characterized by affective, cognitive, physiological, and neurochemical changes (Corretti & Baldi, 2007).

Anxious Attachment

A negative belief system of self, where one believes in their core, they are somehow unlovable or unworthy of love, therefore, are less likely to be cared for lovingly (Péloquin et al., 2014).

Arousal Difficulties

Results in an interruption in the neurophysiological processes that promote blood flow to the genitals resulting in erectile concerns, vaginal lubrication issues, preventing the lengthening

and widening of the vaginal canal, diminished engorgement of the clitoris, and can be associated with painful vaginal intercourse (McCabe, 2005; Velten et al., 2018).

Attachment Avoidance

A negative belief of others as untrustworthy or unreliable resulting in discomfort with interpersonal closeness and extreme self-reliance (Péloquin et al., 2014).

Attachment Theory

The quality of bond between an infant and their primary caregiver directly correlates to their beliefs of safety and worthiness to be loved across their lifetime (Salter, Ainsworth & Bowlby, 1991).

Authenticity

The process of being transparent, genuine, true to oneself and the ability to effectively voice themselves to others (Goldner et al., 2021).

Belief Systems

The stories we tell ourselves to help us make sense of ourselves in relation to the world and help us cope with uncertainty (Usó-Doménech & Nescolarde-Selva, 2016).

Cognitive Congruence

The desire to have our external relative match our internal reality (Usó-Doménech & Nescolarde-Selva, 2016).

Corrective Experience

A positive disconfirmation of a client's unconscious or conscious expectations (Hill et al., 2012).

Creativity

"Adaptive originality" through making relatively remote associations between different ideas (Batson et al., 2009).

Depression

Characterized as low mood, decreased motivation and pleasure in normal activities and is often a result of prolonged chronic stress or anxiety resulting in modifications to the brain's neurons, neurotransmitters, and neuroendocrine system (Reynaert et al., 2010).

Desire Difficulties

Low sexual desire, reduced interest in sex, decreased sexual thinking or fantasies and decreased initiation of sex (McCabe, 2005).

Distress Intolerance

The tendency to abandon goals due to challenging or unpleasant negative states (Schloss & Haaga, 2011).

Distress Tolerance

The tendency to persevere in goal-directed behaviour despite experiencing challenging or unpleasant negative states (Conway et al., 2021).

Emotional Dysregulation

An impaired ability to tolerate and regulate the nervous system following undesirable stimuli and is often associated with hypersensitivity to fearful stimuli and an overactive amygdala (Donegan et al., 2003; Dvir et al., 2014).

Emotional Regulation

The neurophysiological processes responsible for monitoring and modifying emotional reactions, especially intensity, to accomplish one's intra and interpersonal goals (Christ et al., 2019).

Empathy

Tender concern for the feelings and needs of others and the ability to take on the perspective of others without significant nervous system activation (Joireman et al., 2002).

Experiential Acceptance

Actively and intentionally allows personal memories, thoughts, feelings, and sensations to unfold without attempting to control them (Harris, 2019; Wolff et al., 2020).

Experiential Avoidance

Unwillingness to experience negatively evaluated private events such as memories, thoughts, feelings (such as boredom, loneliness, anxiety, guilt, shame, anger, and sadness) and sensations (such as pain, discomfort, or activation) (Staples et al., 2012).

Forgiveness

A prosocial change in the thoughts, emotions, and behaviours of one who has suffered a transgression towards the transgressor (Batson et al., 2009).

Humility

Recognizes one as being influenced by systems and structures much more than the self. Psychedelic journeys lead to expanded consciousness, supporting the capacity to see the self, others, and the world with an increased perspective (Rundel, 2022).

Humour

A form of play resulting from the play with ideas (Proyer & Ruch, 2011).

Individuation

Remaining true to themselves and separate from an attachment figure without fear of disapproval or control by the other (Turner, 2009).

Insecure Attachment

Characterized by anxiousness about rejection or abandonment and avoidance of dependency or intimacy (Slater Ainsworth & Bowlby, 1991)

Intergroup Bias

The systemic tendency to favourably evaluate the members of a group for which one belongs over members of a group for which there is a difference (Hewstone et al., 2002).

Mindfulness

A skill that trains the brain to refocus attention without judgment, inhibiting self-rumination processes that pull attention away from the present moment (Krumholz et al., 2022).

Neurogenesis

The process by which new neurons are created in the brain (Robin L. Carhart-Harris et al., 2016).

Neuroplasticity

The brain's ability to respond to, restructure itself, and adapt in response to life experiences (Robin L. Carhart-Harris et al., 2016).

Openness

One of the big five indicators of personality and is linked to novelty-seeking, imagination, non-conformity, creativity, and appreciation of beauty (Lebedev et al., 2016).

Optimal Sex

Any positive sexual experience that radically differs from the ordinary (Kleinplatz et al., 2009).

Orgasm Difficulties

Includes difficulties achieving orgasm (delayed orgasm), inability to achieve orgasm (anorgasmia), or orgasming too soon (McCabe, 2005).

Parentification

When a child becomes alienated from a core sense of self in the service of attachment to the parent (Goldner et al., 2021).

People Pleasing

A form of experiential avoidance as it reduces the vulnerability associated with exposure, temporarily protecting one from the fear of being judged or rejected (Harris, 2019).

Psychedelics

Substances that employ most of their psychoactive effects via the 5-HT2A receptor governing the serotonin system (Payne et al., 2021) including psilocybin, lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), and mescaline (Mason et al., 2020).

Psychedelic-Assisted Psychotherapy

Combines psychedelics with psychotherapy to ensure individuals are entering the psychedelic with the right mindset and are in a safe, supportive, and caring environment (Haden & Woods, 2020).

Psychological Flexibility

The ability to respond to circumstances in a manner that is flexible, responsive, and appropriate to the context and is congruent with one's personal values (Harris, 2019).

Queer

An umbrella term for individuals who are transgender, genderqueer, non-binary, intersex, two-spirit, queer, bisexual, gay, lesbian, pansexual, or asexual (LGBTQ2SIA) (Dickinson et al., 2012).

Religion

Encompasses institutions that maintain and transmit symbolically and emotionally laden beliefs and practices (Rodríguez Arce & Winkelman, 2021).

Self-Compassion

Accepting one's experience of suffering with an attitude of understanding and non-judgment (Fauvel et al., 2021) especially in the face of inadequacies, mistakes, and painful life situations (Warren et al., 2016).

Secure Attachment

Individuals who develop strong bonds with their primary caregiver and receive appropriate attunement and reassurance in a nurturing environment develop (Salter Ainsworth & Bowlby, 1991).

Self-Rumination

Not accepting experiences as they are, harsh self-criticism, self-attacking, and recurrent unfavourable evaluative comparisons (Fauvel et al., 2021).

Self-Silencing

Intentionally or subconsciously withhold personal thoughts and feelings to circumvent possible conflict, rejection, and abandonment (Goldner et al., 2021).

Sex

How one enacts their sexuality and is commonly an intra and interpersonal endeavour that is physical, emotional, cognitive, and even spiritual (Kleinplatz et al., 2009).

Sex Therapy

Supporting clients through aspects of their sexuality that hold suffering for them (Kleinplatz et al., 2009).

Sexuality

An umbrella term for gender, gender expression, sexual orientation, relationship style, sexual behaviours, sexual thoughts, and sexual energy (Kleinplatz et al., 2009).

Sexual Functioning Concerns

Disturbances in one of the three phases of the sexual response cycle: desire, arousal, orgasm, and sexual pain disorders (Corretti & Baldi, 2007; McCabe, 2005).

Sexual Well-Being

How individuals feel about and cognitively appraise their sexual lives, including satisfaction with their sexual functioning, sexual relationships, sexual behaviours, sexual pleasure, and sexuality (Mollen & Abbott, 2022).

Shame

An intensely painful feeling resulting in believing one is inherently flawed and therefore unworthy of belonging or acceptance (Brown, 2006).

Social Scripts

Cognitive schemas that guide how one is expected to act in everyday situations (Bonell et al., 2022).

Surrender

The act of willingly yielding to a person, experience, or process (Kleinplatz et al., 2009).

Tolerance

When one does not avoid the situation but instead attempts to endure challenging feelings, desperate they will go away (Harris, 2019).

Traditional Sexual Scripts

Assume men are to be dominant, initiate sex, and have higher sex drives, while women are to be submissive gatekeepers of sex and succumb to the sexual urges of men in a passive way (Bonell et al., 2022).

Trust

Relying on another person to apply a model of care, which includes optimism, predictability, and confidence that a person will act in goodwill, be competent in the task, commit to the process, and communicate with transparency (Gordon, 2022).

Vulnerability

"Emotional risk, exposure, uncertainty… and that vulnerability is the most accurate measurement of courage" (Brown, 2012, p. 57).

Outline of Chapters

Chapter two consists of eight sections, and three parts are within each section. Each of the eight sections is based on one of the eight components of optimal sex, as outlined by Kleinplatz and colleagues (2009). The three parts of each section include: first, the component of optimal sex; second, potential barriers to this element of optimal sex; and third, how psychedelic-assisted therapy may address the barriers allowing for a more optimal sexual experience. Throughout the paper, the reader will notice how insecure attachment styles are often associated with barriers to optimal sexual experiences, which is why attachment theory is woven into the treatment model. The first section of chapter two is on embodiment, focus and being present in the moment. These attributes will be connected to other flow states and optimal experiences. Potential barriers are distraction, lack of embodiment, anxiety and, more specifically, performance anxiety. In the treatment section, we will see how psychedelic-assisted therapy may help foster embodiment, focus, and presence through improved mindfulness and decreased anxiety.

The second section of chapter two will explore how optimal sexual experiences include connection and attunement between partners. This section will unpack what it means to be attuned. The potential barriers to attunement and connection include strong negative emotions such as shame which is the basis of depression. In addition, the barriers include how depression

is connected to sexual function issues and decreased relationship satisfaction. Psychedelic-assisted therapy is an effective treatment for depression due to the unique way psychedelics stimulate neurons associated with serotonin. Psychedelics also increase self-compassion, which counteracts the detrimental effects of self-criticism and rumination associated with depression.

The third component of optimal sex includes a more profound connection, referred to as sexual intimacy. This section will look deeper into trust and barriers to trust, which include rejection sensitivity. Rejection sensitivity is a form of relational anxiety that develops from learned experiences throughout childhood. Unfortunately, a lack of trust or feelings of safety can lead to the formation and maintenance of sexual function issues, relationship issues, and depression. Interestingly, psychedelics help reduce the recognition of fearful and sad faces associated with rejection sensitivity. Psychedelics also directly address the client's understanding of trust from a new perspective. The client's unique dependency on the therapist during psychedelic-assisted therapy can also help to bring an embodiment to the experience of trust that is often missing from more typical forms of therapy.

The fourth section covers the elements of empathy and communication involved in optimal sex. Empathy is the process of attuning to another with tender concern for their needs and feelings. Depression and insecure attachment are associated with decreased empathic concern for others, which can lead to antisocial behaviours, including violence and sexualized coercion. Victims of sexualized violence and antisocial behaviours often struggle with difficult emotions such as fear and shame that impair their capacity to connect intimately and sexually with others. Psychedelic-assisted therapy works on developing empathy in two ways. First, it works on the individual to develop a more open, optimistic, and empathic perspective. This empathic lens then primes the client to be more receptive to the empathy the psychedelic-assisted

therapist provides. Interestingly, heightened empathy facilitates communication and prosocial behaviours. The case for psychedelic-assisted therapy continues to grow.

The fifth section of chapter two will explore how authenticity, transparency, and genuineness facilitate optimal sexual experiences. Authenticity supports the process of acceptance and trust in optimal sex. However, barriers to authenticity can include people-pleasing and self-silence that develop because of parentification and impaired individuation in the attachment process. LGBT individuals can have a particularly difficult time with individuation compared to their cis-hetero counterparts. Psychedelics have a unique capacity to address the underlying belief systems that impair authenticity and transparency. These belief systems change through profound and meaningful experiences, not through a logical process. Mystical experiences include encounters with divine entities that might directly counter negative belief systems and support a felt sense of worthiness.

The sixth component of optimal sex outlined in chapter two is vulnerability and surrender. Potential barriers to vulnerability and surrender include difficulties with emotional regulation and experiential avoidance commonly seen in people with insecure attachment styles. Emotional dysregulation is associated with higher rates of experiential avoidance that can have devastating lifelong effects. Experiential avoidance takes many forms, from pleasing people to tolerance, depression, dissociation, and substance use. Experiential acceptance, the opposite of experiential avoidance, is a fundamental part of healing that psychedelic-assisted therapy addresses in a profound and meaningful way.

The seventh section of chapter two is on how exploration, fun, creativity, and interpersonal risk-taking are connected to optimal sexual experiences. This section explores how creativity challenges social conventions such as traditional sexual scripts and thus requires

distress tolerance and self-compassion. Psychedelic-assisted therapy expands the mind in a way that promotes creativity and cosmic laughter at the absurdity of the human condition.

The eighth component of optimal sexual experiences is transformation and transcendence. In this section of chapter two, there is a summary of the barriers to optimal sex covered in the previous seven sections. Chapter two highlights how psychedelic-assisted therapy can facilitate the transformative process of intra and interpersonal forgiveness. Lastly, chapter three will include a discussion, limitations, future directions, and a conclusion.

Chapter 2

1.0 Embodiment, Focus, and Absorption in the Present Moment

1.1 Embodiment, Focus, and Absorption in the Present Moment- Optimal Sexuality

The first of the eight components of optimal sex is the ability to remain focused, be in the body, and be absorbed in the present moment (Kleinplatz et al., 2009). The ability to be entirely and thoroughly present in the moment in an embodied way requires individuals to get out of their heads, into their bodies, and to connect with their sexual partners (Kleinplatz et al., 2009). Participants speak of a place of such intense concentration that the ability to be distracted by internal or external stimuli unrelated to sexual pleasure no longer seems possible (Kleinplatz et al., 2009). Participants describe this as being absorbed in the present moment, where there is no past and no future (Kleinplatz et al., 2009). There is such a profound and total embodiment that one begins to lose oneself. Embodiment is described, by the participants, as being completely engulfed in the sensations of the senses (Kleinplatz et al., 2009). As one of the participants in the study shared, “You are not a person in a situation. You are it. You are the situation.” (Kleinplatz et al., 2009, p.5).

1.12 Embodiment, Focus, and Absorption in the Present Moment- Flow

The optimal sexual experience findings are in alignment with the previous research on other optimal experiences. What makes experiences genuinely enriching and satisfying is a state of consciousness called flow-- where concentration is so focused that it creates utter absorption in an activity (Csikszentmihalyi, 1990). Flow characteristics are alertness, strength, unselfconsciousness, effortful and pleasurable engagement, and feelings of transcendence (Csikszentmihalyi, 1990). The ability to enter a flow state can be experienced by anyone,

regardless of age, gender, culture, education, or social class individuals describe enjoyment similarly (Csikszentmihalyi, 1990). Musicians, dancers, athletes, children playing, people engaging in sexual pleasure and states of deep meditation all name that profoundly pleasurable state of consciousness- flow (Csikszentmihalyi, 1990). Curiously, optimal sexual experiences that include focus, embodiment, and being present in the moment share similarities with other deeply pleasure states that include flow. Highlighting this connection, below potential barriers to accessing flow, embodiment and presence will be explored including performance anxiety, sexual function issues, and body imagine leading to lack of embodiment.

1.2 Embodiment, Focus, and Absorption in the Present Moment- Barriers

1.21 Barriers to Focus- Performance Anxiety

Though finding research on flow states and sex is challenging, there is research on flow states and musicians. For musicians, flow states seem to be interrupted by performance anxiety (Kenny et al., 2016). In musicians, there appears to be a strong link between performance anxiety and generalized anxiety (Wiedemann, 2019). In a case study on performance anxiety, connecting to and releasing the pain, anger, and grief associated with childhood attachment ruptures provided relief of performance anxiety, suggesting a possible like between performance anxiety, generalized anxiety, insecure attachment (Kenny et al., 2016), and difficulty attaining flow states. Given the connection between optional experiences, flow states, and the pleasure experienced by musicians, I am curious if this research can translate to obtaining flow for optimal sexual experiences.

1.22 Barriers to Focus- Performance Anxiety and Sexual Functioning Issues

Performance anxiety has also been found to be linked to sexual functioning issues. For some, sex can be accompanied by negative feelings, religious guilt, memories of sexual abuse or past sexual disappointments, worries about the relationship's future or one's lovability (Mikulincer et al., 2014), producing an experience of anxiety that is distracting. It has been known that anxiety has played a significant role in developing and maintaining sexual dysfunction since the 1940s (Barlow, 1986). Fear inhibits the autonomic nervous system functioning necessary for the physiological, cognitive, and emotional aspects of sexual arousal (Barlow, 1986). As such, higher levels of anxious and avoidant attachment are related to higher levels of sexual dysfunction and less satisfying sexual relationships (Stefanou & McCabe, 2012).

A component of sexual well-being that serves sexual functioning is sexual arousal. Sexual arousal is emotional, psychological, physiological, and relational (Velten et al., 2018). Adequate sexual arousal is called sexual concordance, when there is a subjective experience of arousal or being "turned on" and increased blood flow to the genitals via the neurovascular process (Velten et al., 2018). Regardless of gender or the genitals one has, this process is universal. A sexual arousal response is triggered when an individual is presented with erotic stimuli without distraction, allowing their body to respond to them (Velten et al., 2018). Distraction can be internal in the form of nonsexual thoughts, physical discomfort, or external such as other diversions (Velten et al., 2018). After ruling out physical health concerns, sexual functioning issues are predominantly linked to fear of inadequacy, performance anxiety, fear of failure, excessive need to please partners (Barlow, 1986), relationship conflict, or poor quality relationships (McCabe, 2005), and difficulty with embodiment (Cassioli et al., 2020).

Performance anxiety impacts all three areas of the sexual response cycle (McCabe, 2005) and is one of the most prevalent sexual complaints (Pyke, 2020). Focusing on performance and

fear of failure distracts from focusing on sensations, pleasure, and satisfaction, thus impairing the embodiment of pleasure (Pyke, 2020). Research into musicians indicates that performance anxiety similarly interrupts musical flow states that it appears to interrupt sexual flow states (Cohen & Bodner, 2019) via lack of embodiment. Once performance anxiety has developed, individuals commonly develop a hyper-awareness around sexual functioning, monitoring their levels of desire or arousal and become increasingly anxious if they are not reaching self-prescribed acceptable levels of arousal (McCabe, 2005). They may then continue to monitor their arousal levels, and this monitoring, with the associated anxiety levels, appears to create a negative feedback loop reinforcing the sexual functioning concerns (McCabe, 2005).

1.23 Barriers to Embodiment- Low Sexual Desire & Body Imagine

Another common sexual concern that brings clients to therapy is low desire. Low desire has been linked to both insecure attachment and difficulty with embodiment (Cassioli et al., 2020). Awareness of one's emotions, bodily sensations, and needs are learned processes that start in infancy, integrate into the autonomic nervous system, and become automatic processes in adulthood (Corrigan et al., 2018). Erikson (1968) originally conceptualized identity development as a process of becoming at home in one's body. The constitution of one's identity is based on bodily sensations; the consequence of a lack of embodiment is a lack of connection to self (Cassioli et al., 2020). The child raised without being taught to orient to their sensations can have difficulty staying in the present moment or being aware of their needs and feelings (Corrigan et al., 2018).

A favourable embodiment of sensual experience can be significantly negatively impacted by avoidant parental bonding, whereas securely attached individuals possess greater exploration of sensuality (Feld, 1999). Decreased embodiment is related to an increase in discomfort in

intimacy, a significant factor in avoidantly attached individuals, and is associated with low incidences of positive relating with others (Cassioli et al., 2020). For individuals with body image concerns, dissatisfaction with one's body often causes intense emotions such as shame and fear that can prevent them from feeling their own body (Cassioli et al., 2020). Lack of embodiment can result in the process of spectatoring, as theorized by Masters and Johnson (1970), which is a cognitive distraction shown to mediate the association between sexual performance anxiety (McCabe, 2005), lack of embodiment (Cassioli et al., 2020), and sexual dysfunction. As Dancer and Kleinplatz (2006) say, "Sex goes awry when people touch without feeling." (p.335).

The barriers to optimal sexual functioning appear partly due to distraction, anxiety, lack of embodiment, and lack of presence (McCabe, 2005). All qualities appear more prominent in individuals with higher anxious or avoidant attachment tendencies (Cassioli et al., 2020). The barriers to optimal sexual function are not surprising given that some of the attributes central to optimal sexual experiences are their counterparts, including focus, being present in the moment, and embodiment (Kleinplatz et al., 2009). Therefore, holistic treatment of sexual-related concerns should address all these barriers, including the underlying issues of insecure attachment.

1.3 Embodiment, Focus, and Absorption in the Present Moment- Psychedelics-Assisted Therapy

1.31 Focus- Mindfulness

Mindfulness based therapies have been used to improve focus, embodiment, and treatment of various sexual functioning concerns. Mindfulness is an ancient Eastern practice,

gaining traction slowly in the Western world since the 1970s based on Buddhism (Velten et al., 2018). Mindfulness meditation brings one's attention to the present moment to accept it without judgment (Konichezky et al., 2021). It is a skill that trains the brain to refocus attention when a distraction enters, inhibiting self-rumination processes that pull attention away from the present moment (Krumholz et al., 2022). Research has shown that mindfulness-based meditation has been effective in helping individuals improve focus (Krumholz et al., 2022). Mindfulness has been an effective treatment for several sexual difficulties, including genital pain, low desire, sexual arousal difficulties (Velten et al., 2018), and sexual performance anxiety. Mindfulness, in part, appears to improve sex through improved embodiment and attention, as it trains individuals to focus on their sensations as opposed to distracting stimuli, increasing the awareness of one's body sensations and pleasure (Brotto, 2017). Vancouver-based sex therapy researcher Dr. Lori Brotto and her colleagues have studied the application of mindfulness for sexual dysfunction since 2013 (Stephenson, 2017). Dr. Brotto and colleagues have found that mindfulness-based interventions have been beneficial regarding sexual desire, arousal issues, and sexual pain concerns (Stephenson, 2017). For individuals with histories of childhood sexual abuse, the benefits appeared to be specifically significant (Stephenson, 2017). Mindfulness practices include attending to all sensations and effects equally, including increasing awareness of pain, sadness, anger, confusion, restlessness, and boredom. Attending to one's uncomfortable experiences can discourage people from continuing mindfulness practices in the early phases (Payne et al., 2021). Which is why psychedelic-assisted therapy may a useful adjunct to mindfulness-based therapies.

1.32 Focus- Psychedelic-Assisted Therapy and Mindfulness

Like mindfulness, psychedelics have been shown to increase awareness and the ability to focus on the present moment with sustained attention through processing distracting stimuli that cause anxiety (Payne et al., 2021). As such, psychedelic use has been shown to boost the positive effects of mindfulness-based psychotherapies (Wolff et al., 2020), partly because psychedelics directly increase trait and state-based mindfulness (Payne et al., 2021). Psychedelic and mindfulness-based therapies share similarities in improving a range of psychological challenges (Payne et al., 2021). While distinct, both psychedelics and mindfulness are associated with positive psychological, neurobiological, and phenomenological transformations (Payne et al., 2021). These similarities support compatibility as combined interventions for many psychological concerns. The initial challenges people can face with mindfulness practices are perhaps why psychedelic-assisted psychotherapy is a helpful adjunct. Psychedelic treatments may serve to initiate, motivate, and steer the course of mindfulness practices (Payne et al., 2021). Mindfulness practices support integrating, deepening, generalizing, and maintaining the new-found perspectives instigated by psychedelic experiences (Payne et al., 2021).

1.33 Anxiety- Psychedelic Assisted Therapy

Psychedelic-assisted psychotherapy includes clients ingesting a psychedelic substance in combination with a variety of different psychotherapy modalities (Payne et al., 2021). *Psychedelics* are substances that employ most of their psychoactive effects via the 5-HT2A receptor governing the serotonin system (Payne et al., 2021). They reliably produce non-ordinary states of consciousness that entail dramatic subjective changes in sensory perception, reduced cognitive control, novel perspectives on familiar phenomena, labile emotions, distortions of time, mystical experiences, heightened empathy, and increased compassion (Payne

et al., 2021). Psychedelics have been known to support the treatment of anxiety in the western world since the original release of LSD in 1948 by Sandoz Pharmaceutical (Carhart-Harris et al., 2016). Since the resurgence of psychedelic-assisted therapy, psilocybin-assisted psychotherapy has been used for many purposes, including treating anxiety (Carhart-Harris et al., 2016). The research shows that anxiety is partly related to deficiencies in the 5-HT2A receptors that produce rigid forms of thinking that sustain hyperarousal states (Carhart-Harris et al., 2016). One of the ways in which psychedelics may be beneficial in the treatment of anxiety related issues is through the stimulation of 5-HT2A receptors (Carhart-Harris et al., 2016). Therefore, psychedelic-assisted therapy may benefit people who of have sexual functioning issues related to performance anxiety or other anxiety related sexual concerns.

1.34 Embodiment- Psychedelic-Assisted Therapy

Aside from the neurochemical aspects of healing, there is an intrapsychic effect where psychedelics directly increase mindfulness in the domain of acceptance and awareness (Radakovic et al., 2022), essential ingredients in improving focus through limiting distracting negative stimuli. Furthermore, during the acute psychedelic journey, there is a profound increase in sensory awareness, which appears to relate to increased post-ingestion awareness of one's inner affective and interoceptive experiences supporting the capacity to engage with sensation in a non-judgemental way (Fauvel et al., 2021). In other words, psychedelics produce profound and enduring changes in embodiment (Miceli McMillan & Jordens, 2022). Therefore, psychedelic-assisted therapy may benefit clients with negative beliefs about their bodies that interfere with sexual functioning.

1.4 Embodiment, Focus, and Absorption in the Present Moment- Summary

The first component of great sex is the ability to remain focused, be in the body, and be absorbed in the present moment (Kleinplatz et al., 2009). As such, the barriers to optimal sexual functioning appear partly due to distraction, anxiety, lack of embodiment, and lack of presence (McCabe, 2005). Mindfulness meditation brings one's attention to the present moment to accept it without judgment (Konichezky et al., 2021). Mindfulness, in part, appears to improve sexual functioning concerns such as low desire, arousal difficulties and sexual pain disorder through improved embodiment and attention. Mindfulness trains individuals to focus on their sensations instead of distracting stimuli, increasing the awareness of one's body sensations and pleasure (Brotto, 2017). Optimal sexual experiences are about more than sexual functioning. There is a relational component to optimal sex that is worth robust exploration in the next section.

2.0 Connection and Attunement

2.1 Connection and Attunement- Optimal Sexuality

The second component of great sex is a strong connection with one's sexual partner, regardless of the duration of the relationship (Kleinplatz et al., 2009; Kleinplatz & Menard, 2020). Individuals describe experiences of temporarily merging with the other individual, where they lose sight of where one begins or ends- a dissolution of self (Kleinplatz et al., 2009). Sexual satisfaction is intrinsically linked to their partner's experience (Byers & Rehman, 2014). Therefore, if one of the individuals cannot be fully present in the moment or themselves, it will negatively impact the sexual experience for all involved. Therefore, there is a requirement for two (or more) individuals to be "in synch" or attuned with one another to form the profound connection needed for great sex (Kleinplatz et al., 2009). This connection is described as a

momentary yet distinct loss of the sense of separateness from the other (Kleinplatz et al., 2009). Interestingly, what allows individuals to access this feeling of merger during sex is that of being centred in oneself, knowing your partner is centred in themselves and having a felt sense of respect and acceptance (Kleinplatz et al., 2009). There were three ingredients for individuals to dissolve into an all-encompassing erotic union: self-acceptance, self-knowledge, and clear boundaries (Kleinplatz et al., 2009).

To attune to another, one must allow their affective and interoceptive states to shift and come to resonate with the inner world of another (Siegel, 2012). Attunement allows the other the capacity to feel felt and is a fundamental component of intimate relationships (Siegel, 2012). Attunement involves the embodiment of empathy, a desire and attempts to understand another (Walker et al., 2011). In the preverbal stages of infancy, attunement is primarily understood in non-verbal communication, such as touch, tone of voice, facial expression, and eye contact (Walker et al., 2011). As children grow, attunement includes finding language to help them understand their internal cognitive, affective, and somatic experiences (Walker et al., 2011). Parents who adequately attune to their growing child's needs and feelings help them develop an embodied understanding of themself and how they can best regulate their internal states, supporting self-knowledge and self-acceptance (Siegel, 2012). Ruptures in attunement result when for whatever reason the parent cannot accurately empathize and connect with the child. Prolonged feelings of misattunement produce intense anger, fear, and shame (Walker et al., 2011).

2.2 Connection and Attunement- Barriers

2.21 Barriers to Connection- Shame

Potential barriers to connection and attunement include strong negative emotions that are the foundation of depression such as shame. Shame is an intensely painful feeling resulting in believing one is inherently flawed and therefore unworthy of belonging or acceptance (Brown, 2006). Shame is developed in an interpersonal context, inseparable from how we connect and engage with others (Brown, 2006). It is a disabling emotion associated with isolation, powerlessness, and feeling trapped (Brown, 2006). Shame often produces overwhelming fear, anger, confusion, judgment, and the profound need to hide oneself (Brown, 2006). The overwhelming need to be secretive about shameful experiences can lead to feelings of powerlessness and isolation due to a perceived lack of possibility for changing the outcome of their situation (Brown, 2006). Isolation is the sense of hopelessness associated with the feeling that one is excluded from the possibility of deep and meaningful human connection (Brown, 2006).

Shame is associated with people perceiving themselves to have or other people assigning them attributes that undermine their ideal self (Brown, 2006). It is most often experienced in areas where one feels most vulnerable (Brown et al., 2011). During a shame response, the limbic system hijacks the rational thinking process, reducing the capacity to independently self-soothe out of shame (Brown et al., 2011). Feeling shame promotes internalized self-criticism and externalized hostility (Brown et al., 2011). As such, shame is one of the primary emotions that regulates connection and social relationships (Herman, 2012). The role of the developing child is to learn to regulate their emotions, desires, needs, and bodily experience, which is done in attunement with others (Herman, 2012). Shame is the emotional reaction to the loss of

attunement with significant caregivers that develops in the first few years of life (Walker et al., 2011). Shame as a temporary emotion is not necessarily problematic, what is problematic is when young children are left in shame states for prolonged durations of time, due to how stressful it is to experience shame (Walker et al., 2011). This process forms the basis for the development of depression. Depression is characterized by sustained low mood and decreased access to pleasure in everyday life, resulting from prolonged chronic stress resulting in modifications to the brain's neurons, neurotransmitters, and neuroendocrine system (Reynaert et al., 2010).

2.22 Barriers to Connection- Depression & Self-Rumination

Depression is linked to impairments in the capacity to inhibit emotional material, which corresponds to a process of self-rumination (Zetsche & Joormann, 2011). Self-rumination is characterized by not accepting experiences as they are, harsh self-criticism, self-attacking, and recurrent unfavourable evaluative comparisons (Fauvel et al., 2021). Self-critical individuals are plagued by a host of challenging emotions, including shame, failure, inferiority, unworthiness, and fear of criticism (Warren et al., 2016). Shame is the undertone of self-criticism as shame results in believing oneself to be a flawed or inadequate human who is undeserving of kindness (Warren et al., 2016), including self-kindness. These feelings result in constant harsh self-evaluation and scrutiny (Warren et al., 2016). Undeniably, self-criticism predicts feelings of worthlessness associated with depression (Warren et al., 2016). Self-rumination impacts the whole nervous system as it keeps an individual in a physiologically activated threat state long after the original threat dissipates (Corrigan et al., 2018). As a result, depressed individuals are less likely to attune to intimate partners' needs as they are not in the brain states supportive of

social connection, similar to how a depressed mother struggles to attune to their infant's needs (Bornstein et al., 2021).

2.23 Barriers to Connection- Depression & Sexual Functioning Issues

Depression is often co-morbid with anxiety, relational challenges, and sexual dysfunction. Approximately 70% of people with depression have sexual functioning concerns (Reynaert et al., 2010). Sexual functioning issues can be the result of depression, and depression can be the result of sexual function issues (Reynaert et al., 2010). Which is not surprising considering it is hard to access pleasure when one feels as though they are unworthy or not good enough. The neurochemical and neuroendocrine changes in depression impair the treatment of sexual desire and sexual arousal (Reynaert et al., 2010). Due to the effects depression has on the neuroendocrine system, research indicates that endocrine and psychological factors contribute to sexual functioning issues in depressed individuals (Reynaert et al., 2010). Depression has also been linked to the increased subjective experience of pain intensity that can be linked to vulvodynia, and treatment of depression reduces the experience of pain (LoFrisco, 2011).

2.24 Barriers to Connection- Depression & Relationship Dissatisfaction

Similarly, there is a bidirectional relationship between depression and relationship distress (Burns et al., 1994). Chronic low-level depression is associated with interpersonal challenges, including marriage dissatisfaction in rates as high as 50% of cases (Burns et al., 1994). In addition, conflict and relational disconnection significantly impact people with depression (Burns et al., 1994). Unsurprisingly, in relationships with an extreme lack of connection to the point of intimate partner violence, high rates of depression are found (Beydoun et al., 2012).

Optimal sexual experiences require self-known, self-acceptance, clear boundaries, and a deeply respectful and caring connection with one's partner (Kleinplatz et al., 2009). Barriers to attunement, self-acceptance, and connection come from depression, shame, lack of worthiness, self-rumination, and self-criticism. The development of these barriers has interpersonal and relational components associated with early childhood attachment. Therefore, the road to supporting individuals toward having more optimal sexual experiences should address these barriers. Below we will see how psychedelic-assisted therapy directly address these deep and painful emotions.

2.3 Connection and Attunement- Psychedelic-Assisted Therapy

2.31 Psychedelic Assisted Therapy- Depression

Due to the interconnected nature of depression, sexual functioning, desire issues (Reynaert et al., 2010), and relationship issues (Burns et al., 1994), the treatment of depression is supportive for the treatment of sexual functioning, desire concerns, and relationship challenges. First-line treatment of depression includes SSRIs (Selective Serotonin Reuptake Inhibitors) and psychotherapy (Reynaert et al., 2010). Unfortunately, SSRIs have several side effects, including sexual dysfunction that impact all three phases of sexual functioning desire, orgasm, arousal, and weight gain (Reynaert et al., 2010). Given the association between negative body image and difficulty with an embodiment, weight gain associated with SSRI use can also impact sexual functioning. Though SSRIs have been shown to boost mood in some individuals, they do not address the underlying cause of depression (Reynaert et al., 2010).

More than one thousand studies linked psychedelics to beneficial psychological effects (Anderson et al., 2019; Carhart-Harris et al., 2016; Vollenweider & Kometer, 2010). In a

systematic review of research using psychedelics for the treatment of anxiety and depression, it was found that psychedelics have been successful in producing both significant and sustained anti-depressant and anti-anxiety effects (Muttoni, 2019). The same 5-HT2A receptors that govern the serotonin system and are impaired in anxiety are also impaired in individuals with depression (Carhart-Harris et al., 2016). Depressed individuals appear to have reduced 5-HT2A receptor activity resulting in increased pessimism, neuroticism, and rigid thinking (Carhart-Harris et al., 2016). One of the ways psychedelics may be beneficial in treating depression-related issues is through the stimulation of 5-HT2A receptors (Carhart-Harris et al., 2016). Temporary stimulation of the 5-HT2A receptor by psychedelics creates more neurological and psychological flexibility leading to increased optimism, openness, and improved well-being while decreasing depression symptomology (Carhart-Harris et al., 2016). The beneficial effects extend beyond relief of anxiety and depression to freedom from opioid, alcohol, and tobacco dependence (Anderson et al., 2019; Dyck, 2015; Liechti, 2017).

2.32 Psychedelic Assisted Therapy- Self-Compassion

Using psychedelics to treat depression is particularly important as nearly a third of individuals with depression are resistant to conventional treatments of SSRIs and psychotherapy (Wheeler & Dyer, 2020). One of the profound overarching benefits identified from psychedelic therapy treatment for anxiety and depression was shifting individuals from being disconnected from others to connecting with others (Wheeler & Dyer, 2020). This shift appears to be connected to psychedelics ability to dramatically improve self-compassion, compassion for others and reduce self-rumination and self-criticism (Fauvel et al., 2021). In contrast to the self-rumination and self-criticism process of depression, self-compassion is the process of accepting

one's experience of suffering with an attitude of understanding and non-judgment (Fauvel et al., 2021).

Self-compassion consists of three main tenants: Self-kindness vs self-judgement, a sense of common humanity vs isolation, and mindfulness vs over-identification (Warren et al., 2016). Self-kindness includes engaging with oneself with warmth and unconditional acceptance instead of berating oneself over personal shortcomings (Warren et al., 2016). Common humanity is about remembering that imperfection, failing, and making mistakes are necessary parts of living, experienced by everyone, and a fundamental part of learning (Warren et al., 2016). In the context of self-compassion, mindfulness is about being aware of one's painful experiences in a balanced way that neither exaggerates nor ignores their presence (Warren et al., 2016). Self-compassion is associated with improved emotional well-being and healthy relationships (Warren et al., 2016). Self-compassion appears to directly counter the isolation, unworthiness, and overwhelm associated with shame.

In secure individuals, self-compassion is learned in childhood through parent attunement and reassurance following stressful moments. It is the tool that allows individuals to self-regulate, as it creates the conditions for the autonomic nervous system to experience safety after emotionally scary moments returning the brain to a state of social connectedness (Corrigan et al., 2018). Parental attunement during stressful situations creates the conditions for individuals to see themselves as worthy individuals despite having painful feelings. Individuals with low attachment security exhibit lower levels of self-compassion (Homan, 2018) and higher levels of self-rumination (Corrigan et al., 2018), impairing connection. Individuals who experience chronic parent-child misattunement at an early age carry these relational disruption patterns into

adult relationships (Lahousen et al., 2019) unless adequate healing interventions address these patterns (Solomon, 2010).

2.33 Psychedelic Assisted Therapy- Self-Knowing & Self-Acceptance

Psychedelics also support the self-knowing component of optimal sexual experiences. Psychedelics are known as entheogens, which is a universal name to describe all psychoactive plants, animals, and fungi. Entheogen means "creating the divine within" (Goldpaugh, 2021, p.2). For those individuals who do not know themselves well, psychedelic-assisted therapy offers an avenue of self-discovery. It is a goal within this form of therapy that the individual discovers that they are inherently worthy of love and belonging and the circumstances that lead to them feeling otherwise are not attributable to something defective within them but rather unfortunate situations they did not deserve. Psychedelic-assisted psychotherapy allows individuals to develop a felt sense of unconditional self-acceptance (Fauvel et al., 2021) that appears to be a factor in developing deep and profound connections in sexual experiences.

2.4 Connection and Attunement- Summary

Components of great sex include self-knowledge, self-acceptance, attunement, and connection to one's partner. Barriers include disconnection from one's sense of self-worth resulting in shame, depression, self-rumination, self-criticism, sexual functioning, and relationship issues. Interestingly psychedelic-assisted therapy appears to support clients in self-knowing, self-acceptance, and self-compassion. Psychedelics have also been shown to be effective in treating depression that interferes with connection in a way that is different than other treatments that are available. Another promising way in which psychedelic-assisted therapy may be a powerful tool in supporting clients to move from intrapersonal, interpersonal, and

sexual dysfunction closer to optimal sexual and relational experiences. To further our exploration of the relational components of optimal sexuality, below will explore deeper connection known as intimacy.

3.0 Deep Erotic and Sexual Intimacy

3.1 Deep Erotic and Sexual Intimacy- Optimal Sexuality

The third component of great sex is erotic and sexual intimacy (Kleinplatz et al., 2009). The building blocks of intimacy outlined by the study participants included a deep mutual sense of caring, respect, genuine admiration, and acceptance of one's partner (Kleinplatz et al., 2009). Participants describe the experience of loving and trusting one's partner deeply. The experience of trusting that your partner will take care of you similar to how you will take care of them (Kleinplatz et al., 2009). Trust relies on another person to apply a model of care, which includes applying certain attitudes and beliefs (Gordon, 2022). These beliefs include optimism, predictability, and confidence that a person will act in goodwill, be competent in the task, commit to the process, and communicate with transparency (Gordon, 2022). Trust emerges through being present, honest, congruent, non-judgemental, and committed despite relational difficulty (Gordon, 2022).

3.2 Deep Erotic and Sexual Intimacy- Barriers

3.21 Barriers- Distrust & Rejection Sensitivity

Intimacy is a complex psychological concept including trust, close personal connection, and a drive for closeness and tenderness (Cassioli et al., 2020). In the context of intimate partners, it often also includes sexual desire (Cassioli et al., 2020). There is a correlation between disordered intimacy and sexual desire difficulties (Cassioli et al., 2020). A barrier to deep

intimacy is rejection sensitivity (Richter & Schoebi, 2021) and distrust in others (Poggi et al., 2019). A lack of trust in others leads to a perception of not being accepted, which leads to rejection sensitivity (Poggi et al., 2019). Rejection sensitivity reinforces distrust through misinterpretation of neutral situations (Poggi et al., 2019). Trust is based on the ability to assess others as either trustworthy or untrustworthy, resulting in either trusting or untrusting behaviours (Poggi et al., 1999). Distrust develops through adverse early experiences where one develops a belief system of others as untrustworthy and therefore applies this lens to all social interactions (Poggi et al., 1999). Unsurprisingly, survivors of childhood sexual assault and other forms of abuse have a particularly tough time trusting others, especially regarding sexual motives (Mullen et al., 1994). Childhood neglect is also a strong predictor of decreased relationship trust (Seehuus et al., 2015). Unfortunately, learned distrust often translates into adult partnered relationships. The inability to trust one's partner frequently results in self-silencing one's needs, inhibiting sexual pleasure (Seehuus et al., 2015). As such, a lack of trust is a significant factor in forming and maintaining sexual functioning issues (Kaplan, 2013).

3.22 Barriers- Social Rejection & Anxiety

Rejection sensitivity is a form of anxiety associated with repeated experiences of social rejection. Social rejection can be devastating as it directly counters our most basic human needs for connection (Richter & Schoebi, 2021). From an early age, humans are wired to connect; such is the basis of attachment theory. Some of the deepest fears individuals hold that of being criticized, attacked, humiliated, and abandoned after revealing their true vulnerable selves (Gordon, 2022). Concerns about social rejection can operate on a continuum producing adaptive and maladaptive anxious behaviours (Richter & Schoebi, 2021). Adaptive behaviours include attunement to the needs of others to ensure social integration and maintenance of essential

relationships. In contrast, maladaptive behaviours, caused by high levels of anxiety and the need to be accepted by others, include hypervigilance which can undermine mental health and impair intimacy (Richter & Schoebi, 2021). As such, fear of rejection interferes with one's ability to trust others (Richter & Schoebi, 2021). Anxious attachment is characterized by fear of rejection or abandonment and may be used synonymously with rejection sensitivity.

3.23 Barriers- Rejection Sensitivity & Relationships

While experiencing rejection is hurtful to anyone, those with rejection sensitivity often have more negative affective responses. These responses include more judgements, jealousy, and anger resulting in increased negative interpersonal behaviours, such as hostility, aggression, controlling, and less supportive or nurturing behaviours- impairing connection (Richter & Schoebi, 2021). A rejection-sensitive person anticipates rejection from others resulting in an increased perception of rejection and overreacting to rejection more readily than others (Richter & Schoebi, 2021). The behaviours of rejection-sensitive individuals are related to less relationship satisfaction and increased negative responses from their partners (Richter & Schoebi, 2021), as rejection in social situations and distrust toward others can provoke aggression (Poggi et al., 1999). Prolonged fear of rejection impairs individuals' ability to develop deep intimacy. It often plays a vital role in the maintenance of anxiety disorders, depression (Richter & Schoebi, 2021), and personality disorders (Poggi et al., 1999).

Deep erotic and sexual intimacy associated with optimal sexuality has its roots in the experience of trust. A barrier to deep intimacy is distrust in others, leading to rejection sensitivity. Rejection sensitivity involves hypervigilance and reactivity around a perceived lack of acceptance leading to maladaptive interpersonal behaviours and challenging emotional states that impair intimacy. Rejection sensitivity and distrust develop based on lived experience of

important and assumed trusting people acting in distrusting ways repeatedly throughout childhood. Therefore, addressing distrust and rejection sensitivity appears necessary in supporting people to achieve optimal sexual experiences.

3.3 Deep Erotic and Sexual Intimacy- Psychedelic-Assisted Psychotherapy

3.31 Psychedelic-Assisted Psychotherapy- Creating safety

To ensure a positive psychedelic experience, psychedelic-assisted therapists must take phenomenal care to create a safe and trusting environment. In the world of harm reduction and psychedelic therapy, the phrase "drug, set, and setting" (Haden & Woods, 2020) describes the necessary circumstances to support a positive journey. The physical context for the journey must be considered, including a safe, uncontaminated supply of the medicine, the client's physical health should be considered, and the environment where the therapy will take place (Payne et al., 2021). Particular care and attention are put into cultivating a conducive mindset for the client. Firstly, preliminary counselling sessions support the development of a trusting therapeutic alliance. Secondly, the therapist encourages clients to take a break from situations that contribute to increased stress, such as work or other obligations. Thirdly, the development of a clear intention for the session (Payne et al., 2021). Finally, the client must trust the therapist to be competent in holding their vulnerability with care and attention (Wolff et al., 2020). A tool in the development of trust leading into the psychedelic experience is informed consent, which manages expectations of the journey, promotes a feeling of safety and trust, and demonstrates the therapist's commitment to transparency and prioritizing client well-being (Gordon, 2022).

3.32 Psychedelic-Assisted Psychotherapy- Trust

Intuitively, trust in a therapeutic relationship plays a crucial role in improving the effectiveness of therapeutic outcomes (Gordon, 2022). Psychotherapy involves discussing deeply personal thoughts and feelings, with the potential be subject to judgment (Gordon, 2022). Trust includes a sense of optimism and hope that the therapist will prove trustworthy out of goodwill (Gordon, 2022). Necessary ingredients for developing trust include a positive emotional bond, transparency, and commitment through difficult times (Gordon, 2022). In regular psychotherapy, trust partly develops by the individual relying on the therapist to approach the client in a non-judgemental and accepting way (Wheeler & Dyer, 2020). What is unique to psychedelic-assisted therapy is that trust extends beyond the cognitive and affective domains into the physical domain due to overwhelming physiological impairments during the treatment. During the acute phase, psychedelics produce non-ordinary states of consciousness with substantial changes in sensory perception, reduced cognitive control, hyperarousal, lack of thermal regulation, loss of proprioception, and distortions of time (Payne et al., 2021). These changes can be overwhelming, disorienting, and disabling (Payne et al., 2021). These impairments require the client to be dependent on the psychotherapist in a very distinct way from typical psychotherapy, which may include helping someone get to the washroom, holding a bucket if they become physically sick, or wrapping them in a warm blanket. Bring therapeutic support into the physical space supports the embodiment of trust that is unique compared with other forms of therapy.

The overwhelming nature of the psychedelic experience is due to the stimulation of the 5-HT2A receptor and appears to be a necessary part of the healing process from a neurophysiological perspective (Robin L. Carhart-Harris et al., 2016). It appears that stimulation of the 5-HT2A receptor decreases the recognition of fearful and sad faces (Dolder et al., 2016),

reducing hypervigilance toward rejection. One of the barriers associated with significant neglect or abuse is an impairment in the learning centre associated with trust (Poggi et al., 1999). The caregivers who were assumed to be most trustworthy became the least trustworthy, which led individuals to distrust their ability to assess trustworthiness (Poggi et al., 1999). Psychedelics appear to restructure patients' cognitive, emotional, and situational understanding of trust (Liechti et al., 2017). The new perspective on trust gives them a new baseline for how to feel in situations based on feelings of safety and security, producing increased trust and confidence (Gasser et al., 2015). Post psychedelic journey, individuals identified a 'de-pattering' of previously fixated thought patterns, which led to increases in calmness, relaxation, and acceptance of themself and others (Gasser et al., 2015). Psychedelics also improve the trait and state characteristics of optimism necessary for faith in the goodwill of others (Liechti et al., 2017). Psychedelics appear to have a unique and powerful way to facilitate trust and address rejection sensitivity that is worth further exploration on how it might facilitate more optimal sexual experiences.

3.4 Deep Erotic and Sexual Intimacy- Summary

Trust is a critical element in the development of sexual and erotic intimacy. Optimal sexual experiences call for deep intimacy, perhaps beyond what one usually anticipates. For individuals who struggle with trust, psychedelic-assisted therapy provides an embodied felt sense of trust, a fundamental building block for developing intimacy. Trust can undoubtedly be fostered and developed in standard psychotherapy; however, psychedelic-assisted therapy offers what is known in the literature as a quantum change in experience (Griffiths et al., 2018). Quantum changes include distinct, sudden, profoundly positive, and meaningful personal transformations that impact a broad range of emotions, thoughts, and behaviours (Griffiths et al.,

2018). Quantum changes are distinct from normally anticipated positive changes in psychotherapy due to their magnitude and enduring qualities (Griffiths et al., 2018). If psychedelic-assisted therapy can produce quantum changes in trust, can it also produce similar shifts in the next component of optimal sexuality- empathy and communication.

4.0 Extraordinary Communication and Deep Empathy

4.1 Extraordinary Communication and Deep Empathy- Optimal Sexuality

The fourth component of optimal sex is exceptional communication and heightened empathy (Kleinplatz et al., 2009). The type of communication described is that of sharing oneself with their partner completely verbally and non-verbally, before, during and after sex (Kleinplatz et al., 2009). Excellent communication requires the ability to anticipate how particular touch will impact one's partner by recognizing, listening, and responding to the subtle and nuanced non-verbal cues of one's partner (Kleinplatz et al., 2009). There is also a distinct need for self-knowledge, self-responsibility, and the ability to communicate one's needs, desires, and sensitives clearly and directly (Kleinplatz et al., 2009). Mastering verbal and non-verbal communication skills requires paying attention and truly listening to your partner with all your senses and requires the presence of mind (Kleinplatz et al., 2009).

Listening closely to one's partner requires heightened empathy (Kleinplatz et al., 2009). There are two forms of empathy: affective empathy and cognitive empathy (van Mulukom et al., 2020). Affective empathy is the ability to feel the emotions and experiences of another as if they were your own, while cognitive empathy is the ability to take on another's perspective (van Mulukom et al., 2020). Affective empathy requires embodiment, as emotions are felt viscerally in the body. Empathy has also been defined as tender concern for the feelings and needs of others

and the ability to take on the perspective of others without significant nervous system activation (Joireman et al., 2002).

4.2 Extraordinary Communication and Deep Empathy- Barriers

4.21 Barriers- Insecure Attachment and Impaired Empathy

Individuals with secure attachment (low anxiety and low avoidance) have an increased capacity to take on the perspective of others and emotionally relate to their experiences without personal distress, whereas dimensions related to an insecure attachment (high anxiety and avoidance) are associated with higher personal distress resulting in diminished perspective taking and emotional relating (Joireman et al., 2002). Given the relationship between insecure attachment and depression, it is not surprising that depression is linked to diminished perspective-taking and empathic concern and is associated with higher levels of personal distress (Schreiter et al., 2013). The impaired empathy of individuals who are depressed is related to the interpersonal difficulties they often face (Schreiter et al., 2013). Like depressed people, individuals with high rates of rejection sensitivity also show diminished empathy, especially towards intimate partners (Richter & Schoebi, 2021).

4.22 Barriers- Impaired Empathy and Violence

Empathy mediates the relationship between prosocial and antisocial behaviours, where lower levels of empathy are found in bullies (Jolliffe & Farrington, 2007) and people who perpetrate intimate partner violence (Beydoun et al., 2012). An antisocial personality disorder is characterized by dysfunctional behaviours, emotions, interpersonal interactions, and a lack of empathy (Greenall, 2007). Antisocial personality is explicitly linked to criminal behaviours, including sexualized violence (Greenall, 2007). Even for those who do not meet antisocial

personality disorder indicators, intimacy and empathy deficits are seen in sexually aggressive individuals (Lisak & Ivan, 1995). Empathy supports people to understand others as a subject instead of an object with commonality in emotional experiences central to understanding self and others with a sense of oneness (Jordan, 1997). Insecure attachment is associated with increased sexual aggression and antisociality (Smallbone & Dadds, 2000). Sexual aggression comprises behaviours such as sexual harassment, sexual coercion, and sexual assault (Allen & Walter, 2018). Sexually aggressive acts are a pandemic problem that disproportionately affects women (Allen & Walter, 2018).

In 2010, the documented worldwide percentage of women subject to non-partner sexualized violence was 7.2 (Allen & Walter, 2018). Childhood sexual assault has a similar prevalence and has lasting devasting consequences (Allen & Walter, 2018). History of sexual assault is commonly associated with sexual functioning issues, including desire, arousal, orgasm, and pain disorder due to the emotionally disruptive nature of the violation (Kelley & Gidycz, 2017). Shame and fear are prominent emotions of survivors of sexual assault, and sex can be associated with intra and interpersonal danger. (Kelley & Gidycz, 2017). Not surprisingly, sexual assault is highly associated with post-traumatic stress disorder (PTSD), anxiety, depression, and suicidality (Kelley & Gidycz, 2017).

To be clear, not all individuals with insecure attachment are characterized as sexual predators. However, the more a person's socialization and personal history incline them to feel insecure, the less optimally their attachment, caregiving, and sexual behavioural systems will operate (Mikulincer et al., 2014). It is shown that securely attached individuals have greater empathy as they are more likely to have empathy consistently modelled by parents. In receiving

more empathic support, their nervous systems develop more familiarity with safety, creating more openness and willingness to approach others in times of concern (Joireman et al., 2002).

Empathy facilitates effective communication necessary for optimal sexual experiences. Impaired empathy lies on a spectrum where the far end results in sexual aggression that has devastating consequences for survivors. Improving empathic relating is associated with a range of prosocial behaviours. If psychedelic-assisted therapy can improve empathy, its benefits might extend far beyond achieving optimal experiences toward preventing heart-breaking sexual violations.

4.3 Extraordinary Communication and Deep Empathy- Psychedelic-Assisted Therapy

4.31 Psychedelic Assisted Therapy- Empathy Through Attunement

Within a therapeutic relationship, the therapist's role is to respond to the client's painful emotions and defence mechanisms with empathy and compassion (Lipton & Fosha, 2011). Empathic relating is also the psychedelic-assisted therapist's main therapeutic intervention. The therapist is the key ingredient in psychedelic-assisted therapy even more profound than when psychedelics are used independently. Their presence provides the experience of being witnessed and validated as clients sit in the truth of their subjective experience (Lipton & Fosha, 2011). When the light of empathy is shown upon deep wounds heavy with shame, one creates powerful relief of suffering and a newfound relational hope (Lipton & Fosha, 2011). Empathy is so important that it is one of the most fundamental components in psychosocial healing (Rodríguez Arce & Winkelman, 2021). Under the influence of a psychedelic, a client's defence mechanisms are lowered, which can lead to a client being more likely to recognize and reveal the maladaptive patterns they have previously withheld out of fear of judgment (Payne et al., 2021). The acute

attunement and empathy of the therapist in these moments can support the psychedelic corrective experience (Hill et al., 2012). The acute effects of psychedelic medicine allow individuals to have dramatically heightened empathy and a diminished judgemental attitude, which supports the willingness to accept support during vulnerable moments (Payne et al., 2021; Radakovic et al., 2022). These are the reasons why an empathetic attachment-oriented therapist is a necessary factor in psychedelic-assisted healing.

4.32 Psychedelic Assisted Therapy- Empathy and Compassion

People who use psychedelics report significantly higher levels of empathy than those who do not (Lerner & Lyvers, 2006). The increased empathy is related to the effects of psychedelics on developing acute and sustained self-compassion and compassion for others (Fauvel et al., 2021; Lerner & Lyvers, 2006). Psychedelics have consistently been found to increase not only empathy and self-compassion but also prosocial behaviours (Payne et al., 2021). Indeed, psychedelics are so effective in developing empathy that they have helped treat empathy-related disorders such as maladaptive narcissism (van Mulukom et al., 2020). Psychedelics are outstanding and at increasing affective empathy- improving one's connection to the embodied felt sense of empathy (van Mulukom et al., 2020).

4.33 Psychedelic Assisted Therapy- Empathy and Communication

Although psychedelic-assisted therapy does not directly address communication skills, it may indirectly improve communication by increasing empathy, reducing the recognition, and processing of negative emotional faces, and facilitating social approach behaviours (Rodríguez Arce & Winkelman, 2021). Through the development of empathy, there is increased sensitivity to social cues that promote altruism and belonging (Rodríguez Arce & Winkelman, 2021). In

addition, psychedelics have been found to strengthen the quality of social bonds by providing enhanced emotional connection and shifting emotional bias towards the positive (Rodríguez Arce & Winkelman, 2021). Given that psychedelics are so effective on building empathy it seems that psychedelic-assisted therapy could potentially be a form of therapy that could be offered to individuals who display antisocial traits as well as those who are survivors of antisocial behaviours like sexual coercion.

4.4 Extraordinary Communication and Deep Empathy- Summary

Optimal sexual experience requires effective communication and deep empathy. The barriers to deep empathy are rooted in insecure attachment. Not only does decrease empathy likely contribute to unsatisfying sexual experiences it can produce far more destructive effects. Impaired empathy underlines antisocial behaviours and sexual aggression with devastating effects on survivors. Psychedelic-assisted therapy interestingly improves compassion and the embodied sense of empathy. The effects of psychedelic-assisted therapy on improving empathy and reducing the negative bias of neutral faces support prosocial behaviours and may indirectly improve communication skills. Receiving empathy from the therapist appears facilitated the process of empathy development. Thus far, we have seen now psychedelic-assisted therapy may likely benefit four of the eight components of optimal sexuality. The next component of optimal sex, authenticity, may also profit from psychedelic-assisted therapy.

5.0 Authenticity, Transparency, and Genuineness

5.1 Authenticity, Transparency, and Genuineness- Optimal Sexuality

The fifth component of great sex is for individuals to be fully authentic and have the freedom to be relentlessly honest with themselves and their partners (Kleinplatz et al., 2009).

The ability to experience pleasure comes from being uninhibited and unselfconscious during sex (Kleinplatz et al., 2009). As mentioned above, complete trust and acceptance were prerequisites to revealing oneself on all levels to their partner (Kleinplatz et al., 2009). Participants who can be genuine with their partners describe the liberating feeling of being wholly seen and known (Kleinplatz et al., 2009). This makes sense because being completely seen, known, and accepted directly counters most people's biggest fears of being judged, criticized, and abandoned (Gordon, 2022). One of the prerequisites of becoming sexually genuine and authentic was acknowledging and rejecting the inadequacy of societally constructed sexual scripts and rules that create constricting beliefs (Kleinplatz et al., 2009).

Authenticity is the process of being transparent, genuine, true to oneself. When discussing the development of the authentic self, Erikson's Stages of Development come to mind. Erikson (1968) suggests that identity vs role confusion happens in adolescence and is the precursor for intimacy vs isolation in young adulthood. Erikson describes identity as feeling at home in one's body (Erikson, 1968). Embodiment happens within a sociocultural context (Nelson et al., 2018). In adolescence, this process is partly supported by puberty, which sparks identity confusion and encourages identity exploration, including the beginning of sexual exploration (Nelson et al., 2018). During adolescence, factors such as the onset of puberty, changes in the body, sexual orientation, maturation, and experiences, impact the way young people perceive the self and the body in the context of connection to others (Nelson et al., 2018). Adolescence and young adults are subjected to increased evaluations from others, especially parents, as they make increasingly independent decisions emphasizing the prominence of the body and sexuality in the development of beliefs about the self (Nelson et al., 2018).

5.2 Authenticity, Transparency, and Genuineness- Barriers

5.21 Authenticity Barriers- Impaired Separation-Individuation

In attachment theory, Erikson's identity development process is known as separation-individuation (Mahler, 1985), an attachment component that is less often discussed. Separation-individuation is when a child takes on their identity and characteristics in the presence of an emotionally available and accepting caregiver (Mahler, 1985). In addition, separation-individuation consists of a child graduating from the intra-physical fusion with the mother (Mahler, 1985) between ages two and three. A second separation-individuation process happens in adolescence, which is intra-psychic, where the teen separates from the internalized parent (Goldner et al., 2021). Finally, successful individuation in adulthood is where one can remain true to themselves and separate from an attachment figure without fear of disapproval or control by the other (Turner, 2009).

Adolescence is when the attachment figure shifts from a caregiver to an intimate partner (Mikulincer & Shaver, 2007). Authenticity is the developmental process of achieving one's voice around separation-individuation necessary for future intimate relationships (Goldner et al., 2021). Securely attached individuals are supported by their parents in separation-individuation and the development of their true selves, allowing them to achieve more authenticity in their relationships (Goldner et al., 2021). This support allows them to be more genuine and bring a voice to their needs (Goldner et al., 2021) while remaining considerate of the needs of others (Mikulincer & Shaver, 2007). The more securely attached individuals are, the more comfortable they are with separateness and individuation, allowing for healthy interdependence (Solomon, 2009).

5.22 Authenticity Barriers- Parentification

When a child feels pressured to comply with parental needs over self-needs, they will have an impaired separation-individuation. They may adopt a defensive façade termed the "false self," alienating them from a real core sense of self in service of attachment (Goldner et al., 2021). This difficulty with authenticity has many different names, including role confusion (Erikson, 1968), the parentified child (Goldner et al., 2021), and insecure attachment (Mikulincer & Shaver, 2007), all resulting in difficulties with authenticity. The parentified child develops when there is considerable confusion in establishing parent-child boundaries (Goldner et al., 2021). Parentification of the child can develop in many different situations where the parent is overwhelmed for a prolonged duration, which interferes with their ability to put the child's emotional well-being above their own (Floyd et al., 1999). In this case, the adolescent must abandon their needs for guidance, validation, and security to fulfill their parents' self-absorbed needs (Goldner et al., 2021).

5.23 Authenticity Barriers- Separation & Individuation for Queer People

Individuals who are transgender, genderqueer, non-binary, intersex, two-spirit, queer, bisexual, gay, lesbian, pansexual, or asexual (LGBTQ2SIA), referred to going forward under the umbrella term queer, may have a particularly trying time accomplishing individuation in the context of connectedness due to the process of sexual orientation identity formation (Floyd et al., 1999). Heightened identity confusion for queer individuals often creates considerable inner turmoil as they confront social scripts, social expectations, and parental perceptions that may conflict with their sexual attractions (Floyd et al., 1999). Transgender identity development involves an incongruence between known self-identity and physical body at birth (Fraser, 2009). Transgender and non-binary individuals negotiate their transgender selves in a world where

sexual scripts are heavily rooted in a gender binary, resulting in a tension between avoiding stigma, authenticity, and desire that makes individuation distinctively challenging (Fraser, 2009).

For queer adolescents, the initial disclosure of their sexual orientation can be a surprise to parents that requires them to re-envision a new future for their child (Floyd et al., 1999). The shock can produce an experience of disenfranchised grief when the parent mourns the loss of a dream and the version of the child, they thought they knew. However, a grief phase is necessary for the parent to shift their expectations and welcome and accept their child as they are (Floyd et al., 1999). Some parents make this transition easily. For others, this grief can interrupt the parents' capacity to support their child during this intensely vulnerable developmental time (Floyd et al., 1999). In some cases of "coming out," parents ascribe negative stereotypes of immorality or perversion or may even totally reject their child (Floyd et al., 1999), creating deep abandonment trauma and feelings of shame around their sexuality and identity. Fears of stigmatization or rejection often cause many queer individuals to deny or hide their sexual feelings, along with their internal struggles (Floyd et al., 1999).

5.24 Authenticity Barriers- Self Silencing

Known as self-silencing, individuals will intentionally or subconsciously withhold personal thoughts and feelings to circumvent possible conflict, rejection, and abandonment (Goldner et al., 2021). Self-silencing includes presenting an obedient exterior to others despite having feelings of suffering, sadness, or anger, prioritizing others' needs ahead of oneself, and comparing oneself to others and external standards (Goldner et al., 2021). Self-silencing is not exclusive to queer individuals. It is commonly a characteristic of anyone who feels that aspects of their identity are not accepted within their family system and the greater sociocultural context.

All marginalized bodies are particularly vulnerable to self-silencing (Goldner et al., 2021). For example, gender-based rejection sensitivity is associated with increased self-silencing and feelings of alienation in the presence of perceived sexism (London et al., 2012).

Research shows that thwarted individuation and parentification are considered psychological and relational trauma due to the child or youth's ongoing emotional neglect (Floyd et al., 1999). These thwarted processes can result in the development of a belief system of inadequacy and worthlessness, which can fuel chronic shame sates, anxiety, difficulty with boundaries, rejection sensitivity, depression, difficulty with intimacy, and maladaptive behaviours (Floyd et al., 1999). On the other hand, adolescents who have successfully gone through the separation-individuation process, known as securely attached individuals, will achieve healthy inter-independence, a clear understanding of boundaries of self and others, and be able to be in a relationship genuinely and authentically (Goldner et al., 2021). As a result, securely attached individuals develop a belief system that their authentic self is worthy of love and care (Solomon, 2009).

Pleasure in optimal sex comes partly from being seen and accepted in a completely uninhibited, unselfconscious, and authentic way. Barriers to authenticity have roots in childhood attachment, including the separation and individuation process associated with adolescence. Queer individuals can have a particularly challenging task of individuation as their sexual orientation contradicts the dominant heterosexual culture. Thwarted separation and individuation are commonly associated with parentification resulting in children or youth learning to self-silence. Below highlights how psychedelic-assisted therapy addresses the root belief systems that are associated with impaired authenticity and transparency.

5.3 Authenticity, Transparency, and Genuineness- Psychedelic-Assisted Therapy

5.31 Psychedelic Assisted Therapy- Belief Systems

Belief systems are the stories we tell ourselves to help us make sense of ourselves in relation to the world and help us cope with uncertainty (Usó-Doménech & Nescolarde-Selva, 2016) and therefore are created by how the world interacts with us. Belief systems surface through experiences and cannot be disproven through logic (Usó-Doménech & Nescolarde-Selva, 2016). It is through the interpretation and contextual understanding of one's experiences that one develops belief systems (Usó-Doménech & Nescolarde-Selva, 2016). Beliefs are the foundations for all behaviours, consciously or unconsciously, as people move towards cognitive congruence with their beliefs (Usó-Doménech & Nescolarde-Selva, 2016). Thus, civilizations have been founded, cultivated, and reach their demise based on their belief systems (Usó-Doménech & Nescolarde-Selva, 2016). Cognitive congruence, the desire to have our external relative match our internal reality, may explain why people who struggle with worthiness unconsciously engage in self-destructive and relationship-destructive behaviours. Expectations and beliefs are thought to be encoded in the deep layer of pyramidal neurons within the brain (R. L. Carhart-Harris & Friston, 2019). Psychedelics specifically stimulate the 5-HT2A receptors that live on the deep pyramidal cells within the visual cortex (R. L. Carhart-Harris & Friston, 2019). These cells' stimulations are thought to aid in changing prior beliefs (R. L. Carhart-Harris & Friston, 2019).

Dismantling beliefs related to complex family dynamics and feelings of unworthiness is a common component of many psychotherapy theories, especially attachment-based theories (Lipton & Fosha, 2011). However, given the deep seeded nature of developmental trauma, this process can be time-consuming, emotionally challenging, and expensive for the client and

system. Dramatic alterations in personal beliefs, affect, and motivation to change behaviour are dominant features of the psychedelic-assisted therapy session (Payne et al., 2021). Psychedelic-assisted therapy might aid in deconstructing feelings of unworthiness, as individuals often realize that their beliefs may be dysfunctional or inhibiting their relationships (Fauvel et al., 2021). In higher doses, there is what is commonly known in psychedelic communities as “ego death” or dissolution of self, which may aid the amelioration of maladaptive beliefs, thoughts, and behaviours (Wheeler & Dyer, 2020).

5.32 Psychedelic Assisted Therapy- Mystical Experiences

A common feature, especially in higher doses of psychedelics, is the mystical experience where one encounters a divine entity (Carhart-Harris et al., 2016). Mystical experiences are characterized as having a merger or unity with the oneness of all beings (Carhart-Harris et al., 2016). During their psychedelic journey, individuals who have a mystical experience describe having especially beneficial changes, such as increases in the personality domain of openness and increases in prosocial attitudes and behaviours that have profound and often lasting effects (Rodríguez Arce & Winkelman, 2021). Practitioners engaging in psychedelic-assisted psychotherapy focusing on sexual healing attest that when individuals have a felt sense of connection to the divine, it directly challenges negative self-referencing relating to beliefs about their pureness, lovability, and worthiness (Goldpaugh, 2021). In this article, sexual healing included aspects of healing sexual trauma, sexual dysfunction, childhood sexual abuse, and concerns around gender or sexuality (Goldpaugh, 2021). The enduring positive effects of psychedelic experiences have directly been linked to how profoundly one perceives their mystical experience (Payne et al., 2021). Indeed, adverse childhood experiences and emotional neglect can result in profound and lasting impairments. In that case, it is plausible that a positive

mystical experience of deeply embodied love will produce lasting positive outcomes (Woollacott, 2020). The likeliness of having a mystical experience was not related to any preconceived spiritual beliefs (Wheeler & Dyer, 2020).

5.33 Psychedelic Assisted Therapy- Beliefs & Openness

Interestingly, these changes in beliefs are nearly always in a positive direction, towards openness, oneness, acceptance, belonging and characteristics that promote well-being (Payne et al., 2021). Belief changes do not mean a total disregard for traditional worldviews (Griffiths et al., 2019). Not all previously held beliefs are abandoned. Post-psychedelic-assisted therapy participants appear to have increased respect for tradition, humility, accepting life's circumstances, moderation of feelings and actions, and reverence for religious faith (Griffiths et al., 2019). They suggest increased openness is inclusive of family and society values and personal values, which perhaps is why psychedelics support connectedness.

5.4 Authenticity, Transparency, and Genuineness- Summary

Impaired separation and individuation can lead to negative beliefs, self-including shame and unworthiness. Negative beliefs impair one's ability to be authentic and can result in self-silencing which is a barrier to optimal sex. Other barriers include negative beliefs about sex, bodies, sexual identities, or sexual function capacities that can lead to sexual functioning issues (Mikulincer et al., 2014). A tool that can replace destructive beliefs with those that promote individual, relational, and societal well-being, such as psychedelic-assisted therapy, is revolutionary in the mental health field, as belief systems are known to be remarkably enduring and difficult to change. Indeed, a belief system can often outlive its believers (Usó-Doménech & Nescolarde-Selva, 2016) to be passed on intergenerationally. Therefore, confidence in one's

relational abilities and belief in the possibility of deep, meaningful, reciprocal relationships are crucial for well-being (Lipton & Fosha, 2011). It seems like psychedelic-assisted therapy might help combat these sticky belief systems that operate as barriers to optimal authentic sexual experiences.

6.0 Vulnerability and Surrender

6.1 Vulnerability and Surrender- Optimal Sexuality

The sixth components of optimal sex are vulnerability and surrender (Kleinplatz et al., 2009). The study participants speak about the interpersonally oriented aspect of letting go, giving one's entire being to another person (Kleinplatz et al., 2009). The heightened vulnerability seems to be a critical distinguishing marker that makes optimal sex stand out. It is important to note that vulnerability is experienced in the context of pleasure and safety as opposed to fear (Kleinplatz et al., 2009). There is a myth that vulnerability is weakness, and Brown (2012) highlights the dangers of this myth, describing vulnerability as "emotional risk, exposure, uncertainty… and that vulnerability is the most accurate measurement of courage" (2012, p. 57). The participants in the study also speak of the pleasure that comes with revelling in sensations and surrendering control over their bodies and the situation (Kleinplatz et al., 2009). Surrender is the act of willingly yielding. The participants speak about a willingness to be led by their partner and be in flow with the moment (Kleinplatz et al., 2009). In the context of safety provided by authentic, genuine, transparent, and trusting relationships, the thrill of vulnerability can be experienced as intensely pleasurable and erotic (Kleinplatz et al., 2009).

6.2 Vulnerability and Surrender- Barriers

6.21 Vulnerability Barriers- Emotional Regulation and Attachment

The next segment will explore how difficulties with emotional regulation are related to one's attachment style. Section six also highlights how emotional dysregulation and different types of experiential avoidance can create barriers to the type of vulnerability needed for relationships and optimal sexual experiences. The physiological experience of vulnerability is commonly that of stress and anxiety, which affects physiological, psychological, and social functioning (Rogers, 2007). The ability to experience vulnerability in the context of safety relates to one's attachment style (Mikulincer & Shaver, 2007; Solomon, 2010). One of the fundamental aspects of secure attachment is the felt sense of having what is known as a "safe haven" or "secure base" (Mikulincer & Shaver, 2007). A secure base is implicitly knowing that one can take calculated risks because if they experience danger or injury, they have "a safe haven" to return to where they will be mentally, emotionally, and physically cared for. In a secure relationship, repeatedly attaining a sense of security over time builds and reinforces a person's emotional regulation and coping capacities, creating a flexible repertoire of coping skills (Mikulincer & Shaver, 2007).

A secure attachment style allows for greater emotional regulation capacity. Emotional regulation refers to the neurophysiological processes responsible for monitoring and modifying emotional reactions, especially intensity, to accomplish one's intra and interpersonal goals (Christ et al., 2019). Children learn emotional regulation when parents attune to the child's emotional needs with compassion and understanding (Solomon, 2010). In teaching emotional regulation to the child, the parent is teaching the autonomic nervous system that it can become activated, which is an appropriate response to fearful or painful stimuli. The nervous system can

also appropriately return to a baseline level of connected engagement through feeling safety and security, creating emotional flexibility (Christ et al., 2019). Individuals with secure attachment learn to become their own “safe haven” as they respond to their emotional states, mental processes, and behaviours with understanding, patience, compassion, and acceptance (Homan, 2018).

Those who do not receive the emotional reassurance they need in times of stress, anxiety, or vulnerability are much less fortunate. Mikulincer & Shaver (2007) have suggested that emotional dysregulation may be used synonymously with insecure attachment. *Emotional dysregulation* is an impaired ability to tolerate and regulate the nervous system following undesirable stimuli and is often associated with hypersensitivity to fearful stimuli and an overactive amygdala (Donegan et al., 2003; Dvir et al., 2014). Impaired emotional regulation is likely partly attributable to early stress-induced alterations in brain development due to chronic perceived vulnerability without reassurance (Read et al., 2014). One significant area that appears to be altered is stress hypersensitivity, evidenced by physiological activation and dysregulation of stress regulatory mechanisms (Read et al., 2014). In addition, impairment of the emotional regulation system has a host of downstream implications. Including low engagement in health promotion behaviours leading to poor health outcomes, weight issues, increased mental health challenges, increased sexual dysfunction, and increased likeliness of divorce, to name only a few (Mikulincer & Shaver, 2007). As such, emotional regulation is a fundamental skill for social interaction, directly influencing behaviour, emotional expression, and cognitive processing (Lobo et al., 2011). The more one believes they are unable to regulate their emotions the more difficulty they are likely to have with vulnerability because vulnerability is an emotionally

activating experience. Once again, attachment style is presenting as a barrier to optimal sexual experiences; therefore, treatment modalities should be mindful of this connection.

6.22 Vulnerability Barriers- Emotional Dysregulation and Experiential Avoidance

Though vulnerability is something everyone experiences at different times in their lives, individuals uncomfortable with interoceptive experiences, due to the impaired capacities to emotionally regulate, tend to attempt to reduce, avoid, or numb to alleviate these experiences (Staples et al., 2012). Experiential avoidance is the unwillingness to experience negatively evaluated private events such as memories, thoughts, feelings (such as boredom, loneliness, anxiety, guilt, shame, anger, and sadness) and sensations (such as pain, discomfort, or activation) (Staples et al., 2012). Experiential avoidance is not inherently problematic; it is a normal adaptive function. Humans are evolutionarily designed for the immediate pursuit of pleasure and avoidance of pain (Staples et al., 2012). There is an evolutionary advantage to avoiding painful stimuli (Harris, 2019), such as when one burns their hand on a flame; it teaches them to respect fire. However, like most things, experiential avoidance exists on a continuum between adaptive and maladaptive (Harris, 2019). Experiential avoidance becomes maladaptive when it is excessive, rigid, or incongruent with the situation, inhibiting a rich and meaningful life (Harris, 2019).

6.23 Vulnerability Barriers- Experiential Avoidance and Relationship

Experiential avoidance can take on forms that on the surface appears to be prosocial but ultimately undermines vulnerable authentic connecting. For those with social anxiety, they may attempt to try to reduce anxiety in social situations by becoming a very empathic and caring "good listener" toward others (Harris, 2019), also known as people pleasing (Rapson & English,

2006). People pleasing allows one to discover a lot about other people's thoughts, feelings, and desires but reveals little or nothing of themselves (Harris, 2019). People pleasing is a form of experiential avoidance as it reduces the vulnerability associated with exposure, temporarily protecting one from the fear of being judged or rejected. However, it results in a lack of authenticity and intimacy in relationships. (Harris, 2019). Unsurprisingly, people pleasing is linked to self-silencing behaviours that were previously outlined. People pleasing can foster relationships in the short term, however it is not a sustainable way of existing in relationship and often results in relational breakdown (Rapson & English, 2006). Another typical form of experiential avoidance that can lead to relationship break down is when people engage in tolerance rather than acceptance. Tolerance is when one does not avoid the situation but instead attempts to endure challenging feelings, desperate they will go away (Harris, 2019). Enduring through tolerance requires significant energy and effort and attempts to suppress uncomfortable thoughts and feelings paradoxically, resulting in reinforcing them (Harris, 2019). Tolerance is also seen as a reinforcer for sexual functioning issues. When people endure unpleasure sex and unsatisfying relationships they are not engaging in the vulnerable act of asking for their needs, stating their boundaries, or sharing their feelings. Therefore tolerance, like other forms of experiential avoidance, is effective in the short term but is not sustainable, resulting in delayed but prolonged suffering (Harris, 2019). Whereas tolerance is about enduring, acceptance is about embracing; it is in the act of embracing that we are released from emotional turmoil (Von Bergen et al., 2012). In the context of vulnerability necessary for optimal sexual experiences one must embrace the vulnerability of sharing sexual desires, boundaries, and needs.

6.24 Vulnerability Barriers- Experiential Avoidance and Dissociation

Experiential avoidance also comes in the form of dissociation, which is described as a disconnection from sensations and feelings of the here and now, a coping mechanism to protect oneself against unwanted experiences (Parry & Lloyd, 2017). The psychological process of dissociation usually develops in childhood as a response to interpersonal traumas that are too overwhelming for the child to bear (Parry & Lloyd, 2017). Though dissociation is a protective factor in childhood, it leads to complications later in life (Parry & Lloyd, 2017). Dissociation is an extreme form of experiential avoidance that can make engaging with vulnerability even more difficult. Dissociation is common in many mental health conditions and includes confusion alongside anxiety, depression, grief, or persistent pain (Parry & Lloyd, 2017).

6.25 Vulnerability Barriers- Experiential Avoidance Consequences

A large and growing body of research shows that higher experiential avoidance is associated with higher rates of anxiety, depression, performance issues, rejection sensitivity, increased substance abuse, high-risk sexual behaviour, lower quality of life, and poorer relationships (Harris, 2019). Many of these consequences to experiential avoidance are also barriers to optimal sexual experiences covered in this paper. In addition, evidence is abundant on the adverse effects of maladaptive avoidant behaviours (Staples et al., 2012) as experiential avoidance increases suffering (Harris, 2019). A particularly destructive and yet common way in which people engage in experiential avoidance is by numbing with problematic substance use such as tobacco, alcohol, opiates, and stimulants (Harris, 2019). The more one is devoted to avoiding unpleasant experiences; the more one will suffer long term (Harris, 2019). For example, anxiety is a normal human emotion; however, at the core of any anxiety disorder lies excessive experiential avoidance (Harris, 2019), as the over-utilization of avoidance strengthens the fear

belief (Staples et al., 2012). Prolonged anxiety often leads to depression when the body shuts down to protect itself from the harmful effects of prolonged stress (Cribb et al., 2006). Depression is a response to aversive environmental situations that produce maladaptive patterns of rumination, avoidance, withdrawal, and inactivity (Cribb et al., 2006). Interestingly, rumination serves as a form of experiential avoidance. Rumination prevents one from actively engaging in self-regulating behaviours, thus changing the environmental situations responsible for maintaining depression. The more one spends time ruminating; the less one engages in healthy coping mechanisms (Cribb et al., 2006). Depression is a form of experiential avoidance that keeps people locked in a negative spiral of disconnection from self and others.

6.26 Vulnerability Barriers- Experiential Avoidance and Sexuality

For those who have experienced traumatic events, the tendency to use avoidance and enduring to cope with negative affect associated with painful or disturbing memories may temporarily provide some relief. But leads to the development of more complicated psychological problems such as PTSD, somatic disorders, sexual function issues, anxiety, and depression (Staples et al., 2012). In addition, for those who have experienced childhood sexual assault and sexualized trauma, sexual arousal and desire can be associated with feelings of guilt and shame that can be disturbing and distracting during sex (Staples et al., 2012) or lead to dissociation (Parry & Lloyd, 2017). Therefore, to avoid upsetting feelings, survivors often avoid sexual experiences, which can lead to developing sexual desire, arousal, orgasm, or pain disorders (Staples et al., 2012). Though understandable and helpful in the short term for reducing emotional activation associated with sex, avoidance deprives survivors of future positive corrective sexual experiences (Staples et al., 2012) and the benefits of a full and rich sex life.

6.27 Vulnerability Barriers- Summary

The ability to experience vulnerability in the context of safety supports people to surrender themselves to pleasure and their partner in optimal sexual experiences. The barriers to vulnerability and surrender are associated with emotional dysregulation and experiential avoidance that are rooted in insecure attachment. Experiential avoidance is associated with many of the barriers to optimal sex that have been covered in this paper including anxiety, depression, performance anxiety, and rejection sensitivity. These barriers produce various adverse downstream effects, including mental health concerns, substance use issues, sexual functioning concerns, and relationship issues. Therefore, treating experiential avoidance and emotional dysregulation will likely move people towards more experiential acceptance allowing for vulnerability to be experienced as pleasurable opposed to threatening.

6.3 Vulnerability and Surrender- Psychedelic-Assisted Therapy

6.31 Psychedelic Assisted Therapy- Therapeutic Alliance

Psychedelic-assisted therapy is an acceptance-based therapy that encourages clients to recognize the ineffectiveness of experiential avoidance and supports the development of more effective mechanisms for experiencing challenging thoughts, feelings, and sensations (Callaghan et al., 2004). As previously mentioned, meaningful and trusting therapeutic alliance is essential for psychedelic-assisted therapy to be effective. Suppose the individual under the influence has a sense of safety during the vulnerable psychedelic-assisted therapy session. In that case, it strengthens the muscle that allows trust to develop in other moments of deep vulnerability (Gordon, 2022), providing the groundwork for relational vulnerability necessary for emotional intimacy. For clients who struggle with dissociation, more time would be needed during the

preparation to ensure interpersonal connectedness due to the interpersonal nature of trauma that leads to dissociation (Parry & Lloyd, 2017). Psychedelic-assisted therapy is best done when clients have already developed trust in the therapeutic alliance that allows them to feel safe enough to explore vulnerability at a higher level.

6.32 Psychedelic Assisted Therapy- Psychedelic Journey

During the beginning of the psychedelic journey, individuals are often confronted with challenging experiences they have been attempting to avoid, suppress, tolerate, or control. The therapists support the expansion of patients' awareness by reducing attempts to change unwanted affective responses (Gorman et al., 2021). This is similar to other therapeutic modalities; however, the intensity is much greater than with other models dues to the psychedelic effects. Therapeutic interventions include sitting with the client and encouraging them to allow experiences to arise and pass; this extends beyond intellectual analysis to encouraging clients to pay attention to somatic experiences (Gorman et al., 2021). Attempts to control challenging experiences typically fail as psychedelics lower or disable one's ability to engage in a learned defence mechanism (Wolff et al., 2020). Letting go or surrendering and accepting the experience results in what is known as a breakthrough (Wolff et al., 2020). The emotional breakthrough is commonly described as intensely rewarding and insightful and is a critical element of psychedelic-assisted therapy (Wolff et al., 2020). A breakthrough is also known as experiential acceptance.

6.31 Psychedelic Assisted Therapy- Experiential Acceptance

Where experiential avoidance creates barriers to optimal sexual experiences experiential acceptance provides a gateway to experiencing vulnerability as pleasurable, a unique quality of

psychedelic-assisted therapy. Experiential acceptance is when one actively and intentionally allows personal memories, thoughts, feelings, and sensations to unfold without attempting to control them (Harris, 2019; Wolff et al., 2020). Acceptance is a central tenant in mindfulness and a core mechanism of positive behaviour change (Wolff et al., 2020). Experiential acceptance leads to positive emotions, expressivity, and reduced physiological activation (Dan-Glauser & Gross, 2015). Acceptance requires one to feel the sensations associated with challenging thoughts, feelings, and memories without trying to change or alter them, then practicing self-compassion while riding the wave of emotion through to completion (Harris, 2019). In addition, there is a component of openness, willingness, and surrender toward expansion (Harris, 2019). Acceptance-based therapies are most effective when experiential avoidance impairs one's ability to live a rich, whole, connected, and meaningful life (Harris, 2019).

Psychedelic-assisted therapy is an acceptance-based therapy model associated with greater experiential acceptance and decreased experiential avoidance (Zeifman et al., 2020). These improvements are due to the downstream effects acceptance has on reducing amygdala activation and improving emotional regulation, emotional reactivity, and distress tolerance (Wheeler & Dyer, 2020). Interestingly, decreased emotional reactivity after psychedelic experiences appears to be related to reducing judgements towards inner experiences and more acceptance (Radakovic et al., 2022). The ability to move from experiential avoidance towards acceptance underlines the range of improvements to psychological challenges such as anxiety and depression (Zeifman et al., 2020). Experiential and emotional acceptance in psychedelic-assisted therapy also leads individuals to positive changes in perspective regarding themselves and their circumstances, resulting in greater feelings of connectedness to self and others

(Wheeler & Dyer, 2020). As such, psychedelic-assisted therapy has significantly improved quality of life and well-being (Radakovic et al., 2022).

6.4 Vulnerability and Surrender- Summary

Vulnerability is an emotion that people commonly associate with feelings of anxiety and distress. Difficulty with emotional regulation can make the experience of vulnerability incredibly challenging, leading to experiential avoidance. Experiential avoidance is effective in the short term but leads to prolonged and intensified suffering. Experiential avoidance is a barrier to optimal sexual experiences that has shown up throughout this paper including as a barrier to vulnerability. When vulnerability can be experienced in the context of safety, it can be transformed into a curiously pleasurable experience. Psychedelic-assisted therapy supports people through experiential avoidance towards experiential acceptance in the presence of a safe therapeutic alliance. Emotional regulation, compassion, acceptance, and a non-judgemental attitude are essential for optimal sex and satisfying relationships. If avoidance and anxiety underline many of the barriers to optimal sexual experiences and psychedelic-assisted therapy addresses both issues, then I suspect psychedelic- assisted therapy will support more optimal sex.

7.0 Exploration, Fun, and Interpersonal Risk-Taking

7.1 Exploration, Fun, and Interpersonal Risk-Taking- Optimal Sexuality

The seventh component of optimal sex is play, fun, exploration and interpersonal risk-taking (Kleinplatz et al., 2009). One participant likened optimal sex to being silly and playful like kids are. The participants commonly spoke about the importance of exploration, experimentation and expanding one's boundaries in a continuous discovery process (Kleinplatz et al., 2009). They speak of this process of venturing away from the familiar and known safety

into places of the unknown but doing so from a place of joy and excitement as opposed to fear (Kleinplatz et al., 2009). The thrill of vulnerability that comes with a grand adventure! This attitude of courageous adventurers continues to evolve across the individual's lifetime, which is perhaps why some of the participants who participated in the optimal sexuality research were older couples married for more than 25 years (Kleinplatz et al., 2009). Many participants stated that a sense of humour and laughter were essential ingredients in the journey of exploration (Kleinplatz et al., 2009). The honest recount of one participant on how hilarious and ridiculous the physical act of sex can be highlights the authenticity of these explorers (Kleinplatz et al., 2009). The participant also speaks of how sex is an opportunity for creativity (Kleinplatz et al., 2009). It is no wonder that sex requires vulnerability, as "vulnerability is the birthplace of creativity" (Brown, 2012, p. 68).

7.11 Exploration and Fun in Childhood

Exploration, fun, creativity, and interpersonal risk taking can be surmised in one word-play. In childhood, play is a fundamental component of wellness. Physical play is vital for developing healthy muscles, bones, and cardiovascular systems, building enduring physical resources and resilience (Batson et al., 2009). Play can be equally as beneficial to adults as it can be to children. Social play builds lasting social bonds and attachments through shared amusement, smiles, and laughter (Batson et al., 2009). Imaginative play supports the development of intellectual resources fueling brain development through creativity (Batson et al., 2009). Similarly, the curiosity prompted by positive emotions associated with exploration creates knowledge and increases intellectual complexity (Batson et al., 2009). Children's natural creativity is evident in how they play and construct their fantasies (Batson et al., 2009). However, when children receive the message that creative endeavours are childlike, the pressure

to grow up, mature, or behave can stifle creativity (Batson et al., 2009). Impaired playfulness can be particularly prevalent for the parentified child (Goldner et al., 2021) and children in highly stressful homes. Playfulness, creativity, and optimal sex are related to the big five personality traits.

7.12 Exploration and Fun in Adulthood- Big Five Personality Traits

Interestingly, adults who hold onto their creative tendencies also hold onto other wonderful traits, commonly associated with children, such as playfulness, rich imagination, and openness to new experiences (Batson et al., 2009). Openness is one of the big five indicators of personality and is linked to novelty-seeking, imagination, non-conformity, creativity, and appreciation of beauty (Lebedev et al., 2016). The Big Five personality characteristics are extraversion, agreeableness, conscientiousness, negative emotionality (formerly neuroticism), and open-mindedness (Power & Pluess, 2015). The big five personality characteristics impact sexual experience. Openness is directly related to imagination, intellectual curiosity (Power & Pluess, 2015) and having liberal attitudes toward sex, including queer sexual orientations (Allen & Walter, 2018). Extraversion is associated with uplifting emotions, seeking stimulation (Power & Pluess, 2015), having positive sexual activity and lower sexual dysfunction (Allen & Walter, 2018). Negative emotionality is associated with depression, anxiety (Power & Pluess, 2015) sexual dissatisfaction, and sexual dysfunction (Allen & Walter, 2018). Agreeableness is associated with compassion, cooperativeness (Power & Pluess, 2015), and decreased sexually aggressive behaviour (Allen & Walter, 2018). Lastly, conscientiousness is associated with organizational ability, carefulness (Power & Pluess, 2015), and reduced sexual aggression (Allen & Walter, 2018).

Interestingly, people who practice BDSM are more open to new experiences, more conscientious, have less rejection sensitivity, higher agreeableness, less negative affect, and higher state rates of subjective well-being (Wismeijer & van Assen, 2013). It is important to note that BDSM practitioners have many characteristics associated with optimal sexual experiences because they were previously people who were diagnosed as pathological in the DSM. People who practice BDSM view sex more as a leisure activity where they intentionally devote time, energy, and resources, including creativity, as a fundamental part of fostering meaningful experiences (Wismeijer & van Assen, 2013). To BDSM practitioners sex is the opposite of performance it is play. Perhaps that is why Kleinpltaz (2009) included them in the study on optimal sex.

7.2 Exploration, Fun, and Interpersonal Risk-Taking- Barriers

7.21 Barriers- Creativity and Social Disruption

An aspect of play, fun, exploration, and interpersonal risk taking is creativity. Like nearly everything, creativity lands on a spectrum, and every adult varies greatly in their creative potential. The relationship between emotions, creativity, and social connection is complex and charged (Batson et al., 2009). To create is to construct something that has not existed before. It is an active process that requires pushing the boundaries of the convention (Batson et al., 2009). Creativity is defined as “adaptive originality” through making relatively remote associations between different ideas (Batson et al., 2009). Below we will see how sexual creativity is helps to overcome traditional sexual scripts but requires distress tolerance and self-compassion.

7.22 Barriers- Distress Tolerance

Creativity is a process of engaging with challenge more than comfort (Batson et al., 2009). Thus, leading one more towards growth than protection. The ability to engage with sensory stimulation and express emotion are necessary components of creativity, humour, and fantasy (Batson et al., 2009). Which is perhaps why experiential avoidance can impair creativity. Creativity requires distress tolerance which is the tendency to persevere in a goal-directed behaviour despite experiencing challenging or unpleasant negative states (Conway et al., 2021). The inverse of distress tolerance is distress intolerance. Distress intolerance is the tendency to abandon goals due to challenging or unpleasant negative states (Schloss & Haaga, 2011). Distress intolerance is associated with problematic substance use, experiential avoidance, anxiety, depression, suicidal ideation, and rejection sensitivity (Conway et al., 2021).

Distress intolerance, anxiety, experiential avoidance, and emotional dysregulation are all interrelated components (Conway et al., 2021) to control the environment and avoid accepting the subsequent vulnerability. The flow experience mentioned in section one associated with optimal sexual experience and with play are typically described as not worrying about losing the sense of control that is typically required in most of life (Csikszentmihalyi, 1990). When a person becomes dependent on the need to control pleasurable activities, they lose the freedom to determine the content of their consciousness (Csikszentmihalyi, 1990). Anxiety and avoidance, as seen in insecure attachments, are ways in which people attempt to control their environment. As a result, those individuals become less capable of coping with the ambiguities of life (Csikszentmihalyi, 1990) and are less likely to freely engage in play, creativity, or optimal sex.

The process of creating sometimes involves failure and the willingness to pursue one's goals despite difficulties. Self-compassion aids in the process of creativity by promoting distress

tolerance. As mentioned earlier, self-compassion includes mindfulness and acceptance of one's challenging emotions (Fauvel et al., 2021). Self-compassion allows for processing challenging emotions (Fauvel et al., 2021), alleviating the self-critical tendencies that may undermine creativity (Zabelina & Robinson, 2010). This chapter has already shown that psychedelic-assisted therapy aids in the process of self-compassion.

7.23 Barriers- Social Scripts

Optimal sexuality research was gathered from participated who all identify outside of the predominant culture script for sexual prowess. The participants were not young, cisgender, heterosexual people. For people to have optimal sexual experiences they need to break down the boundaries of social scripts surrounding sex. Social scripts are the cognitive schemas that guide how one is expected to act in everyday situations (Bonell et al., 2022). Humans organize themselves into groups based on aspects of identity. The challenge with forming groups is that we create ingroup-outgroup bias, commonly known in social psychology as intergroup bias (Hewstone et al., 2002). Intergroup bias refers to the systemic tendency to favourably evaluate the members of a group for which one belongs over members of a group for which there is a difference (Hewstone et al., 2002). These biases are the basis for stigma, stereotyping, prejudice, and discrimination (Hewstone et al., 2002). Stereotyping is cognition, prejudice is an attitude or belief that develops based on cognition, and discrimination is the behaviour that supports the belief (Hewstone et al., 2002). Religion encompasses institutions that maintain and transmit symbolically and emotionally laden beliefs and practices (Rodríguez Arce & Winkelman, 2021). Normative culture is often rooted in various religious values that are predominantly patriarchal, cisgender, heterosexual, and monogamous (Bonell et al., 2022). Meaning those who step outside of normative culture often experience discrimination (Mereish & Paul Poteat, 2015).

Traditional sexual scripts do not allow for significant sexual creativity or exploration. Traditional sexual scripts are based on heterosexual relationships where men and women are expected to follow gender-specific behaviours during sex (Bonell et al., 2022). Traditional sexual scripts assume men are to be dominant, initiate sex, and have higher sex drives, while women are to be submissive gatekeepers of sex and succumb to the sexual urges of men in a passive way (Bonell et al., 2022). Traditional sexual scripts ascribe that moral sex only happens within monogamous relationships (Moors et al., 2013). Social scripts also have rigid rules around how bodies should look based on gender, including thinness for women and muscularity for men (Nelson et al., 2018). Traditional sexual scripts assume that only young, fit, attractive people are worthy and deserving of sexual pleasure (Bonell et al., 2022). Historically, and in many parts of the world, sexual scripts for queer individuals are not readily available. As a result, many queer people were cast to seek love, connection, sex, and intimacy in the shadows (Floyd et al., 1999).

Traditional sexual scripts often create negative beliefs about sex, gender, and sexual identity (Bonell et al., 2022). Individuals who have opposing beliefs towards sex experience higher levels of sexual dysfunction, increased relational conflict, higher levels of sexually related anxiety, poor quality of relationships, and report lower levels of sexual satisfaction (McCabe, 2005). For religious people, deviation from traditional sexual scripts can produce an experience of alienation from God that can be particularly devastating (Kelly et al., 2007). At the same time, those who do not follow traditional sexual scripts are often faced with stigma, shame, and the risk of social rejection (Bonell et al., 2022).

The stigma that comes with challenging traditional sexual scripts through sexual creativity requires distress tolerance and self-compassion and the reward optimal sex seems worthwhile. Emotions embody the values and beliefs of a society. Any attempt to shift an

emotion in fundamental ways calls into question the values embodied by the emotion, and it will often be met with resistance (Batson et al., 2009). Many creatives and innovators in both the arts and sciences have historically been condemned during their time for pushing boundaries and challenging feelings, only to be revered later, creating the doorway for the evolution of culture (Batson et al., 2009). It appears history is repeating itself. Those who were once sexually pathologized for being more sexually creative now hold the key to optimal sexual experiences by overcoming tradition sexual scripts.

7.24 Barriers- Summary

Vulnerability, interpersonal risk taking, trust in self, challenging social scripts are all parts of optimal sex and are interestingly all areas that psychedelic-assisted therapy has shown promising results. Creativity is inherently vulnerable as it requires taking risks without guaranteeing that the risk will be rewarded. Creativity is an act of interpersonal risk-taking. Therefore, creativity requires a distress tolerance, self-compassion, and trust in oneself even in the face of peer-based scrutiny. The participants of the optimal sexuality study overcame traditional social scripts and applied creativity, authenticity, and vulnerability to opening the doors to sexual healing in an innovative way. Like creativity, optimal experiences are not associated with passivity. On the contrary, the optimal experiences usually occur when a person's body or mind operates just within the boundaries of its capacity, in a voluntary effort, to accomplish something challenging and worthwhile.

7.3 Exploration, Fun, and Interpersonal Risk-Taking- Psychedelics-Assisted Psychotherapy

7.31 Psychedelics-Assisted Psychotherapy- Creativity

Responding to familiar things in a novel way can be disruptive because traditional values are deconstructed and reimagined. Psychedelics are the masters of deconstruction and reconstruction. It is broadly recognized in the literature on creativity that insight often occurs as part of a process, the initial phase of which involves an intention, to explore in the hopes of discovering something new (R. L. Carhart-Harris & Friston, 2019). Curiosity is at the forefront of exploration. The essence of curious behaviour comes from the desire to resolve much uncertainty by seeking experiences where there is much to be learned (R. L. Carhart-Harris & Friston, 2019). Curious exploration is the opposite of experiential avoidance. It includes seeking out novelty purely to gain sensory, cognitive, environmental, or relational knowledge (R. L. Carhart-Harris & Friston, 2019). Those who engage with psychedelic-assisted therapy are often those who are curious and hope to resolve a lot of suffering or uncertainty in the least amount of time. Seeking novelty is a dominant feature of early life and commonly diminishes as we age unless intentionally cultivated and it tends to be high in psychedelic users (R. L. Carhart-Harris & Friston, 2019).

Psychedelics have been shown to increase the personality traits of openness and enhance creativity (Das et al., 2016). Specifically, the stimulation of the 5-HT2A receptor by psychedelics enhances the flexibility of cognition, which likely relates to reports of creative thinking and enhanced imagination (Robin L. Carhart-Harris et al., 2016). Psychedelics' preferential activation of the 5-HT2A receptor has practical medicinal applications in treating stress-related conditions, significantly modulating creativity and sociality (Rodríguez Arce & Winkelman, 2021). Like mindfulness meditation practice, psychedelics have been demonstrated

to reduce cognitive rigidity, reduce the likelihood of being bound to preconceptions, promoting insightful and divergent thinking (Gandy et al., 2022). The capacity for psychedelics to reduce depression and anxiety is supportive of improving creativity by increasing positive mood and psychological flexibility (Robin L. Carhart-Harris et al., 2016). Promoting self-compassion associated with psychedelic use supports self-acceptance and reduces self-criticism, a barrier to creativity and playfulness (Fauvel et al., 2021). Over time, psychedelics consumption may even be responsible for developing linguistic expression, creativity associated with culture, and the complex socio-cognitive structures that support modernized complex societies (Rodríguez Arce & Winkelman, 2021).

7.32 Psychedelics-Assisted Psychotherapy- Stress

Psychedelics work on more than just the serotonin receptors; they affect the whole endocrine system, both within the brain and peripherally, such as the adrenal glands (Schindler et al., 2018). One of the less commonly discussed benefits of psychedelics is their capacity to produce sustained effects on sleep and melatonin levels (Schindler et al., 2018). Psychedelics have also been found to have prolonged anti-inflammatory effects, likely due to reduced stress responses following therapy (Schindler et al., 2018). Indeed, psychedelics are so helpful in treating stress that they often produce behaviours and brain states opposite PTSD symptomology, reducing fear conditioning, improving social functioning, and reducing stress responsiveness (Schindler et al., 2018). In these ways, psychedelics facilitate the process of distress tolerance that is necessary for creativity, play, and interpersonal risk taking. Traumatic events can modify brain regions associated with behaviour, affect, and the neuroendocrine system and psychedelics appear to work on the same regions of the brain to reverse the damage (Schindler et al., 2018).

7.33 Psychedelics Assisted Psychotherapy- Humour and Laugher

Given the ups and downs that the vulnerability of creativity can evoke, it is helpful to have a lighthearted nature to soften the blow and approach life with a sense of humour. Humour is a form of play resulting from the play with ideas (Proyer & Ruch, 2011). This is perhaps why humour is one of the adult traits associated with playfulness. Spontaneity, expressiveness, silliness, and fun-loving constitute other behaviours of playfulness (Proyer & Ruch, 2011). Some of the best indicators of playfulness also include an appreciation of beauty and excellence (Proyer & Ruch, 2011). Interestingly, laughter is a common feature of a psychedelic journey (Cooke, 2022). Laughter is a social phenomenon that signals safety to others and serves to release tension after a potential danger has passed (Cooke, 2022). In a psychedelic journey, fits of laughter often arrive midway through the psychedelic session following deep heavy emotional lifting, signalling that one has moved through the more challenging emotions of fear, grief, anger, or pain (Cooke, 2022). Interestingly, what people find incredibly humorous is often the same thing that was so deeply troubling to them before. Psychedelics allow us to see the absurdity of the human experience (Cooke, 2022). Laughter in the psychedelic journey supports the body in returning to a relaxed state of peace and feeling grounded, releasing the trauma held in the body, where insights from the earlier part of the journey can become more salient (Cooke, 2022).

7.4 Exploration, Fun, and Interpersonal Risk Taking- Summary

The seventh component of optimal sex includes exploration, fun and interpersonal risk taking. Creativity, playfulness, and pushing boundaries are necessary ingredients to this section. Barriers to sexual creativity include traditional social scripts and distress intolerance. Psychedelic-assisted therapy can support people to become more explorative, creative, and

playful by increasing self-compassion, openness, acceptance, and agreeableness. Psychedelics also support the return to safety after the great adventure of self-discovery through laughter and stress reduction.

8.0 Transcendence and Transformation

8.1 Transcendence and Transformation- Optimal Sexuality

The final component of optimal sexual experiences includes transcendence, healing, and transformation (Kleinplatz et al., 2009). Individuals described positive feelings of peace, bliss, soulfulness, and ecstasy following extraordinary sexual experiences (Kleinplatz et al., 2009). Optimal sex is described as entering a space where time does not exist (Kleinplatz et al., 2009). There is frequently talk of a feeling of being transported elsewhere, floating in the universe, or expanding far beyond the limits of one's body (Kleinplatz et al., 2009). Some even describe great sex as a spiritual experience of being enveloped in the presence of God (Kleinplatz et al., 2009). Optimal sex can change people, where the freedom people experience during optimal sexual experiences allows them to access trust, authenticity, and intimacy more easily in everyday life (Kleinplatz et al., 2009). Finally, it appears that optimal sexual experiences support people toward self-actualization. Self-actualization is described as fully developing one's abilities and appreciation for life through peak experiences (Maslow, 1962).

8.2 Transcendence and Transformation- Barriers

The barriers to self-actualization, relationship satisfaction, and optimal sexual experiences are numerous, especially for those who have suffered relational traumas and adverse childhood experiences resulting in insecure attachment. This paper has explored the complex

matrix of emotional processes and events that can lead to impaired access to optimal sexual experiences. Below is a summary of the various barriers to optimal sex covered in this paper.

These barriers include how embodiment is a component of identity formation within a sociocultural context governed by strict social rules. Embodiment is a necessary aspect of experiencing pleasure. Impairments in embodiment can lead to performance anxiety and difficulties with focus. Disembodiment can be associated with dissociative states, body image issues, and disordered eating. Anxiety, in the form of spectatoring, supports and maintains sexual functioning issues during the arousal, desire, and orgasm phases. Anxiety also impairs the ability to access flow states associated with optimal experiences. Anxiety presents itself in many ways include fear of rejection and rejection sensitivity. Fear of rejection interferes with one's ability to trust others or engage in trusting behaviours which impairs the development of deep intimate relationships.

Mental health issues, including anxiety and depression, are directly linked to children not receiving adequate emotional attunement resulting in the development of insecure attachment. Furthermore, parentification of the child can lead to impaired individuation and separation and difficulties with authenticity resulting in self-silencing due to fears of abandonment. Lack of emotional attunement from parental figures can lead to prolonged feelings of emotional distress, resulting in emotional dysregulation, distress intolerance, and experiential avoidance. In the process of individuation and separation, one must also evaluate traditional sexual scripts that often create negative beliefs about sex, gender, and sexual identity and can produce feelings of shame and impair one's ability to be sexually playful or creative.

The development of belief systems in childhood where one feels not good enough and unworthy of loving care has devastating lifelong effects on future sexual and attachment

relationships. These impairments are in part due to an impaired ability to tolerate and regulate the nervous system following undesirable emotional stimuli and is often associated with hypersensitivity to fearful stimuli and an overactive amygdala. Poor distress tolerance can lead to the unwillingness to experience negatively evaluated private events such as memories, thoughts, feelings, and sensations, called experiential avoidance. Impairment of the emotional regulation system has many downstream implications, including low engagement in health promotion behaviours leading to poor health outcomes, weight issues, increased mental health challenges, increased sexual dysfunction, and increased likeliness of divorce.

Poor emotional regulation can lead to increased self-rumination, characterized by not accepting experiences as they are, harsh self-criticism, self-attacking, and recurrent unfavourable evaluative comparisons. Various challenging emotions, including shame, failure, inferiority, unworthiness, and fear of criticism, plague self-critical individuals. Self-critical individuals struggle with vulnerability, a fundamental component of interpersonal risk-taking, playfulness, creativity, healthy relationships, and optimal sex. Depression is often a result of prolonged chronic stress or anxiety, resulting in modifications to the brain's neurons, neurotransmitters, and the neuroendocrine system. Depression is characterized as prolonged low affect, diminished pleasure in all or mostly all areas of life, loss of energy, feelings of worthlessness, excessive guilt or shame, diminished concentration, and rigid thinking. It is not surprising that depression is linked to diminished perspective-taking and empathic concern and is associated with higher levels of personal distress. The impaired empathy of individuals who are depressed significantly contributes to interpersonal difficulties, impaired intimacy, and the perpetuation of trauma. Unsurprisingly depression is also often associated with sexual functioning and relationship issues. Depression impairs the capacity to empathically connect to self and others which can

profoundly impact the type of communication necessary for healthy interpersonal and sexual relationships. Prolonged fear of rejection impairs individuals' ability to develop deep intimacy and often plays an essential role in the maintenance of anxiety disorders and depression.

Insecure attachment impacts nearly every area of individuals' lives, from mental health, psychology, neuroendocrine system, physiology, brain structures, sexual functioning, and one's capacity to form, maintain, and flourish in relationships. Positive psychology includes improvements at the individual and civic levels (Batson et al., 2009). On the individual level, positive psychology focuses on improving individuals' positive personality traits for love, courage, interpersonal effectiveness, mindfulness, insight, compassion, acceptance, perseverance, and openness (Batson et al., 2009). These traits lead to group-level well-being and satisfaction improvements, which leads to communities invested in nurturance, altruism, moderation, and acceptance (Batson et al., 2009). Psychedelic-assisted therapy is both an acceptance-based therapy and a form of positive psychology that has been shown to provide quantum changes in the areas of openness, acceptance, psychological flexibility, mindfulness, and self-compassion. This paper has highlighted the interconnectedness between attachment security, sexual functioning, and relationship quality. This in-depth exploration of connection hopes to creates an opportunity for the mental health field to move beyond behaviourist approaches to sex therapy and proposes how psychedelic-assisted sex therapy may provide transformative healing.

8.3 Transcendence and Transformation- Psychedelic-Assisted Therapy

Psychotherapy is a process of transformation as therapist support their clients to move from places of suffering and restrictive cognitive, emotional, and behavioural patterns towards curiosity, exploration, acceptance, freedom, and love (Rundel, 2022). The use of psychedelics to

assist therapy can accelerate this process producing quantum and enduring changes in the experience of the self and the world around them toward more interconnectedness (Rundel, 2022).

8.31 Psychedelic Assisted Therapy- Forgiveness

Psychedelic-assisted therapy is the process of revisiting past and current life events that produce unresolved emotional states and maladaptive coping mechanisms. It often includes visiting past transgressions that include challenging emotions such as grief or anger because of lost love or connection (Garcia-Romeu & Richards, 2018). It also commonly includes developing insight into one's way be being and relating through one's life (Garcia-Romeu & Richards, 2018). Sometimes the loss of love and connection can be to others, and sometimes it is the loss of love and connection with the self. Either way, forgiveness of self and others is a common component of the work of psychedelic-assisted therapy (Garcia-Romeu & Richards, 2018). Psychedelics' ability to promote openness, acceptance, and compassion directly facilities their capacity to support forgiveness and create transformation (Griffiths et al., 2018).

Given the interpersonal nature of the development of sexual and relational difficulties, it is common for people to have multiple encounters with betrayal that would benefit from forgiveness. Forgiveness is best understood as a prosocial change in the thoughts, emotions, and behaviours of one who has suffered a transgression towards the transgressor (Batson et al., 2009). Psychedelic-assisted therapy creates the conditions for forgiving others and for self-forgiveness. Self-forgiveness can be towards any anxious or avoidant behaviours that perpetuated suffering or disconnection.

Forgiveness differs from pardoning, condoning, excusing, forgetting, or denying a transgression (Batson et al., 2009). Forgiveness comes through releasing the charge of emotion

associated with traumatic events to come to a place of internal equanimity (Batson et al., 2009). Forgiveness requires experiential acceptance, compassion, and empathy all attributes that psychedelic-assisted therapy achieves. Forgiveness is an attribute that is like intimacy, trust, and commitment and requires humility (Batson et al., 2009). Humility recognizes one as being influenced by systems and structures much more than the self. Psychedelic journeys lead to expanded consciousness, supporting the capacity to see the self, others, and the world with an increased perspective (Rundel, 2022). Expanded cognitive and affective possibility creates greater freedom and choice and increased responsibility to oneself and all other beings (Rundel, 2022).

Forgiveness is necessary for social harmony, love, and ending cycles of violence and avoidance (Batson et al., 2009). Research has found that people in happy, committed, and emotionally connected relationships are more willing to forgive (Batson et al., 2009). This connection is congruent with secure attachment behaviours. Individuals with higher degrees of attachment avoidance and anxiety demonstrate reduced levels of self-compassion, creating difficulty in extending kindness and forgiveness to themselves (Homan, 2018). As such low levels of forgiveness are commonly associated with increases in anxiety, anger, depression, low self-esteem, and feelings of unworthiness (Batson et al., 2009). To the degree that one is prone to shame states, they are less likely to engage in forgiveness (Carpenter et al., 2016). Forgiveness includes fostering generosity, love, and compassion towards oneself or another in the face of a transgression (Carpenter et al., 2016). Self-forgiveness is associated with the personality traits of conscientiousness and agreeableness and is associated with cognitive and affective flexibility (Carpenter et al., 2016). Psychedelics directly combat negatively held belief systems associated

with shame, increasing an embodied knowing of self-worth, self-love, and self-forgiveness (Fauvel et al., 2021).

8.32 Psychedelic Assisted Therapy- Attachment-Based Therapy

There is a cosmic agreement between the soul of a child and that of their parent. The parent's sole purpose is to keep the young child safe from harm and provide them with internal resources to survive and, ideally, thrive in a world filled with never-ending obstacles and opportunities for suffering. When a parent does not fulfill their end of this soul contract, there is commonly a profound feeling of spiritual betrayal. This betrayal gets encoded in the nervous system as anxiousness and avoidance. Healing comes from identifying the betrayal, experiencing the associated thoughts, emotions and sensations then releasing them through expanded and shifted perspective. Psychedelic-assisted therapy addresses each of these areas.

Approximately 40% of the population is said to have insecure attachment styles (Salter Ainsworth & Bowlby, 1991) indicating there is significant need for attachment healing. In essence, psychedelic-assisted therapy recreates a modified version of the original attachment conditions. The ideal environment for secure attachment to form is a caregiver who is emotionally available, attentive, and appropriately attuned to the needs of the young child, acting as a secure base as they face the world of uncertainty and anxiety (Humber & Moss, 2005). During this scenario, the young child's brain is rapidly developing and has a high degree of neuroplasticity unseen in other stages of life (Solomon, 2009). The young child is also in a state of heightened vulnerability and dependence on their caregiver as they are physically unable to protect themselves or attend to their own needs.

Attachment-based psychotherapy aims to recreate a modified version of the parent-child relationship where the counsellor takes on the secure base role—allowing the client to feel safe

exploring their anxieties and utilizing the counsellor as a resource for learning emotional regulation and processing of traumatic instances (Lipton & Fosha, 2011). Psychedelic-assisted therapy utilizes the same process however exaggerates the effects due the acute psychedelic characteristics.

During the acute phase of the psychedelic experience, one temporarily recreates similar relational, somatic, and brain states to that of a young child. Psychedelics increase neuroplasticity, learning, and memory in ways much like that of young brains (Carhart-Harris et al., 2016; Kaj & Saadabadi, 2020; Vollenweider & Kometer, 2010). Psychedelic experiences may improve access to preverbal states, including primary modes of attachment (Rundel, 2022). During the psychedelic journey, the client has enhanced suggestibility (Kaj & Saadabadi, 2020), impaired ability to engage defence mechanisms (Kaj & Saadabadi, 2020), and improved access and processing of emotional memories (Vollenweider & Kometer, 2010). This combination creates the opportunity to process trauma in a novel way. The overwhelming sensory effects of the psychedelic journey produce heightened states of vulnerability and increased dependence on the therapist (Liechti et al., 2017). When there is an intentionally created therapeutic atmosphere of support, trust, and safety self-acceptance can be learned (Wolff et al., 2020).

The therapist takes on a nurturing, supportive, secure base role through sensitive attunement (Humber & Moss, 2005). Experiential and emotional acceptance in psychedelic therapy leads the client to positive changes in perspective regarding themselves and their circumstances, resulting in greater feelings of connectedness to self and others (Wheeler & Dyer, 2020). Acceptance and compassion from the psychedelic-assisted therapist also allow for further reflection and deepening of the cost and origin of shame, allowing it to transform (Lipton & Fosha, 2011). The profound experience of being tenderly cared for by the therapist in such

profound vulnerability has tremendous healing effects (Hill et al., 2012). In counselling, this is referred to as a corrective experience, which is a disconfirmation of a client's unconscious or conscious expectations (Hill et al., 2012)- that vulnerability leads to disconnection and suffering instead of trust, safety, acceptance, and intimacy.

8.33 Psychedelic Assisted Therapy- Corrective Experience

Corrective experiences lead to internal changes, an increased sense of agency, willingness to take risks, hopefulness, and self-acceptance (Hill et al., 2012). The more profound the corrective experience, the more profound the transformation for the client, perhaps due to emotionally loaded memories being coded as more significant in the brain (Vollenweider & Kometer, 2010). Dramatic alterations in personal beliefs, affect, and motivation to change behaviour are standard features of the psychedelic-assisted therapy session (Payne et al., 2021). Most individuals report prolonged increases in the personality domain of openness in ways usually seen over decades of life experience (Goldpaugh, 2021). The psychedelic therapy experience provides a profound, embodied, and felt sense of feeling vulnerable in the context of safety that is the foundation for identity formation (Erikson, 1968), secure attachment (Mikulincer et al., 2014) and optimal sexual experiences (Kleinplatz et al., 2009). Due to the dramatic effects of the psychedelic-assisted therapy experience, many clients attest that their psychedelic session was among the most challenging experiences of their lives and the most profoundly meaningful and transformative (Payne et al., 2021).

Entering a psychedelic state is entering a state of the unknown. The willingness and openness to do this helps one develop the capacity and confidence to face other uncertainties and vulnerabilities (Stolaroff, 1999). The fiction writer Madeleine L'Engle says, "When we were children, we used to think that when we grow-up, we would no longer be vulnerable. But to

grow-up is to accept vulnerability… To be alive is to be vulnerable." (Lizzie, 2015). Accepting and thriving in the physiological experience of vulnerability appears essential to holistic well-being and requires secure interpersonal connectedness. Psychedelic-assisted therapy allows us to face fears while being energetically held in a vulnerable emotional and physical state (Stolaroff, 1999). As such, psychedelic therapy produces positive transformative effects in disorders associated with excessive experiential avoidance (Wolff et al., 2020), such as anxiety, depression, problematic substance use, PTSD, and suicidal ideation (Zeifman et al., 2020). Sexual functioning issues are also significantly reduced when experiential and behavioural avoidance are reduced (Stephenson, 2017). Due to the multifaceted benefits psychedelic-assisted therapy has been shown to have on inter and intrapersonal processes; one could also anticipate high effectiveness in healing sexual functioning and relationship issues commonly seen in the sex therapy office.

8.4 Transcendence and Transformation- Summary

The eighth and finally component of optimal sexual experiences includes transformation and transcendence. The profound embodied feeling of authentic connection to self and others in optimal sex can change people. The freedom to be oneself and be loved during optimal sexual experiences allows them to access trust, authenticity, and intimacy more easily in everyday life. Psychedelic-assisted therapy offers a similar transformative effect through many different avenues including forgiveness and by recreating the conditions of early childhood attachment. The intensity of the interpersonal dynamic between the therapist paired with the intensity of the intrapersonal experience of the client during a psychedelic-assisted therapy session can produce profound and enduring lasting positive changes towards being more loving.

Chapter 3

Discussion

This paper merges two fringe topics in psychology, sex therapy and psychedelic-assisted therapy, to reveal a possibly revolutionary treatment modality. Attachment theory is the theoretical orientation as the attachment system, sexual behaviour system, and adult relationship systems are all intricately linked. Chapter two has eight sections, with three parts within each section. Each of the eight sections is based on one of the eight components of optimal sex, as outlined by Kleinplatz (2009). The eight components of optimal sex are:

1. Embodiment, focus, and absorption in the present moment
2. Connection and attunement
3. Deep erotic and sexual intimacy
4. Deep empathy and extraordinary communication
5. Authenticity, transparency, and genuineness
6. Vulnerability and surrender
7. Exploration, fun, and interpersonal risk taking
8. 8. Transcendence and transformation

The three parts include first, the component of optimal sex; second, potential barriers to this element of optimal sex; and third, how psychedelic-assisted therapy may address the barriers allowing for a more optimal sexual experience. The paper shows readers how anxiety and avoidance are common themes. Anxiety and avoidance are the hallmarks of insecure attachment, reinforcing why attachment theory is woven into the treatment model. Through the systematic exploration of the eight components of optimal sex, potential barriers to optimal sex, and

psychedelic-assisted therapy, the complex intra and interpersonal nature of optimal sex and satisfying relationships emerge.

Curiously, the eight components of optimal sex are not about one's gender, body, genitals, sexual behaviours, or sexual orientation. They are more about how people relate to one another and themselves. In reflection, what is striking about these eight components is that they summarize what it means to be authentically connected to one's whole being- in mind, body, heart, and spirit. Then to share with and welcome another whole authentic being into their world. This process is the very nature of what it means to be humans in connection. These eight components of optimal sex appear to operationalize what it means to love oneself and another simultaneously in an embodied way.

There are many potential barriers to optimal sex, and through this paper, a theme unfolded that barriers are organized into two categories those based on anxiety or avoidance. Anxiety-related barriers to optimal sex include performance anxiety, fear of unworthiness, shame, distrust in others, rejection sensitivity, emotional dysregulation, and distress intolerance. Avoidance-related concerns include experiential avoidance, distraction, lack of embodiment, self-rumination, depression, decreased empathy, tolerance, people-pleasing, and self-silencing. Avoidance and anxiety are interrelated and reinforce one another. The more anxious one is, the more likely they are to engage in various forms of experiential avoidance. The more one avoids cognitive, affective, somatic, and relational experiences; the more anxiety is reinforced and prolonged. Based on these findings, one might assume that treatment of sexual-related concerns should address anxiety and avoidance.

This paper reveals that psychedelics-assisted therapy has an advantage over other types of therapy because it combines the benefits of a trusting therapeutic alliance with stimulation of the

5-HT2A receptors in the brain with a psychedelic substance. Stimulating the 5-HT2A receptors produces non-ordinary states of consciousness that involve a multitude of dramatic changes that directly address anxiety and avoidance. The psychedelic dramatically reduces cognitive control, produces changes in sensory perception, and increases emotional labiality. These three changes cause the client to surrender to emotions, memories, and somatizations they consciously or unconsciously avoided. The feelings can be uncomfortable and overwhelming at the beginning of the session; however, with the guidance and support of the therapist, clients allow themselves to process these experiences because psychedelics allow for novel perspectives on familiar phenomena.

Stimulating the 5-HT2A receptor also decreases the recognition of fearful and sad faces, reducing hypervigilance toward rejection and increasing empathy and openness. With heightened empathy, clients can receive compassion and acceptance more readily from the therapist and, more importantly, from themselves. The 5-HT2A receptor is situated on a specific part of the visual cortex that codes for belief systems allowing clients to have a profound embodied experience of love and acceptance that can be powerful enough to dismantle beliefs of shame or unworthiness. Psychedelic-assisted therapy, in essence, teaches people how to love themselves and how to engage lovingly with others. Optimal sexual experiences are intra and interpersonal demonstrations of love; therefore, treatment of sexual concerns should address the root elements of love. Trust in self as worthy and loveable and trust in others that they will love and care are the hallmarks of secure attachment. Psychedelic-assisted therapy allows for quantum leaps toward self-love and learning to trust and accept a loving presence from another.

This paper intended to explore if psychedelic-assisted therapy could provide more profound relational healing because healthy relationships are necessary for healthy societies.

More securely attached people have better health outcomes, fewer sexual functioning issues, more satisfying relationships, longer relationships, less divorce, and improved quality of life. Parents who are more securely attached are more likely to attune to the emotional needs of their children and thus raise more secure individuals. Unfortunately, as much as 40% of the population has insecure attachment tendencies. People who are insecurely attached have poorer health outcomes, higher rates of sexual dysfunction, poorer relationship quality, and higher divorce rates. Parents with insecure attachment tendencies are less likely to attune to children's emotional needs, creating more insecure individuals. Given the high prevalence of attachment insecurities, relationship issues, and sexual functioning concerns, benefits from psychedelic-assisted sex therapy couples have far-reaching implications. This paper highlights how psychedelic-assisted sex therapy may be a way to move society toward more secure attachment reducing the individual and societal burden of relational breakdown.

Limitations and Constraints

The limitations and considerations of this paper include significant hurdles such as legality, lumping psychedelics, double fringe effect, potential bias, and a lack of foundational research. The most significant limitation of this paper is the lack of research that shows direct causation or correlation that psychedelic-assisted therapy is an effective treatment for sexual functioning concerns or moves people towards more optimal sex. Research on Psychedelic-assisted therapy has only made a resurgence in the last decade after a nearly forty-year hiatus due to legal restrictions. Psychedelic-assisted therapy researchers are tirelessly working to rebuild a reputation severely damaged by false propaganda. As a result, psychedelic research focuses on areas where there is an opportunity for significant public support, such as mental health in veterans, end-of-life anxiety, and treatment-resistant depression. Unfortunately, the findings

from these research groups may not endure when applied to optimal sexual experiences. Like psychedelic therapy, sex therapy is on the fringe of psychology and is still fighting for its legitimacy.

As such, combining two fringe practices might be too radical for many practitioners or researchers to consider. A sex therapist may be concerned that their practice may be delegitimatized by associating with psychedelic-assisted therapy and vice-versa. Presently, most research on sexual-related concerns is organized by gender. Furthermore, optimal sexual experiences research is one of a few studies that remove gender as a critical demographic indicator. For psychedelic-assisted therapy research to expand into sex therapy, practitioners and researchers may need to re-envision how sex-related research is conducted and how the treatment is applied. Another significant limitation is that psychedelics remain highly regulated and are illegal in many parts of the world, including Canada. The legality of psychedelics is a significant barrier to research and for practitioners to use them within their practice and remain within professional restrictions. Finally, this paper chose to lump all psychedelics together, which means the nuanced differences in the effectiveness of one psychedelic over another might not be accurately captured in this paper.

Lastly, as a clinician who worked in sex therapy and was trained by Dr. Kleinplatz, the writer may be biased toward her research losing the perspective of other forms of legitimate sex therapy modalities. The writer also has a positive history of using psychedelics for healing and may have biased the results highlighted in this paper. The paper does not include a section on the circumstances in which psychedelics would not be appropriate for treatment and reads as though psychedelics are a bit of a cure-all. The limitations to psychedelic-assisted sex therapy include

significant hurdles such as legality, nuanced differences between psychedelics, double fringe effect, bias, and a lack of foundational research.

Future Directions

Given the dearth of research on psychedelic-assisted therapy for sex therapy, the opportunities for future research are endless. A prospect for future research worth exploring is to add psychedelic-assisted therapy to research on optimal sex. In the study, *From Sexual Desire Discrepancies to Desirable Sex: Creating the Optimal Connection* (Kleinplatz et al., 2018), researchers develop a group therapy intervention for couples struggling with sexual desire discrepancy and low sexual desire or frequency. The goal of the study is to improve components of sex such as embodiment, authenticity, trustworthiness, vulnerability, and erotic intimacy. The study includes fourteen couples (28 heterosexual individuals) for 16 hours of couples group therapy. Each individual completes the New Sexual Satisfaction Scale (NSSS) at three points: pretest, post-test, and six-month follow-up. The NSSS includes 20 questions on a 5-point Likert-type scale and takes 5 minutes to complete. This scale has the strongest validity and reliability for measuring sexual fulfillment. This study included three additional questions: “Taking the whole of your recent sexual life into account, how satisfied are you?”, “To what extent do you communicate your sexual wishes, preferences, and desires in this relationship?” and “To what extent are you concerned that your partner has negative feelings about your sex life?” (Kleinplatz et al., 2018, p. 442).

Coupled participated in sixteen hours of group couples therapy over eight weeks, four weeks, or two weekends depending on preference. The group therapy was psychoeducational and experiential and included homework. Topics included myths about sexuality and performance expectations, creating internal and environmental atmospheres that promote connection,

developing presence and embodiment, cultivating trust, safety, empathy, touching to feel, authenticity, vulnerability, playfulness, and conflict resolution (Kleinplatz et al., 2018). It was not for processing; couples were not asked to disclose personal or private information in the group session. The study found significant improvements in couples that attended the eight-week option as it allowed couples to process content with their partner between sessions. Couples reported more satisfaction with the variety, frequency, and intensity of sex; vulnerable mutual communication during sex; satisfaction with reciprocity between partners; their focus during sex; and partner's initiation and creativity. In addition, it was noted that there was significantly less concern about potential negative feelings from their partner (Kleinplatz et al., 2018).

The above research study is impressive. To further research on optimal sexual experiences, one could repeat this study, however, including a psychedelic-assisted therapy session for everyone. The proposed study would include two groups of heterosexual couples consisting of ten couples (20 individuals) each. The participants would complete the identical New Sexual Satisfaction Scale with the three additional questions outlined above at the pretest, post-test, and six months follow-up. Given the recommendations by Kleinplatz (2018), all participants will be in eight-week group sessions. The one difference between the proposed study is that one group will receive a psychedelic-assisted therapy session at the end of the eight-week group therapy, and the other will receive a placebo and a therapy session. The purpose of the study will be to determine if the psychedelic-assisted therapy plus couple therapy group produces more significant improvements in areas of presence and embodiment, cultivating trust, safety, and empathy, touching to feel, authenticity, vulnerability, playfulness, and conflict resolution than the couples therapy group and placebo. The hypothesis is that the psychedelic-assisted

therapy plus group therapy group will show more significant improvements in the above indicators than group couples therapy and placebo.

The psychedelic-assisted therapy session will include a six-hour psilocybin-assisted therapy session with a therapist trained in both psychedelic-assisted and sex therapy. The dose of psilocybin will be one gram of encapsulated psilocybin mushrooms. The control group will also receive a six-hour therapy session but will receive a placebo of encapsulated non-psychoactive reishi mushrooms. Prior to the study, both groups will receive the same information on the risk and benefits of psychedelic-assisted therapy. They will be asked to set an intention for their therapy session and undergo a health screening questionnaire. The control and psychedelic-assisted groups will receive a six-hour therapy session. Music is a standard part of psychedelic-assisted therapy; therefore, the same playlist curated for psychedelic-assisted therapy will play during therapy for both groups. Therapists and participants will both be blind to the groups. The above modifications to the study *From Sexual Desire Discrepancies to Desirable Sex: Creating the Optimal Connection* (Kleinplatz et al., 2018) opens the door to treating sexual functioning concerns in a radical and revolutionary new way.

Conclusion

Though this paper makes a compelling case of using psychedelics for sexual healing, psychedelics are not a cure-all. Psychedelics are tools, and powerful tools at that. Dr. Stanislav Grof, one of the leading LSD researchers in the world, has said, “Psychedelics are to the study of the mind what the microscope is to biology and the telescope is to astronomy” (Doblin, 2019). If the microscope has helped us to understand a world and ecosystem much smaller than we could have imagined, and the telescope has allowed us to understand galaxies far vaster than our wildest dreams, perhaps psychedelics are the tool that will help us to explore ourselves in ways

we could not have otherwise imagined and may not be able to reach without their aid. Psychedelics for sex therapy are not a treatment in isolation. Trauma happens in relationships, and so too does the healing. Transformation happens in moments of deep vulnerability and authenticity when one is held in love and supported through the vulnerability of being seen. Optimal sexual experiences and psychedelic-assisted therapy share a similar yet different process that allows for these types of transformations. In the process of supporting people to having optimal sex, psychedelic's potencies will most reveal themselves when combined with a supportive, nurturing, and well-attuned practitioner in a safe environment with specific training in sexually related concerns.

Combining psychedelic-assisted and sex therapy to move people towards more optimal sexual experiences and fulfilling relationships sounds like an exciting and promising idea. However, the barriers of legality, professional, and societal perception might be insurmountable at this time. When psychedelic-assisted therapy becomes more legitimized and legislation is passed to legalize psychedelic substances for healing, there may be an opportunity for a wide range of research to fill the current void. Until then, hopefully, this paper sparks curiosity and anticipation for a more connected and pleasurable future.

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